

## PUBLIC RECORD

Dates: 05/08/2024 - 21/08/2024

Medical Practitioner's name: Dr Ahmad RASLAN

GMC reference number: 7792160

Primary medical qualification: MB ChB 1996 South Valley University

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

**Summary of outcome**

Suspension, 12 months  
Review hearing directed  
Immediate order imposed

**Tribunal:**

Legally Qualified Chair	Mrs Nessa Sharkett
Lay Tribunal Member:	Dame Nicola Stephenson
Medical Tribunal Member:	Dr Helen McCormack

Tribunal Clerk:	Ms Jemine Pemu
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**Attendance and Representation:**

Medical Practitioner:	Not present, not represented
GMC Representative:	Mr Terence Rigby, 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 - 15/08/2024

### Background

1. Dr Raslan qualified in 1996 with MB ChB from the South Valley University, Egypt. Dr Raslan worked as a locum Consultant oncologist from August 2021 at the Yeovil District Hospital, Somerset NHS Foundation Trust [‘the Trust’]. He principally worked at St Margaret’s Hospice [‘the Hospice’] where he had his office. The Allegation relates to complaints that were raised by Ms A, Ms B and Ms C who all, on occasion, worked with him XXX at the Hospice where the alleged misconduct is said to have taken place.
2. The Allegation that has led to Dr Raslan’s hearing can be summarised as; between April 2022 and November 2022, Dr Raslan sexually harassed Ms A, Ms B and Ms C whilst employed as a locum Consultant at the Trust. It is alleged that the nature of Dr Raslan’s conduct towards Ms A, Ms B and Ms C was sexually motivated and amounted to sexual harassment as defined by s26(2) Equality Act 2010 (‘the EqAct’).
3. The initial concerns were raised with the GMC around April 2023 by Ms D, Deputy Chief Medical Officer for Somerset Foundation Trust, Medical Director for Acute Hospitals (Somerset) and acting Responsible Officer at Yeovil District Hospital. The referral was made following an internal investigation at the Trust into complaints made by Ms A, Ms B and Ms C.

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

4. The Tribunal accepted submissions by Mr Rigby, counsel for the GMC, that Notice of the Hearing and Allegation have been served on Dr Raslan in accordance with Rule 40 of the General Medical Council (Fitness to Practise Rules) 2004 as amended (‘the Rules’). The Tribunal granted Mr Rigby’s application, made pursuant to Rule 31 of the Rules, that the Tribunal should proceed to hear the case in Dr Raslan’s absence. The Tribunal’s full decision on these matters is included at Annex A.
5. The Tribunal refused Dr Raslan’s written application pursuant to Rule 41(2) of the General Medical Council (Fitness to Practise Rules) 2004 as amended (‘the Rules’), that the hearing should be heard in private. The Tribunal’s full decision on these matters is included at Annex B.

## The Allegation and the Doctor's Response

6. The Allegation made against Dr Raslan is as follows:

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

1. Between 27 April 2022 and May 2022 whilst working St Margaret's Hospice ('the Hospice'), you behaved inappropriately towards Ms A in that:

a. on 27 April 2022 you:

i. put your arm around her upper back;

**To be determined**

ii. called her beautiful or words to that effect;

**To be determined**

ii. put your hand on her lower back;

**To be determined**

b. on 10 May 2022 you:

i. told Ms A that 'you missed her' or words to that effect;

**To be determined**

ii. put your arm around her lower back;

**To be determined**

iii. put your hand on her waist;

**To be determined**

iv. on one or more occasion, pulled her close to your chest;

**To be determined**

v. asked her why she was covering up, or words to that effect, in respect of Ms A's face mask;

**To be determined**

vi. attempted to pull her face mask down;

**To be determined**

vii. told her she was very beautiful;

**To be determined**

viii. told her she had beautiful eyes;

**To be determined**

ix. kissed her on her cheek.

**To be determined**

2. In 2022, on one or more occasions whilst working at the Hospice, you behaved inappropriately towards Ms B:

a. in that you:

i. asked her to:

i. pull her face mask down;

**To be determined**

ii. let you see her face;

**To be determined**

ii. told her words to the effect of:

i. she was 'so beautiful';

**To be determined**

ii. it was good to see her and you had missed her;

**To be determined**

iii. she was the only reason you come into work;

**To be determined**

iii. put your hands around her waist;

**To be determined**

iv. pulled her against your body;

**To be determined**

v. pulled her face mask down;

**To be determined**

vi. moved your face close to her face;

**To be determined**

vii. looked at her mouth;

**To be determined**

b. in that in September 2022, you:

i. rubbed her back;

**To be determined**

ii. said 'ahh, I get to watch you eat' or words to that effect.

**To be determined**

3. Between October 2022 and November 2022, whilst working at the Hospice, you behaved inappropriately towards Ms C:

a. in that you:

i. called her gorgeous;

**To be determined**

ii. put your arm around her shoulder;

**To be determined**

iii. rubbed her shoulder;

**To be determined**

iv. put your arm around her waist;

**To be determined**

v. put your hand on her lower back;

**To be determined**

b. in that on 16 November 2022 you:

i. closed the clinic door whilst Ms C was in the room with you;

**To be determined**

ii. put your arm around her waist;

**To be determined**

iii. kissed her on the cheek.

**To be determined**

4. One or more of your actions as set out at paragraphs 1 to 3:

a. occurred whilst you were a Consultant and Ms A, Ms B and Ms C were employed in the roles as set out in schedule 1;

**To be determined**

b. 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 Ms A, Ms B and/or Ms C, or creating an intimidating hostile, degrading, humiliating or offensive environment for Ms A, Ms B and/or Ms C;

**To be determined**

c. were sexually motivated.

**To be determined**

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

**To be determined**

### The Facts to be Determined

7. Dr Raslan made no admissions and was neither present nor represented at the hearing. The Tribunal was required to determine all paragraphs of the Allegation, as set out above.

### Special Counsel

8. As Dr Raslan was not represented and the Allegation related to matters of a sexual nature, in accordance with Rule 36(5), Ms Ironside of Counsel was appointed as special counsel by the MPTS to ask questions of the witnesses that Dr Raslan could have asked had he attended and been permitted to do so under Rule 36(5). Ms Ironside explained that whilst she did not have specific instruction from Dr Raslan, there were clear denials on the papers about matters relating to Ms A and Ms C that she would properly be able to put to these witnesses. The Tribunal considered that although Dr Raslan was not present at the hearing, he had been made aware of the appointment of Ms Ironside and may have been under the impression that she would have attended in any event to ask questions of the witnesses. The Tribunal determined that it was possible for Ms Ironside to direct her questions in a manner that would not amount to her 'putting a case' on behalf of the doctor and that it would be in the interests of justice to permit her to put Dr Raslan's written denials to the witnesses.

### Witness Evidence

9. For the GMC the Tribunal received written, and oral evidence via video link, from the following witnesses:

- Ms C, XXX at Yeovil hospital ('the Hospital');
- Ms B, XXX at Yeovil hospital;
- Ms A, XXX at Yeovil hospital.

10. The following witnesses also produced written witness statements on behalf of the GMC but were not called to give oral evidence:

- Ms E, personal assistant to the Outpatients department at Yeovil District Hospital. Statement dated 06 February 2024;
- Ms F, Lead Clinical Nurse specialist in breast case at Yeovil District Hospital. Statement dated 10 February 2024;
- Ms G, Nurse at Yeovil District Hospital Outpatients department. Statement dated 13 February 2024;
- Ms H, Consultant Breast Surgeon and clinical lead for the breast department at Yeovil District Hospital. Statement dated 08 March 2024;
- Ms D, Deputy Chief Medical Officer for Somerset Foundation Trust, Medical Director for Acute Hospitals (Somerset) and acting Responsible Officer at Yeovil District Hospital. Statement dated 15 March 2024.

11. Dr Raslan provided written evidence in the form of correspondence to the GMC.

### Documentary Evidence

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

- Ms A's written statement to the Hospital, dated 12 May 2023;
- Notes of meeting with Ms A to discuss her concerns dated 17<sup>th</sup> May 2022;
- Notes of meeting with Dr Raslan to discuss concerns raised by Ms A, dated 25 May 2022;
- Ms C's written statement provided to Yeovil Hospital, dated 08 December 2022;
- Interview record with Ms C and the Hospital, dated 10 February 2023;
- Emails from Dr Raslan to Ms C, dated from 15 December 2022 to 19 December 2022;
- Email from Ms B to Ms G summarising concerns about Dr Raslan, dated 25 November 2022;
- Interview record with Ms B and the Hospital, dated 10 February 2023;
- Interview record with Dr Raslan and the Hospital, dated 10 February 2023;
- Various relevant email chains between various employees of the Hospital regarding Dr Raslan, various dates;
- Interview record with Ms G and the Hospital, dated 21 February 2023;
- Various group email chains regarding Dr Raslan, various dates;
- Interview record with Ms H and the Hospital, dated 01 March 2023;
- Letter from Dr Raslan to the Hospital regarding conclusion of the panel, undated;
- Letter from Dr Raslan to the Hospital, undated;
- Email from Ms D to the GMC regarding Dr Raslan, dated 25 April 2023;
- Email from Ms D to the GMC regarding Dr Raslan, dated 27 April 2023;
- Maintaining professional boundaries course certificate, dated January 2023;
- Email from Ms H to Ms D regarding Dr Raslan, dated 14 December 2022;
- Dr Raslan's development and restoration plan, dated 26 January 2023;
- Email from Dr Raslan to Ms I, dated 11 May 2023.

## The Tribunal's Approach

13. The Tribunal accepted the Legally Qualified Chair's advice.

14. 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 Raslan 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.

15. The Tribunal accepted the advice of the LQC that, in determining whether or not the alleged conduct was sexually motivated the Tribunal must first consider whether, on the balance of probabilities and in light of the evidence before it, each alleged event occurred. If found proven it must then go on to decide whether the actions of Dr Raslan were sexually motivated i.e. whether they were (a) for sexual gratification and/or (b) with a view to a future sexual relationship –often referred to in other sexual misconduct cases as 'grooming'.

16. In respect of the charges of harassment under s26 of the 2010 Act, the legislation provides: (our emphasis)

*'S26*

*(1) A person (A) harasses another (B) if-*

*(a) A engages in unwanted conduct related to a relevant protected characteristic, and*

*(b) The conduct has the purpose or effect of –*

*(i) Violating B's dignity, or*

*(ii) Creating an intimidating, hostile, degrading, humiliating or offensive environment for B*

*(2) A also harasses B if –*

*(a) A engages in unwanted conduct of a sexual nature, and*

*(b) the conduct has the purposes of effect referred to in subsection (1)(b)*

*(3).....*

*(4) In deciding whether conduct has the effect referred to in subsection (1)(b) each of the following must be taken into account –*

*(a) the perception of B*

*(b) the other circumstances of the case*

*(c) whether it is reasonable for the conduct to have that effect.'*

17. The LQC explained each element of the test to be met in determining whether any of the alleged conduct was conduct that would amount to Harassment as defined by s26 of the 2010 Act.

18. Mr Rigby agreed with the legal advice given by the LQC.

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



19. In making its findings of fact the Tribunal considered each outstanding paragraph of the Allegation separately and had regard to all documentary and oral evidence in the round.

Paragraph 1a(i)

20. In respect of Paragraph 1 of the Allegation Ms A explained to the Tribunal that at the time of the alleged misconduct she had XXX. She explained that when she first started the role, she had shadowed other members of staff before being allowed to work on her own. During the period in which she was shadowing she had come to know who Dr Raslan was from her colleagues but could not recall having been formally introduced to him. The 27 April 2022 was the first occasion on which she had worked with Dr Raslan on her own. In answers to questions from Ms Ironside and the Tribunal Ms A described how on that day Dr Raslan had picked up her lanyard and said she was beautiful and when she was leaving the room, he had placed his hand on her lower back. She could recall clearly that this had happened and that she remembered thinking that the placement of Dr Raslan’s hand on her back was too low, confirming to the Tribunal that it was in the small of her back.

21. In his informal interview with the Trust Dr Raslan denies any recollection of Ms A at all and denies all of the acts complained of. Whilst he does later make some concessions in respect of the use of words such as beautiful in a general context and touching of the shoulder as a supportive and friendly gesture, he denies anything other than friendly acts.

22. The Tribunal had regard to the first written witness statement of Ms A in which she described this experience and noted that in her second statement to the GMC dated 18 September 2023 she also makes reference to Dr Raslan putting his arm on her upper back. In oral evidence she confirmed that the only physical touching on that occasion was when Dr Raslan placed his hand on her lower back.

23. The Tribunal was satisfied that Ms A’s oral account of what had occurred on 27 April 2022 was on the whole consistent. The Tribunal found her to be a reliable and credible witness and that it may have been with the passage of time that she remembered the above incident differently when she made her statement to the GMC. It was satisfied that the core of Ms A’s account remained the same save for the reference to putting his arm around her upper back.

24. Having had regard to the evidence in the round and in light of Ms A’s oral evidence the Tribunal find that the GMC have failed to discharge the burden on it to prove that it was more likely than not that Dr Raslan placed his arm on Ms A’s upper back on 27 April 2022.

25. **The Tribunal therefore found paragraph 1(a)(i) not proved.**

Paragraph 1a(ii) and 1a(iii)

26. In her written witness statement Ms A explained:

*‘..... I remember him coming very close to me, picking up my lanyard around my neck, and saying ‘[Ms A]- beautiful. Beautiful.’ And as I was walking out of the room he had his hand on my lower back. I felt very uncomfortable with how close he was to me with the physical contact, very uneasy.’*

27. In oral evidence Ms A was clearly able to recollect this event and rejected Ms Ironside’s suggestion that it did not happen or that Dr Raslan may have been referring to her name when he spoke the words beautiful. She explained that her lanyard fell at a lower part of her body and had a picture of her on it. She said that that when Dr Raslan picked it up she felt very uncomfortable and just wanted to get out of the room. She also rejected Ms Ironside’s suggestion that Dr Raslan did not place his hand on her lower back or alternatively that he may just have been demonstrating a social convention of guiding her out of the room when he placed his hand on her lower back. Ms A explained to the Tribunal that when someone simply has a hand on your back it is higher up than where Dr Raslan had placed his and that she remembered thinking that his hand was uncomfortably low and not right. She further confirmed that when he did this, she was already leaving the room and there would have been no reason for him to usher her out as suggested by Ms Ironside.

28. When Dr Raslan was questioned about this matter on 25 May 2022 the notes of the meeting record that:

- *‘He [Dr Raslan] did not know who [Ms A] was*
- *‘He had patients or nurses with him most of the time*
- *He didn’t recall anyone speaking to him about concerns on 27<sup>th</sup> and questioned why [Ms A] would not speak to him if there were concerns.*
- *He didn’t recognise any of the events stated*
- *He had no physical contact with anyone, other than maybe using a tap on the shoulder*
- *He did not recall putting a hand on anyone’s back*
- *He did not pull anyone towards him*
- *He did not try to remove anyone’s mask and questioned how he could do that if it was not wanted*
- *He did feel there could be a language barrier or he could be wrongly understood*
- *He felt he was friendly with everyone and had some informality – when questioned he explained this meant he will be ‘helpful’ ‘will say don’t worry’.*
- *He denied all actions or having any contact with [Ms A]*
- *He confirmed he would have made no sexual comments, but perhaps his friendship was misunderstood.*
- *He confirmed he has used the terms ‘shining’ or look ‘beautiful’ today, but says this to everyone.’*

29. As set out above, the Tribunal found the evidence of Ms A to be consistent and reliable. It preferred her evidence to that of Dr Raslan, the content of which has changed to some extent over time. Having regard to all the evidence in the round the Tribunal found that on the balance of probabilities, it was more likely than not that Dr Raslan did use the word

beautiful in reference to her appearance and did place his hand on her lower back when she was leaving his room.

30. The Tribunal therefore found Paragraph 1a(ii) and 1a(iii) proved.

Paragraph 1b(i), 1b(ii), 1b(iii), 1b(iv), 1b(v), 1b(vi), 1b(vii), 1b(viii) and 1b(ix)

31. The next occasion when Ms A worked with Dr Raslan was 10 May 2022. When it is alleged that “he told Ms A that ‘he missed her’ or words to that effect, he put his arm around her lower back, put his hand on her waist, pulled her close to his chest, asked her why she was covering up, or words to that effect, It is further alleged that he also attempted to pull her face mask down, told her she was very beautiful, told her she had beautiful eyes and kissed her on her cheek.

32. On 12 May 2022 Ms A provided a written statement to the Trust about the manner in which she had been treated by Dr Raslan. In it she described the events of 27 April 2022 and the events of 10 May 2022. On 17 May she was questioned about her complaint by Ms G a nursing sister at the Trust who made a note of the meeting. Whilst the note of the meeting is not verbatim it is consistent with the statement provided on 12 May 2022 which states:

*‘...A little while after around 10am I went into his room to discuss a patient. Again, he immediately appeared very happy to see me and said to me ‘I missed you, I missed you’. I recall him getting out of his chair and putting his arm around me, pulling me close to his chest which immediately made me feel extremely uncomfortable and uneasy.....*

*....After this I recall going back into his room one more time nearing the end of my shift. When I did, he got up out of his chair and shut the door quickly behind me which immediately made me feel very uncomfortable. He put his arms around me and pulled me close to his chest and said to me ‘why are you covering up?’ And began to try and pull down my mask....I said ‘no, no don’t do that’ and pulled my mask back up. He continued ‘no no you are very beautiful’ and carried on pulling down my mask to which I immediately pulled it back up. He asked me ‘why?’ and I remember catching a glimpse of myself in the mirror to the right of me and quickly saying ‘I look horrible don’t do that’. To which he replied ‘no no you are very beautiful you have beautiful eyes’. He then kissed me on my left cheek and again pulled me in very close to his chest. I immediately felt shock and disgust and froze in disbelief at what was happening. I then moved away from him as I wanted to leave....He then said ‘come back before you leave. I want something from you.’ I replied ‘ok’... I felt very upset... I had no intention of going back into his room after that.’*

33. The Tribunal noted that the above is also consistent with her subsequent statement dated 18 September 2023 in which she states:

*‘Where at paragraph 2 of Exhibit XXX, I describe going into Dr Raslan’s room near the end of my shift, Dr Raslan didn’t explain why he shut the door. The door wasn’t locked.*

*When Dr Raslan put his arm around me again, his forearm was around my lower back and his hand was on my waist. I remember my cheek was close to his chest and I was facing forward more than last time. I then looked at his desk, to the right of me whilst I tried to pull away as I didn't want to face him. He pulled me closer using his right arm. This is when Dr Raslan asked why I was covering up (referring to my face mask which I was wearing for hospital policy). When Dr Raslan pulled my mask down, I said 'no, no don't do that'. He didn't acknowledge my request, he screwed up his face and looked at me as if to say don't be silly and carried on. When Dr Raslan kissed me, I pulled away backwards to get away from him. I was really tense and struggled away from him to get out. He then let go and that's when he asked me what time I finished and that he wanted something from me later. The last thing I said was 'ok' whilst I was leaving the room.'*

34. In oral evidence Ms A was once again clear in her recollection of events. She rejected Ms Ironside's suggestion that the alleged events of 10 May 2022 did not happen. She further rejected Ms Ironside's suggestion that when using the word beautiful it was a way of thanking her for her work. She explained that she did not believe that to be the case because he did not use the words thank you and she had felt very uncomfortable at the time because of how close he was to her and the way in which he was speaking. She explained that it felt different to an ordinary compliment. Ms A explained to the Tribunal that she had felt very uneasy and had felt that what was happening was not 'ok'. She explained that when he pulled her in close her chest was right up against his and that when he pulled her mask down she immediately pulled it back up again. She described feeling shocked and frightened and was worried about what Dr Raslan was going to do. She explained to the Tribunal that she had said no and that she had stood with her hands straight down giving what she thought was a clear indication that his actions were not welcome. Ms A described feeling dirty, horrible and disgusted. She explained that she had wanted to tell him to 'get off me stop – you don't have the right to kiss me' but said that her brain had just frozen.

35. As above Dr Raslan denied any of the alleged acts when questioned about them on 25 May 2022. The Tribunal noted that Dr Raslan had subsequently made some limited concessions about events that had occurred but sought to excuse his behaviour by stating that he had only wished to be helpful and that he had come from a culture where it was normal to support XXX staff in this type of way.

36. In reaching its decision the Tribunal had regard to the fact that Ms A had reported the matter to her employers soon after it had occurred. She provided a contemporaneous account of events, which has remained consistent throughout. In oral evidence she was able to describe in some detail about how events had taken place, and the feelings she experienced both then and afterwards.

37. The Tribunal had regard to a suggestion from Dr Raslan that the three complainants had colluded in the statements provided to the Trust. The Tribunal was careful to question each witness in respect of this and was satisfied that, at the time that Ms A submitted her

complaint to her employers, she had not discussed this matter with anyone else other than the nursing sister with whom she raised her complaint.

38. The Tribunal noted that Ms A's evidence had withstood questioning from both Ms Ironside and the Tribunal and found it to be consistent, reliable and credible. The Tribunal determined that on the balance of probabilities Dr Raslan did behave in the manner described by Ms A.

39. **The Tribunal therefore found Paragraph 1b of the Allegation proved in its entirety.**

Paragraph 2a(i)(i) and 2a(i)(ii)

40. Unlike Ms A, Ms B was not a XXX. She had worked in the Trust for about XXX years at the time of the alleged events. The Tribunal noted that although the alleged conduct occurred before the conduct complained of by Ms A and Ms C, she did not complain about this behaviour until after both Ms A and Ms C had raised complaints in writing and Ms B had stopped working at the Hospice. The Tribunal was mindful of this delay and also the suggestion that there had been collusion by Ms A Ms B and Ms C in respect of the alleged behaviour because of the distinct similarity in the behaviours described by them all.

41. The Tribunal carefully questioned Ms B about the reason for her delay in reporting the conduct of Dr Raslan and what knowledge she had of the complaints of others when she submitted her complaint on 25 November 2022.

42. In oral evidence Ms B explained to the Tribunal that she had XXX. She explained that when Dr Raslan came to work at the hospice he was in an area of the building where other Consultants had their offices as well. While he was in this part of the building Ms B did not witness any inappropriate behaviours from him. However, not long after his office was moved to the other side of the building where the admin and secretarial staff were situated and Dr Raslan was the only Consultant with an office over there. It was, she said, when he moved office that his behaviour towards her changed. In oral evidence Ms B described the events that she had complained of and explained that initially she did not complain because she felt guilty about being away from work when XXX. She knew that her colleagues did not like going to the hospice and she was worried that they might think that she was just making it up so she wouldn't have to go there. She explained that she had asked a colleague if Dr Raslan had asked them to pull their mask down and been told he hadn't. She further explained that she knew that they were short staffed and that felt that she would be letting people down if she did not continue to work there. Ms B agreed that she had been aware that Ms A and Ms C had made complaints about Dr Raslan's behaviour but that she had not discussed the detail of the same with either of them. Ms C confirmed that although she had spoken with Ms B about her complaint she did not go into any detail about what had happened. Ms C had said that both of them acknowledged that something wrong had happened but nothing more than that.

43. Ms B told the Tribunal that at the time when Ms A made her complaint Dr Raslan had changed his behaviour towards her and that she had thought that the previous behaviour had stopped. She explained that was why she didn't come forward at that time. When it happened again in September, she realised that he hadn't stopped but she could still not bring herself to raise it formally. She was worried that she would still have to work with Dr Raslan and that he would know that she had made a complaint against him. It was only when she had spoken to Ms C that she realised that she had been wrong not to complain. She felt guilty that others had been subjected to unacceptable behaviours from him which would not have happened if she had spoken up at the time. The Tribunal noted that whilst giving evidence to the Tribunal Ms B became tearful and distressed as, it noted, it was recorded that she had done during her interview of 10 February at the Trust.

44. The Tribunal accepted the reason why Ms B had not previously raised a complaint and why she had waited so long before doing so. Whilst it noted that Ms B was aware of the complaints of both Ms A and Ms C when she raised her own complaint, the Tribunal accepted her oral evidence, which was supported by Ms C, that, on the balance of probabilities, the detail of the behaviours as described by all three witnesses, had not been discussed with her prior to making her complaint.

45. On 25 November 2022, Ms B first raised her complaint about Dr Raslan in an email to Ms G dated 25 November 2022. In the email she writes:

*'A few weeks after Dr Raslan began working at the hospice he asked me to pull my face mask down when I went into his room to give him patient information. I found this very strange but felt I should comply as I did not want to cause any tension. He smiled and said, "ahhhh." ... The next time Dr Raslan asked me to take my mask down, he was standing up. I took my mask down and he moved closer to me, which made me immediately step back and leave the room.'*

46. In her interview with the Trust, dated 10 February 2023, she is recorded as stating:

*'When Dr Raslan started working at the hospice, I would take patient information into him, he used to ask me to pull my mask down. I thought it was strange but thought it may be because he was new.  
I have a colleague, different build to me with dark features and quite confident. I asked her if he did the same to her but she said no....Another time, I went into the room, he was standing. He said "let me see your face",  
he stepped towards me. I stepped back and left the room.'*

47. A further account is provided in her witness statement, dated 21 July 2023 in which she stated:

*'I was wearing a mask at the time to comply with the Hospice's Covid-19 policy. I was in Dr Raslan's clinic room to provide him some information on a patient. I shut the door as I usually did when providing confidential information. I thought it was strange for Dr*

*Raslan to ask me to pull my facemask down, but I did so as I thought with Dr Raslan being new, he might just want to get to know my face and so maybe had done this to other colleagues. I pulled my mask down slightly to my chin. He smiled and said ‘ahh’. He gave the impression that he liked my face, which I thought was a bit creepy. Dr Raslan didn’t say anything else, and I didn’t know what to say so I left the room. I don’t recall the exact date or number of occasions that Dr Raslan asked me to pull my facemask down again, however he tended to do this each shift I worked with him.*

Paragraph 2(a)(i) and (ii)

48. The Tribunal noted the consistency in Ms B’s account which was also evident in her response to questions from the Tribunal during oral evidence. Whilst giving oral evidence Ms B had to refer to her witness statement to refresh her memory and she did not always have the best recollection of events, however, the Tribunal found that the core of her account remained consistent.

49. The Tribunal was mindful that the giving of oral evidence is not a memory test and that the passage of time may alter the recollection of a witness. The Tribunal was also mindful that Ms B was clearly anxious about giving evidence before the Tribunal and often became tearful when answering questions. The Tribunal considered that this too may have impacted of Ms B’s ability to give her best evidence and recall specific times and dates.

50. In determining that, on the balance of probabilities, Dr Raslan did on one or more occasion ask Ms B to pull down her face mask and let him see her face, the Tribunal had regard to all the evidence in the round. All three witnesses have complained about this particular type of behaviour. Ms B’s written accounts of what happened has been consistent and in oral evidence her explanation of what happened was consistent with her previous accounts. Ms B explained how she felt uncomfortable at the request because she did not like to be judged by her appearance. However, she tried to justify his behaviour to herself explaining that she thought because he was new he might just have wanted to see what people looked like. She had thought that it would not happen again but then realised this was not the case when he asked her to do the same thing on nearly every occasion she worked with him. The Tribunal found Ms B to be a credible witness. Dr Raslan denies asking anyone to remove their mask as alleged or at all. For the reasons set out above the Tribunal prefer the account of Mr B who it found to be a credible witness. It found that on the balance of probabilities, Dr Raslan did on one or more occasions ask Ms B to pull down her mask and let him see her face.

51. **The Tribunal therefore found Paragraph 2 (a)(1) (i) and (ii) of the Allegation Proved.**

Paragraph 2(a) (2) (i)(ii) and (iii)

52. It is alleged that on one or more occasions Dr Raslan also told her words to the effect of ‘she was beautiful’, it was good to see her, he had missed her and that she was the only reason he came to work

53. Ms B's account is that following the first occasion on which Dr Raslan asked her to pull her mask down he would repeat this request on nearly every occasion. In her account to in her account to Ms G dated 25 November 2022 she states:

*'The next time he asked me to do this, I complied and he said "ahhh, you are so beautiful." This made me uncomfortable but I didn't want to be rude, so said thank you and left.'*

54. In her interview with the Trust on 10 February 2023, she once again said that Dr Raslan referred to her as being beautiful as she did in her witness statement of 18 September 2023.

55. In oral evidence Ms B explained that this made her feel uncomfortable because it is not something that you expect when you go to work. She explained that the way in which he said she was beautiful felt intrusive, creepy and she felt vulnerable. She did not want to appear rude but, she said that when she found that he was treating her differently to a colleague, who had said he did not do this to her, it rang alarm bells for Ms B and she questioned why it was happening only to her.

56. When interviewed on 10 February 2023, as part of the investigation into the complaints against him, Dr Raslan is recorded as saying:

*'..... I am so sorry about how they have misinterpreted my actions. I admit I touch, use complimentary words "you're beautiful" "you're gorgeous" as being supportive and complimentary words. She complained about workload, I offered her to weigh my patient and when she brought some work into me, I said "oh you're beautiful, thank you" Out of context, it sounds different.'*

57. By his own admission Dr Raslan accepted that he used the words beautiful and gorgeous when addressing staff at work. His motive for doing so is irrelevant for the purpose of finding whether or not as a matter of fact he did say it. The Tribunal found that Ms B gave a clear account of the circumstances in which he used the word beautiful to her. The Tribunal further found that it is similar to the way in which he used the same word on other occasion to Ms A. For these reasons the Tribunal determined that on the balance of probabilities Dr Raslan did on one or more occasions tell Ms B that she was 'so beautiful'.

58. **The Tribunal therefore found Paragraphs 2(a)(2)(i) of the Allegation proved.**

Paragraph 2a(ii)(ii) and 2a(ii)(iii)

59. In her email of 25 November 2024 Ms B gave her account of when she worked with Dr Raslan on his return from sick leave XXX. In her email she wrote:



*'Dr Raslan was off sick XXX for a while and when he came back, he said, "ahhh, [Ms B], it is so good to see you, I have really missed you, you are the only reason I come to work, no really, it is true." '*

60. This account was consistent with her witness statement of 21 July 2023 and her response to questions from the Tribunal in oral evidence. In oral evidence Ms B explained that Dr Raslan had been off sick XXX and that when she next worked with him, he told her that he it was good to see her, he had missed her and that she was the only reason he came to work. Ms B explained that she felt confused and uncomfortable. She thought it was a silly thing for him to say and that he knew this because she had looked confused, and he then said to her *'no really it is true'*. Ms B explained that at that point she felt that things were progressing because he was now making personal comments, talking about feelings. She explained how she did not want to be in the same room as him.

61. Dr Raslan only accepted that anything he said or did was as a way of supporting staff.

62. The Tribunal found that Ms B was consistent in her account of this event and gave a clear explanation in oral evidence about how it happened and how it made her feel. The Tribunal found that having considered the evidence in the round and had regard to other behaviour already found proved, that, on the balance of probabilities, it was more likely than not that Dr Raslan used the words alleged.

**63. The Tribunal therefore found Paragraphs 2a(ii)(ii) and 2a(ii)(iii) of the Allegation proved.**

Paragraph 2a(iii), 2a(iv), 2a(v), 2a(vi) and 2a(vii)

64. In oral evidence Ms B explained how Dr Raslan's conduct progressed from asking her to pull her mask down and calling her beautiful to moving closer towards her. She told the Tribunal of the occasion when he was stood up when she entered the room, and he asked her to pull her mask down. She explained that as time went on, she would quickly pull the mask down and back up. On this occasion as she did it, he moved close towards her and that she had responded by moving back and leaving the room. Ms B explained how she dreaded going into his room and had to steel herself to do so by taking deep breaths. She explained how she would get palpitations at the thought of going in the room and would feel really anxious.

65. She also explained the occasion she had reported to Ms G in her email of 25 November 2022 in which she states:

*'I went in to Dr Raslan's room to give him information on a patient and he stood up. Without asking, he put his hands around my waist and pulled me tightly up against his body. I arched my back to try and pull away from him, but he held me tightly. While holding me tightly with one arm, he used his other hand to pull my mask down. He*

*was inches from my face, looking at my mouth and I was so scared he was going to force a kiss on me. I twisted my face away from him and he let go of me.'*

66. In oral evidence Ms B explained that on this occasion she remembers going into the room and Dr Raslan was standing. She described how he had put his arms out to her but that before she was able to do or say anything he had put his hand around her waist and used the other hand to pull her mask down. She explained that she was frightened he was going to kiss her and twisted away from him. Whilst Ms B was clearly distressed when giving this evidence it has remained consistent with her initial account on 25 November 2022, her interview with the Trust on 10 February 2023 and her statement of 21 July 2023.

67. Dr Raslan denied any inappropriate touching. In his interview with the Trust of 10 February 2023, he said that he was a very caring person. He admitted only supportive touches and that as they were XXX, he treated them as XXX. He denied any touch other than on the shoulder and said that because of his religion and family it would not be possible for him to do that.

68. The Tribunal found that Ms B has given a consistent and credible account of what took place when she worked with Dr Raslan. The Tribunal did not accept Dr Raslan's account of his actions because he changed his response over time and, having regard to all the evidence in the round and the similarity of the type of conduct complained of by Ms A and Ms C, the Tribunal did not find it credible.

69. The Tribunal determined that, on the balance of probabilities, Dr Raslan did act in the manner alleged.

**70. The Tribunal therefore found Paragraphs 2a(iii), 2a(iv), 2a(v), 2a(vi) and 2a(vii) of the Allegation proved.**

Paragraph 2b(i) and 2b(ii)

71. Ms B explained to the Tribunal that following the incident set out above Dr Raslan's behaviour changed. She thought that it may have been because he realised that he had overstepped the mark and that her reaction to his advance made clear that it was not welcome. Whatever the reason, on the next occasion that she worked with him Dr Raslan barely acknowledged her, and she was grateful for this. She later knew that this happened around the time that Ms A had made a complaint against Dr Raslan and that may have made him alter his behaviour. However, in September 2022, she realised that his behaviour had not stopped because he once again approached her when she was alone in her room eating lunch. In September 2022, he rubbed her back and said 'ahh, I get to watch you eat' or words to that effect.

72. Ms B sets out the event in her email to Ms G of 25 November 2022 in which she stated:

*'In September, I was working at the hospice. I had closed my door to eat my lunch at my desk. Dr Raslan came in and said he needed to get some patient information sheets. The door was closed and he started rubbing my back without my consent. He said, "ahhh, I get to watch you eat." I found this disturbing. I felt like everything was going to start again.'*

73. A consistent account of this incident can also be found in the Trust interview of 10 February 2023, at which she said:

*' Around September, I was sat eating my lunch in the staff room, the door was closed. Dr R came in to get some information leaflets as that's where they were kept. He started to rub my back, the top of my back and said "I feel so lucky, I get to watch you eat". I decided to say something because around that point, we stopped going to the hospice.'*

74. In oral evidence Ms B gave a consistent account of what happened on that day. She described how Dr Raslan had come into the room to get some leaflets. The door was closed, and Dr Raslan came over to her and started to rub the top of her back commenting that he felt lucky to watch her eat her lunch. Ms B described how she had rolled her eyes and huffed. She explained that had thought it was over but that it was happening again. She found it upsetting and felt he should not be touching her. Dr Raslan did not provide any specific response to this allegation, but the Tribunal had regard to his general explanation about his conduct and his denial of inappropriate touching.

75. The Tribunal found that Ms B's account was consistent with other accounts she had given in respect of this conduct. It was also a similar type of conduct to that already found proved for reasons set out above. The Tribunal accepted Ms B's account of what happened and found on the balance of probabilities that Dr Raslan did conduct himself in the manner alleged.

76. **The Tribunal therefore found Paragraphs 2b(i) and 2b(ii) of the Allegation proved.**

Paragraph 3a(i), 3a(ii), 3a(iv), 3a(v), 3b(i), 3b(ii) and 3b(iii)

77. Ms C had XXX started work at the Trust when she worked with Dr Raslan. Ms C had only worked with Dr Raslan on four occasions when she raised a formal complaint about his conduct towards her. The Tribunal noted that whilst Ms C raised her complaint in November 2022 there was some delay in the matter being dealt with, despite a previous complaint of a similar nature being raised against Dr Raslan. Ms C's complaint was that on one or more of four dates between October and November Dr Raslan had called her gorgeous, put his arm around her shoulder, put his arm around her waist and put his arm around her lower back. Ms C also complained that on 16 November 2022 Dr Raslan had closed the door of his office while working with her, put his arm around her waist and kissed her cheek.

78. Ms C first raised her complaint against Dr Raslan with her line manager Ms F immediately after the alleged incident on 16 November 2022. As mentioned above there then followed some delay in deciding how the matter should be progressed and she provided her written account of events on 8 December 2022. In that statement she states:

*‘Over the next shifts where I supported Dr Raslan’s clinics, he progressed into putting his arm (usually his right arm) around my waist. His hand would then be on my lower back, and he would rub my lower back, similar to when he rubbed his hand on my shoulder.’*

79. And further:

*Dr Raslan then pulled me in close to him, close enough as if I couldn’t get out until he let go of me. He then kissed my cheek. I didn’t say anything to him. I was still very still. As soon as he let me go I got my personal belongings and left.’*

80. On 10 February 2023, Ms C attended a formal interview where she was asked to provide a verbal account of what happened. The minute of that meeting records that Ms C said:

*‘He started off being very complimentary, things like “gorgeous [Ms C]” Very quickly, he then started to put his arm around my shoulder and pulling me in. I thought this was quite strange. Then his hand went to my waist, the first day was my shoulder and the next time was my waist.*

*On 16 November, I was at the back of the room and Dr Raslan was by the door. He closed the door, walked over to me and put his arm around me. He asked why I wasn’t in his clinical last week...He was holding my waist and kissed me on the cheek. I can’t remember if I said anything, but I left very quickly. He said I remember him of XXX...I went back to the office and said to my manager that Dr Raslan had just kissed me. She said that wasn’t appropriate, asked if I had said anything, I said no. Ms F (manager) reported to HR on 22 November 2022.’*

81. The Tribunal was provided with a written statement from Ms F dated 10 February 2024, but she was not called to give oral evidence. The Tribunal was mindful that as this evidence was not agreed by Dr Raslan and had not been tested in oral evidence, it should attach as much weight to the same as it considered appropriate. In the statement Ms F states:

*‘[Ms C] spoke to me in person and said something along the lines of ‘Dr Raslan had been funny with me’ and ‘had been inappropriate’...I asked [Ms C] if there was any action, she wanted me to take to escalate this further. [Ms C] told me that she did not wish to take any further action. I could see that [Ms C] was very shaken and upset by what had happened... [Ms C] explained that Dr Raslan had touched her and made some comments. She came across as a very timid person....’*

*On Friday 17 November 2022... I could see how frightened and traumatised [Ms C] was from this incident. She told me that Dr Raslan had touched her and placed his arm around her, touching her hip. [Ms C] said that Dr Raslan would often get very close to her and would make comments of how beautiful she was and that he did not know why [Ms C] was doing this job as she was too attractive. [Ms C] also stated that Dr Raslan would say that she reminded him of XXX and in one particular instance, he had tried to kiss her. I cannot remember where [Ms C] said that Dr Raslan had tried to kiss her, but I do recall her saying he had tried to kiss her...'*

82. The Tribunal noted that this account broadly reflected the written accounts of Ms C whose oral evidence was consistent with her previous accounts.

83. In oral evidence Ms C rejected Ms Ironside's suggestion that she misremembered what had happened and that Dr Raslan did not close the door to the room or put his arm around her waist and kiss her. The Tribunal found that Ms C was a reliable witness who was willing to accept when she unable to recollect matters put to her in questioning. She explained to the Tribunal that on the first day she had worked with Dr Raslan he had put his arm around her and rubbed her shoulder. She said that she had felt uncomfortable with his behaviour finding it odd and overfriendly from someone she had only just met. She further explained that after that first occasion, he had, on a number of occasions, put his arm around her waist during the course of a clinic. Ms C described how she felt this did not feel right, Dr Raslan was about the same age as her own father, and his behaviour was not something she would expect from another professional. She explained that she was very uncomfortable, as there was no space between them, and this contact was not something another man would do, especially one that did not know her well. She explained how she did not have the courage to speak up at the time, so she just remained still.

84. The last occasion Ms C worked with Dr Raslan was on 16 November 2022. Ms C explained that she had been working at the hospice that day and she had gone back into the room used by Dr Raslan to collect her things to go back to the hospital. She was at the back of the room collecting her things when Dr Raslan got up to close the door and then walked towards her. He put his arms around her waist and asked why she had not been at his clinic the week before. In response to her explanation that she had been working with other Consultants he told her that from then on, he wanted her to be at his clinic. He then went on to kiss her cheek telling her that she reminded him of XXX. She explained that she did not know what to do and just took her things and left. On her return to the hospital, she reported the matter to Ms F. Ms C described her discomfort at the encounter, and explained how he was a male much older than her touching her in ways she would not expect especially from another professional.

85. Once she had reported the matter, she was not required to return to the hospice to carry out any further clinics. Subsequently a formal investigation was commenced, and Dr Raslan was told that he must not contact anyone from the Trust while the investigation was ongoing. Dr Raslan did not immediately comply with this request and attempted to contact

Ms C by phone and email even though he had not been told of the identity of the person who had complained about him. In his email of 19 December 2022, Dr Raslan wrote:

*‘Please, accept my deepest sorry and apologies for any suffer you have been through. I think you miss understand my intentions totally. All my words to you were meant for complement, support and encouraging purposes only and any acts like tapping on your shoulder all are a king of expression of thanks, happiness, sympathy, and gratitude...*

*I am so sorry you understand this wrongly.*

*Having said that, I am really treating you as XXX.*

*Please, be sure that I acted on a good intention without any hidden purposes and I am so sorry again for any inconvenience or any distress you feel. I blame myself really about not having any explanation to you or any notice to your distress.*

*I am respecting your privacy, personal space and your kind support and help to our patients. You are a rule model for an excellent XXX. Please, accept my apologies and I am really so so sorry about any distress and hard feeling you have.’*

86. Ms C did not respond to any of Dr Raslan’s efforts to contact her but worried that he might take further steps to find her because of this. She explained to the Tribunal how she feared he would find her address and come to her home, and she was worried he might be there waiting for her when she was leaving the hospital.

87. The Tribunal noted that in his email of 19 December 2022 Dr Raslan apologised to Ms C. In his interview with the Trust, he admitted that he told her she was gorgeous, although he said that this was by way of thank you for good work. The Tribunal further noted Dr Raslan’s denials of inappropriate touching and his explanations for the type of behaviour he accepted he displayed.

88. The Tribunal found Ms C to be a consistent and credible witness. It also found that it was able to attach some weight to the written statement of Ms F because it was consistent with each of the accounts given by Ms C and it is in keeping with the type of conduct already found proved by this Tribunal.

89. For the above reasons the Tribunal preferred the evidence of Ms C who it found to be a truthful and compelling witness. It found on the balance of probabilities that it was more likely than not that Dr Raslan conducted himself in the manner alleged in paragraph 3 of the Allegation save for Paragraph 3a(iii).

90. **The Tribunal therefore found paragraphs 3a(i), 3a(ii), 3a(iv), 3a(v), 3b(i), 3b(ii) and 3b(iii) of the Allegations proved.**

#### Paragraph 3a(iii)

91. In her witness statement of 20 July 2023 Ms C raised for the first time that Dr Raslan rubbed her shoulder in an up and down motion with his hand. During questions from the

Tribunal Ms C was questioned carefully in respect of the events that had taken place with Dr Raslan. The Tribunal asked Ms C to recount each of the occasions when she worked with Dr Raslan and explain what had happened. At no time did she repeat her description of Dr Raslan rubbing her shoulder and it was not a matter that was raised in re-examination. In the circumstances the Tribunal do not find that the GMC has been able to discharge the burden placed on it to show that it was more likely than not that Dr Raslan acted in the manner alleged.

**92. The Tribunal therefore found Paragraph 3a(iii) not proved.**

Paragraph 4a

93. It is the GMC's case that at the time of the acts set out in paragraphs 1 to 3 of the Allegation occurred when Dr Raslan was working as a locum Consultant at the Hospice and Ms A, Ms B and Ms C were employed therein the roles as set out in Schedule 1.

94. Whilst Dr Raslan has not admitted any part of the Allegation there has been no specific denial that he was employed to work at the Hospice from August 2021 or that he was still employed there when he was interviewed as part of the investigation into his conduct on 10 February 2023. There is clear documentary evidence to support a finding that he was employed as a locum Consultant at the Hospice at the relevant time. Ms A, Ms B and Ms C have all confirmed their respective roles within the Trust both in their written statements and oral evidence and the documentary evidence before the Tribunal supports that evidence. The Tribunal is therefore satisfied that at the time of the events set out in paragraphs 1 to 3 of the Allegation Dr Raslan was employed as a locum Consultant at the Trust and Ms A, Ms B and Ms C were also employed in the roles set out in Schedule 1.

**95. The Tribunal therefore found Paragraph 4a proved.**

Paragraph 4b

96. The Tribunal was required to determine whether one or more of the acts found proved at paragraphs 1 to 3 amounted to sexual harassment as defined in section 26(2) of the Equality Act 2010. The Tribunal reminded itself of the relevant test to be met in reaching its decision in that, the conduct found proven must be conduct that was unwanted and was of a sexual nature. When determining whether or not the conduct was of a sexual nature the Tribunal reminded itself that it should approach this by looking at the conduct found proven in the context in which it occurred. If the conduct found proven meets the first part of the test it would then determine whether the conduct had the purpose of effect of creating the prohibited environment as set out in the Equality Act 2010 and if so whether, having regard to all the circumstances including the perception of the witness, it was reasonable for it to have had the prohibitive effect.

97. In response to the complaints made against him Dr Raslan has denied any wrongdoing and maintains that his actions were merely showing support and encouragement to

colleagues who were XXX to their positions. In his communications with the Trust and the GMC he has explained that having come from Egypt where the culture in the workplace was different, he was unaware that his behaviour was anything other than normal. In addition, he says that he was unaware of the 'no touch' policy of the Hospital and that it was only when he attended the Professional Boundaries course in January 2023 that he became aware that the manner in which he had previously behaved crossed those boundaries and was not appropriate.

98. In respect of all three witnesses the Tribunal reminded itself that all of the acts found proven above occurred behind closed doors and when there was no one else present save for Dr Raslan and the individual witness. The Tribunal heard from Ms B that initially when Dr Raslan's office was in the part of the hospice where other doctors also had their offices, Dr Raslan did not behave in the way subsequently experienced by her when his office moved. Ms A had also explained that she had encountered Dr Raslan when she first started work at the hospice and was shadowing other members of staff; the Tribunal noted that there had not been any complaints of a similar nature on those occasions, only when she worked with him on her own. The Tribunal found that if Dr Raslan had believed that his behaviour was purely supportive and normal, he would have behaved openly in the same manner and not as has been found proved, only when he was alone with each one of the witnesses and behind closed doors. In addition, whilst Dr Raslan may not have known of the 'no touch' policy, he had a professional obligation to be aware of the standards set out in Good Medical Practice which requires all medical practitioners to treat colleagues fairly and with respect. The Tribunal noted that even when his behaviour had been brought to his attention in May 2022, he still continued to conduct himself in the manner complained of and thought that Ms A had been 'over sensitive'. The Tribunal accepts that there may be some circumstances where, in the absence of direct objection, it might not be obvious that the conduct was unwanted. However, given that Dr Raslan only carried out those acts found proven when there was no one else around, the Tribunal found that it was more likely than not that he knew his behaviour was wrong. The Tribunal found that for these reasons, in respect of each of the witnesses, Dr Raslan knew, or should have known, that all the conduct found proven was unwanted.

99. In respect of whether the conduct was of a sexual nature, the Tribunal noted that some of the acts found proven may, taken in isolation, not amount to conduct of a sexual nature as required under s 26(2) Equality Act. The Tribunal reminded itself that it must look at the conduct as a whole having regard to the circumstances that prevailed at the time.

### Ms A

100. In respect of Ms A the Tribunal reminded itself that it had found proved all but one part of paragraph 1. These findings were that Dr Raslan had called Ms A beautiful and placed his hand on her lower back. The Tribunal reminded itself of her evidence that she remembered thinking that his hand was too low and how uncomfortable she felt and how she had just wanted to leave the room. The Tribunal had also found all of paragraph 1b found proved and reminded itself of Ms A's evidence in respect of that day. Dr Raslan had pulled



her towards him and pulled her face mask down before telling her she had beautiful eyes and kissing her 'softly' on the cheek. Ms A had tried to pull her face away and had spoken the words no to him but he had not stopped. She described being shocked at his behaviour, she was frightened, felt awful and wanted to run away. She further described feeling dirty and horrible and how she wanted to say, 'get off me, stop, you don't have the right to kiss me I have said no'. She explained that she had been unable to do this as her brain had just frozen when it was happening. Ms A also described how she felt awful and disgusted that Dr Raslan had kissed her.

101. The Tribunal had regard to the imbalance of power between a Consultant and XXX and the difference in age between Ms A and Dr Raslan. It also had regard to the setting in which the conduct found proved occurred; in the workplace and behind closed doors with no one else there. There was no close friendship or personal relationship between Ms A and Dr Raslan, she had worked with him only on two occasions. The Tribunal found that whilst there is no definition of conduct of a sexual nature, the manner in which this conduct took place and the events as described by Ms A, were clearly sexual. It further found that whilst it was not Dr Raslan's intention to make Ms A feel as she has described, it did have the effect of creating an environment that satisfies the definition under s26 Equality Act.

102. The Tribunal therefore determined that Dr Raslan's conduct in relation to Ms A was of a sexual nature and for the reasons set out above it had the effect of creating an intimidating, hostile, degrading and offensive environment. The Tribunal further found that given the circumstances of this case it was reasonable for the conduct found proved to have had that effect on Ms A.

### Ms B

103. In respect of Ms B the Tribunal reminded itself that Dr Raslan had initially started by asking Ms B to pull down her mask so that he could see her face. In addition to the findings set out above in respect of whether this conduct was unwanted, the Tribunal noted that at the time of these events the wearing of masks in the hospice was compulsory and therefore Dr Raslan would, or should, have known that his conduct was unwanted as it was a clear breach of the hospice policy which he would, or should, have known.

104. However, whilst the conduct was unwanted, this act by itself may not have been deemed to be conduct of a sexual nature even if it was accompanied by a one-off comment that Ms B was beautiful. It was the manner in which his behaviour progressed that led the Tribunal to make a finding that overall, the conduct found proved in respect of Ms B was of a sexual nature. The Tribunal reminded itself of its findings that Dr Raslan had repeatedly asked Ms B to pull down her face mask and on his return from sick leave had told her that he had missed her, and that she was the only reason he came to work. This had worried Ms B who felt that his behaviour was becoming personal. The Tribunal had also found that Dr Raslan had put his hands around her waist and pulled her into him whilst pulling down her face mask and looking at her mouth. The Tribunal found that it is not credible that this conduct was a means of supporting a colleague in the workplace. The Tribunal had regard to the absence of

any personal relationship between Ms B and Dr Raslan, the imbalance of power between them, the age difference, and the circumstances in which the conduct took place; in the workplace, behind closed doors with no one else present save for Dr Raslan and Ms B.

105. The Tribunal did not find that Dr Raslan set out to offend and intimidate Ms B or violate her dignity. It considered whether his conduct had had that effect overall. The Tribunal had regard to the fact that Ms B did not report any of these events until after she became aware that other people had also raised complaints. In addition, she did not do so until after she had become aware that she would no longer be required to work at the hospice. The Tribunal noted that Ms B continued to go to work but accepted her evidence that she had to continue to do so because she did not want to let her colleagues down as the hospice was short staffed. The Tribunal had regard to Ms B's concerns that people would talk about her. The Tribunal reminded itself of Ms B's description of how she would dread going into his room and how she would experience palpitations and anxiety before doing so. The Tribunal found that even though Ms B did not complain about Dr Raslan until considerably later, the experience she had with him did impact on her and create an intimidating and hostile environment. Having had the benefit of hearing oral evidence from Ms B, and considering all the circumstances when the acts found proved occurred, the Tribunal found that it was reasonable for Ms B to have felt the way she described in her witness statement and in oral evidence.

### Ms C

106. In addition to the Tribunal's findings in respect of unwanted conduct as set out above, the Tribunal reminded itself that at the time of the acts found proved in paragraph 3 Ms A had already complained about Dr Raslan's conduct which was of a similar nature and Dr Raslan had been spoken to about it. For these reasons he would, or should, have known that his conduct towards Ms C was unwanted. The Tribunal reminded itself of its findings at paragraph 3 of the Allegation. Ms C was a XXX of staff who worked with Dr Raslan on four occasions. The Tribunal reminded itself that from the first occasion on which Ms C worked with Dr Raslan he had made physical contact with her by placing his hand on her shoulder and called her gorgeous. This quickly moved on to him putting his hand around her waist and pulling her towards him on more than one occasion. Ms C described how this had made her feel uncomfortable from the outset but that initially she had not wanted to take it any further because she had only just started to work there, and she didn't feel she had the courage to do it. She explained how his conduct did not feel right and that it was not something a professional would do to another professional. Ms C accepted that she did not verbalise her objection to his actions up to this point but does explain how she remained still with her hands down at her sides. The Tribunal found that whether or not Ms C verbalised her objection, in circumstances such as this where a Consultant is working with a XXX that he has only just met it is wholly inappropriate to act in this manner and Dr Raslan should have known that. The Tribunal reminded itself of the last occasion on which Ms C worked with Dr Raslan and its findings that he had closed the door when she had gone into his room to collect her belongings and had then walked towards her put his arm around her waist and kissed her on the cheek. The Tribunal had regard to the imbalance of power between Dr

Raslan and Ms C. He was a Consultant oncologist and she a XXX. Dr Raslan had behaved inappropriately towards her from their first meeting. The Tribunal did not accept Dr Raslan's suggestion that he treated her like XXX. The Tribunal found that, given the circumstances as set out above, this was clearly conduct of a sexual nature that was unwanted.

107. The Tribunal accepted that Dr Raslan did not purposefully set out to offend Ms C in the manner set out in s26(2) Equality Act 2010 or to violate her dignity. It considered whether his conduct did however have that effect and if so whether it was reasonable for it to have done so, having regard to her perception and the circumstances that prevailed at the time. The Tribunal reminded itself of Ms C's written evidence to the Trust of 8 December when she wrote:

*'I feel that his actions were progressive (from compliments to touching to a kiss) in nature and I worry about what more may have happened if I had carried on supporting Dr Raslan's clinic. It made me feel particularly uncomfortable when Dr Raslan closed the door before kissing me. Being XXX a XXX colleague to Dr Raslan, I did not at the time feel able to challenge his actions.'*

108. The Tribunal therefore found Paragraph 4b proved.

#### Paragraph 4c

109. It is the GMC's case that in addition to the conduct found proved amounting to sexual harassment it was also sexually motivated. The Tribunal has found that taken in the round, the conduct towards Ms A, Ms B and Ms C was all of a sexual nature. That finding does not automatically result in a finding that the conduct was sexually motivated. However, it is clear from the findings in respect of Ms A and Ms C that Dr Raslan's behaviour quickly escalated from compliments to touching to a kiss. The Tribunal found that his behaviour had all the hallmarks of grooming. His actions all took place behind closed doors when no one else was present. The Tribunal did not accept, for the reasons set out above that this was innocent behaviour, nor is there any evidence to support that this would be acceptable behaviour in the culture of the countries in which Dr Raslan had previously worked. The Tribunal found that Dr Raslan's behaviour was sexually motivated with a view to developing an increasing level of intimacy in respect of Ms A and Ms C as is evidenced by the progressive behaviour demonstrated by Dr Raslan.

110. In respect of Ms B, whilst Dr Raslan did not kiss Ms B he did engage in conduct which led her to fear that he was going to kiss her when he pulled her in close to him so that their bodies were touching and he then pulled down her face mask. The Tribunal found that this was behaviour of a sexual nature. The Tribunal did not accept that this is the type of behaviour that would be considered to be either friendly or supportive of a junior colleague. The Tribunal found that Dr Raslan's actions tended to demonstrate power or control over Ms B. It found that this behaviour had escalated over the period she had worked with him from asking her to pull down her mask to pulling it down himself whilst holding her close to him.

The Tribunal found that on the balance of probabilities Dr Raslan’s actions were sexually motivated with the view to developing an increasingly intimate relationship with Ms B.

111. The Tribunal therefore found Paragraph 4c proved.

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

112. The Tribunal has determined the facts as follows:

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

1. Between 27 April 2022 and May 2022 whilst working St Margaret’s Hospice (‘the Hospice’), you behaved inappropriately towards Ms A in that:

- a. on 27 April 2022 you:
  - i. put your arm around her upper back;  
**Not Proved**
  - ii. called her beautiful or words to that effect;  
**Determined and found proved**
  - iii. put your hand on her lower back;  
**Determined and found proved**
- b. on 10 May 2022 you:
  - i. told Ms A that ‘you missed her’ or words to that effect;  
**Determined and found proved**
  - ii. put your arm around her lower back;  
**Determined and found proved**
  - iii. put your hand on her waist;  
**Determined and found proved**
  - iv. on one or more occasion, pulled her close to your chest;  
**Determined and found proved**
  - v. asked her why she was covering up, or words to that effect, in respect of Ms A’s face mask;  
**Determined and found proved**
  - vi. attempted to pull her face mask down;  
**Determined and found proved**

vii. told her she was very beautiful;  
**Determined and found proved**

viii. told her she had beautiful eyes;  
**Determined and found proved**

ix. kissed her on her cheek.  
**Determined and found proved**

2. In 2022, on one or more occasions whilst working at the Hospice, you behaved inappropriately towards Ms B:

a. in that you:

i. asked her to:

i. pull her face mask down;  
**Determined and found proved**

ii. let you see her face;  
**Determined and found proved**

ii. told her words to the effect of:

i. she was 'so beautiful';  
**Determined and found proved**

ii. it was good to see her and you had missed her;  
**Determined and found proved**

iii. she was the only reason you come into work;  
**Determined and found proved**

iii. put your hands around her waist;  
**Determined and found proved**

iv. pulled her against your body;  
**Determined and found proved**

v. pulled her face mask down;  
**Determined and found proved**

vi. moved your face close to her face;  
**Determined and found proved**

- vii. looked at her mouth;  
**Determined and found proved**
  - b. in that in September 2022, you:
    - i. rubbed her back;  
**Determined and found proved**
    - ii. said ‘ahh, I get to watch you eat’ or words to that effect.  
**Determined and found proved**
- 3. Between October 2022 and November 2022, whilst working at the Hospice, you behaved inappropriately towards Ms C:
  - a. in that you:
    - i. called her gorgeous;  
**Determined and found proved**
    - ii. put your arm around her shoulder;  
**Determined and found proved**
    - iii. rubbed her shoulder;  
**Not proved**
    - iv. put your arm around her waist;  
**Determined and found proved**
    - v. put your hand on her lower back;  
**Determined and found proved**
  - b. in that on 16 November 2022 you:
    - i. closed the clinic door whilst Ms C was in the room with you;  
**Determined and found proved**
    - ii. put your arm around her waist;  
**Determined and found proved**
    - iii. kissed her on the cheek.  
**Determined and found proved**
- 4. One or more of your actions as set out at paragraphs 1 to 3:

a. occurred whilst you were a Consultant and Ms A, Ms B and Ms C were employed in the roles as set out in schedule 1;

**Determined and found proved**

b. 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 Ms A, Ms B and/or Ms C, or creating an intimidating hostile, degrading, humiliating or offensive environment for Ms A, Ms B and/or Ms C;

**Determined and found proved**

c. were sexually motivated.

**Determined and found proved**

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

#### **Determination on Impairment - 19/08/2024**

113. 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 Raslan's fitness to practise is impaired by reason of misconduct.

#### **The Evidence**

114. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary, which included a development and restoration plan on behalf of Dr Raslan dated 26 January 2023.

#### **Submissions**

115. On behalf of the GMC, Mr Rigby of Counsel, referred the Tribunal to the relevant legal principles and case law and submitted that Dr Raslan's fitness to practise was currently impaired by reason of his misconduct.

116. Mr Rigby reminded the Tribunal of the relevant paragraphs of *Good Medical Practice* ('GMP') which the Tribunal found Dr Raslan had breached by reason of the conduct found proven. These paragraphs are set out above in the Tribunal's determination on facts. He submitted that the Tribunal has found the factual allegations at 1 to 4 proved, save for 1(a)(i) and 3(a)(iii), meaning that the allegations by the three individuals have been substantially established. Mr Rigby stated that, whilst the GMC makes no assumption that Dr Raslan's fitness to practise will be found to be impaired, he invited the Tribunal to consider paragraphs 149 and 150 of the Sanctions Guidance which, he submitted were equally relevant at this stage:

*‘149 “This encompasses a wide range of conduct from criminal convictions for sexual assault ... to sexual misconduct with patients, colleagues ...”.*

*150 “Sexual misconduct undermines public trust in the profession. The misconduct is particularly serious where there is an abuse of the special position of trust a doctor occupies ...”.’*

117. Mr Rigby told the Tribunal that the GMC accepted that Dr Raslan had been enrolled on a Development and Restoration Plan on 27 January of 2023 (‘the Plan’). This set out the steps that were intended to be followed over a period of months following his attendance on the professional boundaries course he had been instructed to attend as a result of the complaint of Ms A. However, Mr Rigby submitted that it is not clear whether the plan was ever actioned or completed. He submitted that if such serious conduct as had been found proven was capable of remediation, there was insufficient evidence of remediation. Although Dr Raslan’s employment with the Trust had ended there is no evidence that the steps set out in the Plan were commenced or continued after that time.

118. It was Mr Rigby’s submission that the Tribunal’s findings of sexual harassment and sexual motivation in the circumstances set out in its determination would normally be sufficient for a finding of a misconduct to be made. However, he submitted that in this case there were also a number of aggravating factors to consider.

119. Mr Rigby reminded the Tribunal of its determination on the facts in that it had identified a clear imbalance of power between Dr Raslan and the three female employees, all of whom were considerably younger in age than him. In addition, he reminded the Tribunal of its finding that all of the conduct found proven was carried out behind closed doors and when he was alone with his victims. He reminded the Tribunal of the period of time over which this conduct had taken place and the fact of the progressive nature of the behaviour which escalated in seriousness over that period. Mr Rigby submitted that a further aggravating factor was the fact that Dr Raslan had chosen to continue with his behaviour after he had been spoken to about it following Ms A’s complaint in May 2022. After that time, he went on to sexually harass both Ms B and Ms C. Mr Rigby submitted that having regard to all these factors it is clear that the conduct found proven amounts to serious misconduct.

120. Mr Rigby submitted that there were no mitigating factors in this case. Dr Raslan had made no admissions as to any specific allegations, and he denies that any of his conduct was sexually motivated or amounted to sexual harassment.

121. In respect of impairment Mr Rigby submitted that Dr Raslan lacked insight. He reminded the Tribunal to Dr Raslan’s response to the Trust which he submitted showed no evidence that he appreciated the effect of his actions on others. He submitted that this same lack of insight was also demonstrated in Dr Raslan’s email to Ms I dated 11 May 2025 and the “Final Conclusion Statement”.



122. Mr Rigby further submitted that there had been little evidence of remediation other than that to which he had already referred. He submitted that merely attending a course and engaging in the preparation of the Plan was not sufficient to show the level of remediation needed in this case especially in light of the fact that Dr Raslan does not accept that his conduct amounted to sexual harassment. He submitted that when Dr Raslan started the course, he knew that his conduct was inappropriate but in order to remediate he has to have had insight into his conduct and the impact of his conduct on the young women that he sexually harassed. Mr Rigby submitted that Dr Raslan's response to the allegations did not demonstrate that the risk of repetition is low or that he has properly remediated. He submitted that the risk of future misconduct is substantial.

123. Mr Rigby submitted that in accordance with the guidance set out the Tribunal of the guidance of Dame Janet Smith and the overarching objective, he invited the Tribunal to conclude that Dr Raslan's fitness to practise remains impaired.

### The Relevant Legal Principles

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

125. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted in relation to a finding of impairment based on misconduct: first, whether the facts as found proved amounted to misconduct, which in this context amounted to a serious departure from generally accepted professional standards, and then whether the finding of that misconduct should lead to a finding of current impairment of fitness to practise.

126. The Tribunal must determine whether Dr Raslan's fitness to practise is impaired today, taking into account Dr Raslan's conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and whether there is any likelihood of repetition. The Tribunal was also obliged to consider whether a finding of impairment was required on public interest grounds alone.

127. Whilst there is no statutory definition of impairment, the Tribunal had regard to the case of *CHRE v NMC and Grant* [2011] EWHC 927 where Dame Janet Smith's observations in the Fifth Report of the Shipman Inquiry were endorsed. Dame Janet Smith suggested that questions of impairment could be considered in the light of the following considerations:

*'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practise is impaired in the sense that s/he:*

- a. has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*

- b. *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c. *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d. ....'

128. The Tribunal had regard to the case of *Cohen v GMC [2008] EWHC 581 (Admin)*, and took into account the requirement that *'conduct which led to the charge is easily remediable; that, second, it has been remedied; and, third, that it is highly unlikely to be repeated'*.

129. The Tribunal also had regard to the principle that any finding of misconduct going to fitness to practise must relate to serious misconduct as described in *Remedy UK Ltd v General Medical Council [2010] EWHC 1245 (Admin)*, as *'sufficiently serious misconduct in the exercise of professional practice such that it can properly be described as misconduct going to fitness to practise'*.

## The Tribunal's Determination on Impairment

### Misconduct

130. The Tribunal first considered whether the facts found proved were a sufficiently serious departure from the standards of conduct reasonably expected of Dr Raslan as a registered medical practitioner such as to amount to misconduct.

131. In its deliberations, the Tribunal had regard to *Good Medical Practice ('GMP') (2013 edition)* and the paragraphs relevant to this case. The Tribunal was of the view that Dr Raslan's behaviour towards Ms A, Ms B and Ms C was a clear departure from the principles contained in the following paragraphs of GMP:

**'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.'*

**'3** *Good medical practice describes what is expected of all doctors registered with the General Medical Council (GMC). It is your responsibility to be familiar with Good medical practice and the explanatory guidance which supports it, and to follow the guidance they contain.'*

**'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.'*

132. In its finding of facts, the Tribunal had found that Dr Raslan's conduct in the workplace, towards three junior female employees, amounted to conduct which met the definition of sexual harassment under section 26(2) of the Equality Act 2010. His behaviour was also found to be sexually motivated. The Tribunal had regard to its findings that there was an imbalance of power between Dr Raslan and the three colleagues and in addition all were significantly younger than him, which was evidenced by Dr Raslan's reference to him considering them as akin to XXX. The Tribunal found that Dr Raslan had abused his position of power when acting as he did towards his colleagues. The Tribunal had regard to the right of all workers, of whatever status, to be protected from sexual harassment in the workplace, which right had been breached by Dr Raslan's conduct. It was clear that all three employees had suffered distress as a result of his conduct. The Tribunal found that his conduct was further exacerbated when, having been addressed about his behaviour following the complaint of Ms A, he continued to act in the same manner when he repeated his conduct towards both Ms B and Ms C.

133. The Tribunal reminded itself that in his defence Dr Raslan had said that because of cultural differences he was unaware that his behaviour was not acceptable as such behaviour would be acceptable in other countries in which he had worked. The Tribunal had rejected this defence for the reasons set out in its findings of fact. In addition, the Tribunal considered that Dr Raslan was under a professional obligation under paragraph 3 of GMP to ensure that he was familiar with the standards contained in GMP and of behaviour deemed unacceptable in the society in which he was working, especially given the length of time he had been working at the Trust at the time of the conduct found proven. Further the Tribunal had regard to the fact that at the time of his conduct towards Ms C and the last act complained of by Ms B, Dr Raslan had already been spoken to about his conduct and been instructed to attend a professional boundaries course. Under paragraph 37 of GMP, Dr Raslan had a duty to be mindful of how his behaviour was being perceived by others, yet he had dismissed the complaints of Ms A as her being oversensitive and carried on with impunity.

134. The Tribunal had regard to the fact that there are many types of behaviour that may overall amount to sexual harassment for the purposes of s.26(2) EqAct 2010. In respect of the conduct found proven of Dr Raslan, the Tribunal found that although the conduct was at the lower end of sexual harassment, for the reasons set out above, it was nonetheless serious misconduct. The Tribunal concluded that Dr Raslan's conduct fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct.

#### Impairment

135. Having found that the facts found proved amounted to misconduct, the Tribunal went on to consider whether, as a result of that misconduct, Dr Raslan's fitness to practise is currently impaired.

136. The Tribunal determined that Dr Raslan’s misconduct had, in the past, brought the medical profession into disrepute and that he had breached fundamental tenets of the medical profession, namely the need to respect colleagues. The Tribunal considered whether in light of its findings, this was conduct that was remediable. It determined that if properly educated in the requirement for equality and diversity in the workplace and the standards expected of all workers, this was conduct which had the potential to be remedied, if Dr Raslan was prepared to properly engage with the same.

137. The Tribunal considered whether in light of its findings Dr Raslan is likely to behave in the same way if he was allowed to return to unrestricted practice. In doing so, the Tribunal had regard to the evidence it had received as to his insight and any attempts made to remediate his misconduct.

138. The Tribunal had regard to the evidence which demonstrates that Dr Raslan has made some efforts to remediate, in that he attended a two-day Professional Boundaries course at the end of January 2023 and subsequently created a relatively detailed ‘restoration development plan’. Dr Raslan also acknowledged his wrongdoing in an email to the GMC on 11 May 2023, stating that *‘...I admit that this was inappropriate after taking the course even though my intention was for support and support only. I am so sorry about what my colleagues felt wrong and I confirmed that I am committed to a no touch policy, be professional, boundaried and firm.’*

139. However, the Tribunal also noted that there is no evidence to suggest that the ‘restoration development plan’ was followed either before or after Dr Raslan’s employment with the Trust ended. Furthermore, there is no evidence to demonstrate that he reflected upon, nor altered his thinking as a result of the Professional Boundaries course he attended. In the same email to the GMC dated 11 May 2023 in which he acknowledged wrongdoing, he also stated that:

*‘I agree with information about inappropriate touch but not about the details which include lots of lies, untrue allegations and speculations from complaints.’*

140. The Tribunal was of the view that communications such as this demonstrated Dr Raslan’s attempts to justify his actions and to diminish the experience of Ms A, Ms B and Ms C. The Tribunal was concerned that comments such as these demonstrated a significant lack of insight. The Tribunal found that Dr Raslan did not seem to be aware of how his actions may have impacted on the individuals involved and others with whom he worked. For examples, in Dr Raslan’s letter to the investigation team he stated that:

*‘Employee 2 feels that I deliberately hid my behaviour from other staff or patients so that there were no witnesses to any of the above. How she knows about that? She is accusing me with things that I have not done. This is a destruction of my reputation and honesty without any evidence which if point to anything, it clearly point to her corrupted judgment and not seeing the things clearly.’* and

..... ‘I feel that I am the victim here and I thought that we work as a family with the patients are our main concern, though I am so sorry about any distress my colleagues wrongly felt’.

141. By describing the distress of his colleagues as ‘*wrongly felt*’ the Tribunal considered that Dr Raslan did not understand how his behaviour may have impacted on others, as described in paragraph 37 of GMP. Instead, it appeared that he had sought to place blame on others.

142. In this respect The Tribunal had further regard to a letter Dr Raslan sent to Ms H, some five months after his employment with the Trust had ended in April 2023. In the letter he stated:

*‘I think you have been tricked by the lies of [Ms C] who can win the OSCAR prize in drama acting.’ and ‘I think you have some psychological issue with any male and had your revenge on me personally, enjoy.. You and your lying XXX have destroyed my work, my reputation and XXX and family lives. I will never forgive you for what you have done and I wish you will see and experience this bitter unfairness in your future.’*

143. The Tribunal bore in mind the lack of evidence to show that, since he was first addressed by the Trust, Dr Raslan had attempted to educate himself in relation to workplace cultures or taken any steps to increase his knowledge in terms of how and why his behaviour was unacceptable. It first reminded itself of the repeated behaviour after he had been spoken to about the complaint of Ms A and his assessment that the complaint had been raised by her because she was ‘over sensitive’. The Tribunal found that there was no evidence that anything had changed as a result of his attendance at the Professional Boundaries course or since his employment with the Trust had ended. Given the lack of insight as set out above and lack of evidence of any real remediation, the Tribunal considered that there remains a significant risk of repetition.

144. The Tribunal had regard to the circumstances of this case and the overarching objective and found for the above reasons that Dr Raslan’s fitness to practise is currently impaired by reason of misconduct.

#### **Determination on Sanction - 21/08/2024**

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

#### **The Evidence**

146. The Tribunal has had regard to all findings of fact and evidence received during the earlier stages of the hearing, where relevant, in reaching a decision on sanction.

## Submissions

147. On behalf of the GMC, Mr Rigby reminded the Tribunal that the imposition of a sanction, if any, was a matter for the Tribunal, but submitted that given the seriousness of the misconduct found, the aggravating features of this case and Dr Raslan's lack of insight, a serious sanction was mandatory.

148. Mr Rigby referred the Tribunal to paragraphs 149 and 150 of Sanctions Guidance (2024) ('SG') and submitted that although the abuse of the position of trust occupied by a doctor was aimed principally in relation to patients and it was also relevant to XXX working under his control.

149. Mr Rigby submitted that, given the seriousness of the findings of the Tribunal, taking no action or imposing conditions on Dr Raslan's registration would not be proportionate, nor would it uphold the over-arching objective. Mr Rigby submitted that the starting point for the Tribunal should be to consider a sanction of suspension, but it is the GMC's position that the appropriate sanction is one of erasure.

150. In respect of suspension Mr Rigby referred the Tribunal to paragraphs 92 and 93 SG and reminded it that suspension may 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. He submitted that this may be an appropriate response for conduct that is serious but falls short of being fundamentally incompatible with continued registration. Mr Rigby submitted that the conduct found proven in this case, was conduct that was fundamentally incompatible with continued registration.

151. In addition Mr Rigby referred the Tribunal to paragraph 93 SG which provides that suspension may be appropriate where there may have been acknowledgment of fault and where the Tribunal is satisfied that the behaviour or incident is unlikely to be repeated. He reminded the Tribunal of its findings on impairment and the risk of repetition it had found to remain.

152. Mr Rigby submitted that whilst there has been some acknowledgement of fault from Dr Raslan, this may be regarded as nothing more than merely words due to the lack of meaningful apology and admissions. Mr Rigby submitted that whilst the Tribunal should start by considering the least restrictive sanction, which in this case would be suspension, it would not be an appropriate or proportionate sanction due to the seriousness of this case.

153. In support of his submission that a sanction of erasure was the appropriate and proportionate sanction to impose in this case, Mr Rigby referred the Tribunal to paragraphs 107, 108 and 109 SG. Turning to erasure, Mr Rigby submitted that this was a case where erasure was the only means of protecting the public. He submitted that even where there is not a risk to patient safety it can be necessary to uphold public confidence in the profession where there has been a blatant disregard for the safeguards designed to protect the public

and maintain high standards in the profession. In respect of paragraph 109 SG Mr Rigby submitted that the conduct found proven is a serious departure from GMP and is fundamentally incompatible with continued registration (109(a) SG), and that Dr Raslan has shown a deliberate or reckless disregard for the standards set out in GMP (109(b) SG). He submitted that Dr Raslan has abused his position of trust in breach of paragraph 81 GMP and that the conduct found proven amounted to an offence of a sexual nature, (109(f) SG). In addition, Mr Rigby submitted that Dr Raslan demonstrated a persistent lack of insight into his actions and the consequences of the same, and it is for these reasons that he submitted that the appropriate sanction to impose is one of erasure of Dr Raslan's name from the register.

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

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

155. The Tribunal reminded itself that the reason for imposing any sanction is to protect the public and that sanctions are not imposed to punish or discipline doctors, even though they may have a punitive effect. Throughout its deliberations, the Tribunal has applied the principle of proportionality, balancing Dr Raslan's interests with the public interest.

156. The Tribunal first reminded itself of the aggravating and mitigating factors in this case.

#### Aggravating Factors

157. The Tribunal considered that the circumstances in which the conduct took place had already been identified as factors that demonstrated the seriousness of the conduct found proven, but in addition it also found as an aggravating factor the fact that Dr Raslan repeated his conduct after he had been spoken to following Ms A's complaint.

158. Throughout the investigation by the Trust and subsequent proceedings with the GMC, Dr Raslan had sought to rely on his lack of knowledge about working practices at the Trust and the cultural differences between his home country and the UK. The Tribunal dismissed this explanation for the reasons set out in its determination on facts. It further noted that whilst experience of working as a doctor in the UK plays a key role in their development, paragraph 28 SG makes clear that doctors are expected to familiarise themselves with the standards and ethical guidance that apply to practising doctors in the UK before taking up employment. The Tribunal noted that at the time of the last incident of misconduct Dr Raslan had been working full time in the UK for a period in excess of one year and was under a professional obligation to ensure that he was working to the correct standards of behaviour in accordance with GMP.

#### Mitigating Factors

159. The Tribunal noted that Dr Raslan had worked as a doctor in the field of oncology for over 25 years without any previous complaints. It further noted that Ms H, his immediate superior at the Trust, described him as a knowledgeable and dedicated oncologist, about whom she had no concerns in his role as a doctor. Whilst the Tribunal noted that Dr Raslan had not produced any further testimony to his good character or competence as a doctor, it had regard to the concerns Dr Raslan had expressed about reputational damage to him and his family in his home country and acknowledged that cultural differences may have made him reluctant to ask patients or colleagues to provide them. The Tribunal acknowledged that it had not been told that this was the reason no further testimonials had been submitted but it drew no inference from the absence of the same.

160. The Tribunal had regard to the manner in which Dr Raslan had responded to the allegations raised by Ms A in May 2022 and noted his denial or any recognition of the alleged events and expressed concerns only about himself and the impact the allegations had on him. It was clear that at that time, although he agreed to attend a professional boundaries course and was told that his behaviour was inappropriate, he did not have any insight into his actions and did not modify his behaviour. When in February 2023, he was interviewed about the complaints raised in November 2022, he had attended a Maintaining Professional Ethics/Boundaries/Relationship Course (the Course), and, whilst still deflecting responsibility for his actions, admitted that he now knew that he had crossed professional boundaries and that his touching of his colleagues had been inappropriate.

161. One of the outcomes of the Course that he attended was that Dr Raslan prepared a detailed development restoration plan. The plan outlined actions to be taken in respect of identified behaviours of concern. It included but was not limited to developing an understanding of cognitive distortion and cultural differences in the UK, the standards set out in Good Medical Practice, and professionalism in action. It was also agreed that Dr Raslan would engage in active dialogue with colleagues about clinical and non-clinical touch and appropriate use of language. The document also set out the main learning points that Dr Raslan had taken from the Course, and he signed a statement of commitment to adhering to the plan. In correspondence to the GMC in May 2023, Dr Raslan, whilst not admitting all the facts alleged, admitted that although not intentional, some of his language and conduct was inappropriate. He confirmed his commitment to professional boundaries and expressed his regret and apology to his colleagues.

162. The Tribunal had regard to para 46 SG and found that that although Dr Raslan did not demonstrate empathy or any real understanding of his actions he did accept, on reflection, that he should have acted differently. In the circumstances the Tribunal found that his commitment to the plan above and his acceptance that his behaviour was inappropriate demonstrated some, albeit limited, development of insight since May of 2022 and a willingness on the part of Dr Raslan to engage in remediation.

163. Having identified the aggravating and mitigating factors as set out above, the Tribunal went on to determine what action, if any, should be taken as a result of the conduct found



proven and Dr Raslan's impaired fitness to practice. The Tribunal considered each sanction in ascending order of severity, starting with the least restrictive.

### No action

164. The Tribunal first considered whether to conclude the case by taking no action.

165. The Tribunal determined that, in view of the serious nature of its findings on the facts and impairment, it would be neither sufficient, proportionate nor in the public interest to conclude this case by taking no action. The Tribunal determined that there were no exceptional circumstances and therefore there could be no justification to conclude the case by taking no action.

### Conditions

166. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Raslan's registration. It has borne in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable.

167. Tribunal concluded that, even if conditions were proportionate, it would not be possible to formulate any conditions which would adequately address Dr Raslan's misconduct and would therefore not be workable.

168. Therefore, the Tribunal determined that it would not be sufficient, appropriate or proportionate to direct that conditions be imposed on Dr Raslan's registration. The Tribunal concluded that an order of conditions would not adequately maintain trust and confidence in the medical profession.

### Suspension

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

170. The Tribunal acknowledged that suspension has a deterrent effect and can be used as a declaratory signal to the doctor, the profession, and to the public about what is regarded as behaviour unbefitting a registered doctor.

171. The Tribunal took account of the following paragraphs of the SG which indicate circumstances in which it may be appropriate to impose a sanction of suspension:

*'91 Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor. Suspension from the medical register also has a punitive effect, in that it prevents the doctor from practising (and therefore from earning a living as a doctor) during the suspension, although this is not its intention.'*

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

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

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

*a        A serious breach of Good medical practice, but where the doctor's misconduct is not fundamentally incompatible with their continued registration, therefore complete removal from the medical register would not be in the public interest. However, the breach is serious enough that any sanction lower than a suspension would not be sufficient to protect the public or maintain confidence in doctors.*

...

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

'138       *More serious outcomes are likely to be appropriate if there are serious findings that involve:*

...

*b        sexual harassment'*

'149       *This encompasses a wide range of conduct from criminal convictions for sexual assault ... to sexual misconduct with patients, colleagues, patients' relatives or others ...'*

172. The Tribunal further noted the submissions of Mr Rigby in respect of 109 SG:

'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 fundamentally incompatible with being a doctor. ...
- b* A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.
- d* Abuse of position/trust ...
- f* Offences of a sexual nature, including involvement in child sex abuse materials
- g* Offences involving violence. ’

173. In determining whether the overarching objective could be upheld by imposing a sanction of suspension, the Tribunal had regard to para 91 SG. It noted that suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbecoming a registered doctor. It further noted at paragraph 93 SG that 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. The SG provides that suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration.

174. The Tribunal reminded itself of the conduct of Dr Raslan that had been found proven, and the reasons why it had found it amounted to serious misconduct. In submissions Mr Rigby had referred the Tribunal to paragraph 109 SG which sets out some of the factors that may indicate that erasure and not suspension is the appropriate sanction. One of those factors at paragraph 109(f) SG is “offences of a sexual nature, including involvement in child sex abuse materials”. Sexual misconduct is further discussed at paragraph 149 SG which acknowledges that sexual misconduct encompasses a wide range of conduct from criminal convictions for sexual assault and sexual abuse of children to sexual misconduct with patients, colleagues, patients’ relatives or others. At paragraph 159 the SG explains how this type of misconduct is particularly serious where there is an abuse of the special position of trust a doctor occupies or where a doctor has been required to register as a sex offender. In such cases the SG provides that more serious action, such as erasure, is likely to be appropriate in such cases.

175. In its determination on Impairment, the Tribunal found that although the conduct found proven was serious and did amount to misconduct for the purpose of Stage 2 of these proceedings, it was conduct that fell at the lower end of sexual misconduct. There is no evidence before the Tribunal to show that without the intervention of the Trust, Dr Raslan’s behaviour would have escalated to the most serious types of sexual misconduct as envisaged by paragraph 149 SG. Whilst Dr Raslan did abuse his position of power when he behaved in the manner found proven, the Tribunal found that the circumstances of this case were that

the power exerted over the witnesses who had complained about his behaviour, emanated primarily from the seniority of his position as an employee rather than the special position of trust a doctor occupies. The Tribunal had determined that whilst this was serious misconduct, it was conduct of a type that was potentially remediable, and for the reasons set out above, found that, although serious, it fell short of conduct that was incompatible with continued registration.

176. The Tribunal considered that although Dr Raslan had committed to maintaining professional boundaries and following the plan for remediation, it was not confident that there was no risk of the behaviour being repeated. It was however satisfied that the risk was lower than it had been prior to him attending the Course in January 2023. Since then, there had been some acknowledgement of fault in his behaviour. The Tribunal also had regard to an email from Dr Raslan dated 19 August 2024, which he sent following receipt of the Tribunal's determination on impairment. Dr Raslan wrote:

*'I am also so sorry about what my colleagues felt or experienced during the past one year or more... Therefore, at least before your final judgement to transfer my deep sorrow and apologies to my colleagues and I wish them the best in their endeavour. Thanks to you and to everyone involved in my case and sorry for any hard time I made for all of you.'*

177. The Tribunal noted Dr Raslan's apology and expression of sorrow to his colleagues and further noted his apology to everyone involved in his case. The Tribunal considered that Dr Raslan's recognition and apology in this email demonstrated some development into his insight of the consequences of his behaviour. In the circumstances the Tribunal was satisfied that there was no evidence that demonstrated that remediation is unlikely to be successful.

178. The Tribunal acknowledged that Dr Raslan had not attended these proceedings, and nor was he required to do. The Tribunal was satisfied that Dr Raslan had provided a reasonable explanation for his non-attendance. It noted that Dr Raslan had not failed entirely to engage with the process as he had communicated with the GMC and MPTS throughout and had provided, albeit limited, communication during the course of this hearing. The Tribunal was not aware that there had been any repetition of similar behaviour and although Dr Raslan had not produced further evidence of remediation since he left the UK, he had previously indicated his intention to engage, and there was no evidence to suggest that he is now unwilling to do so.

179. Prior to reaching its decision on sanction the Tribunal considered the additional factors that may indicate that erasure is the more appropriate sanction.

180. In its findings on impairment, and for the reasons set out above, the Tribunal found that this was behaviour that was capable of remediation (109(a) SG).

181. The Tribunal accepted that there had been a clear breach of GMP as set out in its findings of fact. It noted that Dr Raslan had been spoken to about his behaviour in May 2022,

he should therefore have known of the standards required of a medical practitioner as set out in GMP. The Tribunal noted that instead of following GMP, Dr Raslan deliberately ignored the guidance offered by his superiors and continued to behave in the same manner in his subjective belief that his conduct was benign. It was clear to the Tribunal that at that time Dr Raslan had no insight into his behaviour but that he does now appreciate that he breached professional boundaries, and his conduct was inappropriate (109(b) SG).

182. In respect of 109(f) SG the Tribunal had regard to its findings of fact and the further guidance at 151-159 SG. It concluded that the nature of the conduct, whilst distressing to the colleagues, fell at the lower end of the spectrum of conduct of a sexual nature (109(f) SG).

183. In respect of Dr Raslan's insight the Tribunal accepted that the Doctor is only beginning to develop insight but is satisfied, in light of the apology received in his email of 19 August 2024, that he is starting to understand that his actions have impacted on others and not just himself. The Tribunal considered this was progress that could be built upon and developed.

184. Having considered the factors that might indicate erasure as appropriate, the Tribunal asked itself whether a sanction of suspension would uphold the overarching objective in the circumstances of this case. For the reasons set out above, Tribunal considered that public confidence would be upheld by a period of suspension as would the upholding of professional standards in the message it would send out to the profession. This was not a case that was said to put patient safety at risk. Although, Dr Raslan's misconduct was serious it was not fundamentally incompatible with continued registration it was remediable and it would be disproportionate to erase Dr Raslan's name from the Register.

185. The Tribunal determined that a period of suspension would be sufficient to uphold all three limbs of the overarching objective and would send a message to the profession and the wider public. Further, it considered that a period of suspension was the appropriate and proportionate sanction in this case.

186. The Tribunal determined that Dr Raslan's registration should be suspended for a period of twelve months. The Tribunal considered that this was an appropriate period in order to reflect the seriousness of the misconduct found proven both to Dr Raslan and the medical profession and to afford the doctor a sufficient period of time to reflect and continue of his journey of remediation.

187. The Tribunal concluded that this period would send a clear message to the medical profession and to the wider public that his sexual misconduct was unacceptable.

188. The Tribunal determined to direct a review of Dr Raslan's case. A review hearing will convene shortly before the end of the period of suspension, unless an early review is sought.

189. The Tribunal wished to clarify that at the review hearing, the onus will be on Dr Raslan to demonstrate how he has remediated and developed full insight into his misconduct. It therefore may assist the reviewing Tribunal if Dr Raslan provides that Tribunal with:

- Details of research or reading he has undertaken in relation to:
  - cognitive distortion and cultural differences;
  - good medical practice;
  - equality and diversity in the workplace; and
  - the use of appropriate language and behaviour in the workplace;
- A reflective statement that focuses on his misconduct, the impact on others and the steps he would take to avoid repeating this type of behaviour;
- Up-to-date testimonials;
- Evidence of how Dr Raslan has kept his clinical knowledge up to date;
- Any other evidence which Dr Raslan may wish to submit.

190. Dr Raslan will also be able to provide any other information that he considers might assist in demonstrating that his fitness to practise is no longer impaired.

#### **Determination on Immediate Order - 21/08/2024**

1. Having determined to suspend Dr Raslan’s registration for a period of twelve months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Raslan’s registration should be subject to an immediate order.

Submissions

#### Submissions on behalf of the GMC

2. Mr Rigby submitted that, in the interests of the public, it was appropriate to impose an immediate order in light of the fact that the Tribunal is unaware of the doctor’s current whereabouts and whether or not he is working.

3. Mr Rigby submitted that given the seriousness of the misconduct, it would be in the interests of the public to impose an immediate order of suspension.

4. Mr Rigby confirmed that there is no current interim order in place.  
The Tribunal’s Determination

5. In reaching its decision, the Tribunal has exercised its own judgement, and has taken account of the principle of proportionality. The Tribunal has borne in mind that it may impose an immediate order where it is satisfied that it is necessary for the protection of members of the public, is in the public interest, or is in the best interests of the practitioner.

6. The Tribunal had regard to the following paragraphs of the SG:

‘172 The Tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor...’

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

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

7. The Tribunal noted that it is not currently aware of whether or not Dr Raslan is in the UK and working as a doctor. In reaching its decision, it had regard to the seriousness of the conduct which led to the sanction imposed and the limited insight currently demonstrated by Dr Raslan. The Tribunal was of the view that public confidence in the profession would be undermined if Dr Raslan was permitted to practise unrestricted. Furthermore, the Tribunal concluded that an immediate order was necessary to maintain and uphold professional standards given the conclusions reached in its determination on sanction.

8. This means that Dr Raslan’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.

9. There is no interim order to revoke.

10. That concludes this case.

Annex A - 05/08/2024

**Determination: Service and proceeding in absence**

191. Dr Raslan was neither present nor represented at this Medical Practitioners Tribunal ('MPT') hearing. The Tribunal first 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 as amended ('the Rules'), and Schedule 4 paragraph 8 of the Medical Act 1983.

Service

192. Mr Terence Rigby, Counsel, on behalf of the General Medical Council ('GMC') referred the Tribunal to the relevant documents provided and took the Tribunal to a number of documents within the service bundle which evidenced that notice of this hearing had been properly served on Dr Raslan. This included but was not limited to:

- Screenshots of Siebel showing Dr Raslan's registered address and contact details including his email address;
- Screenshot of Siebel showing list of registered addresses
- Various emails between Dr Raslan and the MPTS in relation to the preparation for the hearing;
- Letter from the GMC to Dr Raslan attaching Rule 15 allegations and information letter (to home address) and proof of postage for this letter, dated 27 June 2024;
- Email from the GMC to Dr Raslan attaching final Rule 15 allegations and information letter, dated 27 June 2024;
- Email from the MPTS to Dr Raslan attaching notice of hearing, dated 28 June 2024;
- Email from Dr Raslan to the GMC acknowledging receipt of information letter, dated 29 June 2024;
- Email chain with Dr Raslan, the MPTS and the GMC requesting that the hearing be held in private, dated 27 June 2024 – 29 June 2024;
- Email chain with the MPTS and Dr Raslan, Dr Raslan acknowledges notice of hearing, dated 29 June 2024 to 01 July 2024.

193. Mr Rigby submitted that there had been extensive efforts to ensure that Dr Raslan had been notified about this hearing and that there was clear evidence from his replies that he had received the documents and was aware of today's hearing. Mr Rigby submitted therefore that service has been effective.



194. The Tribunal had regard to the above documentation and in particular the GMC information letter enclosing the final allegations dated 27 June 2024 and the Notice of Hearing ('NoH') which was sent by the Medical Practitioners Service (MPTS) to Dr Raslan on 28<sup>th</sup> June 2024, in accordance with the Rules.

195. The Tribunal had further regard to the responses from Dr Raslan to both these documents which gave a clear indication that he was in receipt of the same.

196. The Tribunal had regard to all the documents provided and the submissions of Mr Rigby. The Tribunal determined that effective communication had occurred between the Doctor, the GMC and the MPTS. The Tribunal was therefore satisfied that notice of this hearing had been served in accordance with Rule 15 and 40 of the Rules.

#### Proceeding in Absence

197. Having determined that the NoH has been properly served in accordance with the Rules, the Tribunal went on to consider, under Rule 31, whether it should proceed with the hearing in Dr Raslan's absence. In reaching its decision, the Tribunal had regard to the submissions of Mr Rigby.

198. Mr Rigby reminded the Tribunal of the right of the doctor to attend this hearing and that before determining whether or not the hearing should proceed in his absence it is relevant to consider the circumstances surrounding his absence. Mr Rigby referred the Tribunal to correspondence from the doctor in which he indicated that he had been unable to secure legal representation because of the cost involved, returned to his home country of Egypt and would not be attending the hearing. Dr Raslan had also made reference to XXX but had not provided XXX evidence to show that this was a reason for his intended absence. Mr Rigby submitted that it was in the interests of justice to proceed in the Doctor's absence because there was no indication that adjourning the proceedings would result in him attending at any later date. Mr Rigby submitted that fairness to both the GMC and the public necessitates proceeding with the hearing.

199. The Tribunal had regard to to the email of 9 May 2024 from Dr Raslan to the MPTS case management team in response to a notice of a Pre Hearing Meeting in which he states:

*'Sorry I cannot attend and please proceed with it to save your time. XXX.*

*Thank you for your kind understanding and help.'*

*'Unfortunately I could not afford the cost of a legal solicitor to represent me (~ 45000 GBP) and XXX that would prevent me from attending any meeting related to the investigation.*

*Also, I do not have anything to add more than what was written in my final statement at the hospital hearing meeting and if you want to use it as a reply that is fine. The hospital has been unfair with me and they have not issued my request for appeal after their decision through email sent to the HR.*

*So, please accept my apologies for you and your dedicated team members.'*

200. A further email sent by Dr Raslan to the GMC on 24 May 2024 also stated:

*'As I explained previously that I am really in a complete shock and XXX. Also, I cannot afford to pay for a solicitor who requested about 50,000 GBP to represent me due to the long hearing process. Therefore, I apologize for not attending the hearing XXX or sending a representative for me.*

*All the questions that could be raised by the hearing panel have been answered in my previous emails and investigations and I have nothing more to say. Furthermore, because I am not working in the UK and I am back to my home country, I cannot speak to anyone from the oncology department at YDH or at Taunton for supporting me during my 2 years work with them without problem. This can be found at the feedback from the fact finding of previous investigation which was positive from the hospice.*

*The only thing I want from the panel is to accept my apologies for all of these concerns and to consider XXX and cultural differences that led to all of this. I even do not know the processes inside the NHS and sent an email for Ms J, the HR employee at YDH to appeal for me after the dismissal decision instead of asking Dr D for that (attached).*

*However, during the process of hearing if there is anything you need me to answer, I am quite happy to do so by emails like this.*

*Finally, I need to make the hearing process confidential and not be seen by the public for cultural repercussions in my home country, please.'*

201. Further, correspondence from Dr Raslan to the GMC of 27 June 2024 and the MPTS of 29 June 2024 stated:

*'I am not attending the hearing process and do not have any representation.  
I confirm that my responses to all allegations have been given already in my previous  
hospital investigation and correspondence.  
I have already left the UK after a tortious, hard and difficult year of investigations at  
my hospital which affect XXX, my career and my family relations.  
Even though I confirm receiving the emails from MPTs but I could not read any word  
from the attachment because XXX.'*

202. The Tribunal has borne in mind in accordance with the principles in R Jones (2001) EXCA Crim and GMC v Adeogba (2016) EWCA civ 162, 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.

203. The Tribunal noted Dr Raslan's reference to XXX. It was satisfied however the Dr Raslan has not produced any evidence which indicates that he is unable to particulate due to XXX or that it is the reason for his absence. The Tribunal noted that, in the absence of being able to physically attend, Dr Raslan had been invited to attend this hearing remotely or alternatively to provide written submissions for consideration by the Tribunal. He has not however taken up either of these offers and nor has he asked for a postponement of the hearing. In the circumstances, although the Tribunal appreciated the difficulties experienced by Dr Raslan, it was satisfied that he has voluntarily absented himself from this hearing and that to adjourn the same because of his absence would be neither proportionate, fair or in the interests of justice. The Tribunal was satisfied from the information before it that there is no reason to believe that an adjournment is likely to result in Dr Raslan's participation at a hearing in the future.

204. On the basis of the information provided and in accordance with Rule 31, the Tribunal has determined that there was a clear public interest in proceeding with the hearing and that nothing would be gained by postponing the hearing. The Tribunal determined that it was fair and reasonable and in the interests of justice to proceed in the absence of Dr Raslan.

## **Annex B - 05/08/2024**

### **Application for this hearing to be heard in private**

205. At the beginning of the hearing, the Tribunal was informed that Dr Raslan had submitted a written application for the whole of his hearing to be heard in private, pursuant to Rule 41(2) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules').

206. The Tribunal had regard to the written communications from Dr Raslan and the reasons put forward by him in support of his application.

Submission on behalf of the GMC

207. Mr Rigby counsel for the GMC, submitted that the hearing should be heard in public. He referred the Tribunal to Dr Raslan’s email to the GMC dated 24 May 2024:

*‘Finally, I need to make the hearing process confidential and not be seen by the public for cultural repercussions in my home country, please.’*

208. Mr Rigby told the Tribunal that Dr Raslan had made reference to issues of XXX. He reminded the Tribunal that Dr Raslan had provided no evidence of any particular circumstance which would outweigh the public interest in holding the hearing in public. He submitted that the fact of the allegations and outcome might affect Dr Raslan’s standing in his home country or upset XXX but that this was not sufficient to warrant the hearing being held in private.

**Advice from the Legally Qualified Chair**

209. The Legally Qualified Chair (‘LQC’) reminded the Tribunal of Rule 41(1) of the Rules and that the principal of open justice should be followed unless there is good reason to detract from that position. The LQC reminded the Tribunal that the principle of open justice is to ensure that justice is not only done but is seen to be done. In this way the public and members of the profession can have confidence that FTP proceedings are conducted fairly without bias or interference. Fair and transparent decision making is critical to the maintenance of confidence in that process by all those involved in, and subject to hearings, whether that be the doctor appearing before the MPT, a complainant or the wider public.

210. The LQC advised Rule 41(2) of the Rules states that:

*‘41...*

*(1)...*

*(2) The Committee or Medical Practitioners Tribunal may determine that the public shall be excluded from the proceedings or any part of the proceedings, where they consider that the particular circumstances of the case outweigh the public interest in holding the hearing in public.’*

211. The LQC advised that it is for the Tribunal to balance the public interest in open justice against Dr Raslan’s right to a fair hearing and decide whether a restriction on the principle of open justice is necessary and proportionate in light of the submissions made.

### **Tribunal’s Decision**

212. The Tribunal considered the written and oral submissions of both parties. It had regard to the reasons put forward in support of Dr Raslan’s application and noted his concerns about repercussions and reputational damage in his home country. It also had regard to his concern that if the hearing was held in public XXX may find out about the proceedings, and allegations, from someone other than him, because he had not told them.

213. The Tribunal had regard to XXX. It observed that it would not be unusual for a practitioner involved in Fitness to Practice proceedings to experience difficulties and a level of anxiety. This would be the same for all practitioners in that position and in the absence of medical evidence to show compelling reason to detract from the principle of open justice, the distress of a doctor would not be sufficient reason to do so.

214. Similarly, the Tribunal noted that Dr Raslan had not produced any evidence that any repercussion, or reputational damage resulting from these proceedings in his own country, would be at a level that would breach one of his rights under the Human Rights Act, to the extent that his right would override the principle of open justice.

215. The Tribunal also had regard to Dr Raslan’s concern about XXX finding out. The Tribunal have not been made aware of any special circumstances that might apply in respect of XXX. The Tribunal had regard to the fact that any practitioner appearing before his regulator would be concerned about others, including family members becoming aware of the proceedings. However, that again does not override the principle of open justice.

216. The Tribunal determined, that there was no evidence before it that would outweigh the common law principle that the hearing should be conducted in public. If XXX.

217. Accordingly, the Tribunal determined to refuse the application made on behalf of Dr Raslan that the hearing be conducted in private.