PUBLIC RECORD

Dates: 20/04/2026 -18/05/2026
30/05/2026 - 01/06/2026
20/07/2026
22/07/2026 -24/07/2026

Doctor:	Dr Mahdi HALIM
GMC reference number:	4174787
Primary medical qualification:	MB BS 1985 University of Khartoum

Type of case	Outcome on facts	Outcome on impairment
New – Misconduct	Facts relevant to impairment found proved	Not impaired

Summary of outcome

Warning

Tribunal:

Legally Qualified Chair	Ms Melissa Coutino
Lay Tribunal Member:	Mrs Lorna Taylor
Registrant Tribunal Member:	Dr Janet Nicholls

Tribunal Clerk:	Ms Ciara Fogarty: 20/04/2026 – 30/04/2026; 05/05/2026-11/05/2026; 30/05/2026 - 31/05/2026; 20/07/2026; 22/07/2026 -24/07/2026 Ms Fiona Johnston: 01/05/2026; 12/05/2026 -15/05/2026 Mr Rowan Barrett: 18/05/2026 Ms Ruby Davison: 01/06/2026

Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Mr Charles Garside, Counsel

Attendance of Press / Public

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

Protecting the Public

Throughout the decision making process the tribunal has borne in mind the statutory duty as set out in s1(1) of the Medical Act 1983 (the 1983 Act) to protect the public. The tribunal has considered the relevance and impact on each of the three distinct parts of public protection 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 the Facts – 01/06/2026

1. This determination was handed down in public. However, the Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practice) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration were confidential.

Background

2. Dr Halim is a registered medical practitioner who qualified in 1985, graduating from the University of Khartoum. At the time of the events, he was employed as a Consultant Cardiologist at George Eliot Hospital NHS Trust, working primarily within the Coronary Care Unit ('CCU') and associated acute medical settings in Nuneaton and Bedworth.

3. The concerns in this case arise from Dr Halim's conduct towards colleagues between approximately April 2020 and February 2022, although most of the allegations concentrate on a period from late 2021 to very early 2022 over a period of months. The allegations are wide-ranging and relate to his interactions with nursing staff, junior doctors, and other colleagues within the hospital. This covered bullying behaviours said to be discriminatory.

4. It is alleged that Dr Halim behaved in a manner that was aggressive, confrontational and demeaning towards colleagues. This includes allegations that he shouted at colleagues in clinical environments, undermined nursing staff, and behaved in an intimidating and aggressive manner during clinical discussions and workplace interactions.

5. Further, it is alleged that Dr Halim made numerous inappropriate sexualized comments towards colleagues, particularly female members of staff, and engaged in

unwanted physical contact. These allegations include repeated comments of a sexual nature, intrusive questioning about colleagues' personal lives, and conduct said to amount to sexual harassment.

6. In addition, the allegations include that Dr Halim misused his senior position within the clinical hierarchy by threatening junior doctors in relation to signing-off training, undermining professional development, and exercising authority in a way that was said to be punitive and inappropriate.

7. The GMC relies on witness evidence from his colleagues, including nursing staff, junior doctors, and managerial staff, who describe a pattern of behaviour. This evidence includes accounts of incidents involving aggressive communication, inappropriate comments, and conduct said to have had a detrimental impact on staff wellbeing and the working environment.

8. The GMC alleges that the conduct, if proved, amounts to misconduct. It is further alleged that some of the conduct constitutes bullying, sexual harassment, and harassment related to protected characteristics, and that Dr Halim's actions represent an abuse of his position of power, as a senior clinician.

The Outcome of Applications made during the Facts Stage

9. The Tribunal granted the GMC's application to proceed in the absence of Dr Halim, having determined that the Notice of Hearing had been properly served and that it was fair and in the interests of justice to proceed in his absence. See Annex A for this determination.

10. The Tribunal refused the GMC's application, made pursuant to Rule 35(4) of the GMC (Fitness to Practise) Rules 2004, for anonymity orders in respect of three witnesses, having concluded that there was insufficient evidence to justify departing from the principle of open justice. See Annex B for this determination.

11. The Tribunal did not recuse a Tribunal member after they disclosed a historic and indirect family connection with the relevant Trust, concluding that the connection was too remote to give rise to a real possibility of bias. See Annex C for this determination.

12. The Tribunal refused to stay proceedings, notwithstanding Dr Halim's submissions that proceedings in advance of this Tribunal were unfair due to the absence of certain Trust documents, having concluded that the missing material did not create a real risk of injustice or prevent a fair hearing. See Annex D for this determination.

13. The Tribunal partially granted Dr Halim's application regarding late-disclosed material, permitting relevant documentation to be placed before the Tribunal but excluded previous factual findings and conclusions in order to preserve the Tribunal's independent fact-finding role. See Annex E for this determination.

The Allegation and the Doctor's Response

14. The Allegation made against Dr Halim is as follows

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

1. On or around 8 April 2020:
   a. whilst at the huddle at work, you were discussing the placement of covid patients and you:
      i. shouted at Ms A, 'I am the clinical lead and a doctor, and you are the nurse, and you should be aware of that'; To be determined
      ii. said to Ms A in a loud and aggressive manner, 'I don't care about the guidelines, I am the doctor and you are the nurse'; To be determined
      iii. asked Ms A if she wished to complete the ward round instead of you; To be determined

      or words to that effect;
   b. after you and Ms A had left the clinical area, you:
      i. on one or more occasion, put your right hand in front of her face; To be determined
      ii. said to Ms A:
         1. 'shut up, you're just a nurse'; To be determined
         2. that you would not speak to her as she was the nurse; To be determined

         or words to that effect.

2. Between around July 2020 and July 2021, whilst in the doctor's office on the acute medical ward you said to Dr B, 'I told you, just shag her', or words to that effect, whilst talking about one of the paramedics. To be determined

3. In or around October 2020, you screamed at Ms C in front of patients and colleagues about a cardiac patient being brought on to the ward. To be determined

4. Between around 15 November 2020 and 15 December 2020, you said to Ms C in respect of a Christmas party, 'if it was just you, me and Ms D and we went to a hotel room that would be the best Christmas party', or words to that effect. To be determined

5. Between around November 2020 and November 2021, on one or more occasion you:
   a. talked about Ms C's bottom and said:
      i. 'I just want to squeeze it'; To be determined
      ii. 'it is looking good today'; To be determined
      or words to that effect;
   b. said to Ms C:
      i. 'you look like you have made some effort today, is that for me?'; To be determined
      ii. 'look, you put contacts in and mascara on just for me'; To be determined
      or words to that effect.

6. In or around January 2021 whilst in the emergency department you:
   a. shouted loudly; To be determined
   b. pointed your finger aggressively; To be determined
   in response to a patient being moved into the Coronary Care Unit ('CCU').

7. In or around February 2021, whilst discussing shortlisting for the recruitment of a heart failure nurse and the fact that a consultant hadn't been included in the process, you:
   a. shouted aggressively about the recruitment process during a cardiology housekeeping meeting; To be determined
   b. behaved in a verbally and/or physically aggressive manner towards Mr E when he told you to come and speak with him about the issue, in that you:
      i. shouted; To be determined
      ii. leaned over Mr E whilst he was sat down; To be determined
      iii. physically poked Mr E's writing pad whilst it was in his lap; To be determined
      iv. said 'this is the most unacceptable thing I've ever seen, or words to that effect. To be determined
      v.

8. In or around March 2021, you were talking with a group of junior doctors on the ward and said that women should get a Brazilian wax done before their wedding night, or words to that effect. To be determined

9. In or around April 2021, whilst in the staff room you stroked the front of Ms C's thigh up and down with your fingertips. To be determined

10. Between around April 2021 and December 2021, on one or more occasion you unreasonably:
    a. threatened one or more junior doctors that you would not 'sign them off', or words to that effect; To be determined
    b. prevented Dr F, a junior doctor, from leaving the ward to attend mandatory internal medicine training. To be determined

11. In or around July 2021:
    a. when Dr G, a junior doctor, did not know the answer to a question regarding infective endocarditis, you said 'you are the worst doctor I've ever worked with', or words to that effect; To be determined
    b. you asked Ms H how much was in a patient's catheter, or words to that effect, when you knew she had been with you during the ward round and there was no feasible way she could have known this information. To be determined

12. Between around July 2021 and 21 February 2022, on one or more occasion you:
    a. asked Ms H and/or Dr F:
        i. whether they had orgasms; To be determined
        ii. how many orgasms they had; To be determined
        iii. whether they had to resort to masturbation; To be determined
        iv. how big their partners 'penises were; To be determined
        v. why they chose such weak sexual partners who were destined not to fulfil them; To be determined
        vi. 'did you shag with your partner last night? How many times? What did you do?'; To be determined
        vii. 'does your man satisfy you?'; To be determined
    b. asked Ms H:
        i. 'are you wearing a corset?'; To be determined
        ii. 'does your boyfriend know what to do with that? 'whilst looking and/or gesturing at Ms H's bottom; To be determined

    or words to that effect;
    c. said to Ms H and/or Dr F:

i. that you knew what they needed and knew what a real man is like; To be determined

ii. 'if I was your partner, I'd have sex with you every day, multiple times'; To be determined

iii. 'I could satisfy you'; To be determined

d. said to Dr F that her partner must have 'fucked her' for her to be in such a good mood, or words to that effect; To be determined

e. tried to unclip Dr F's bra strap through her clothes. To be determined

13. Between around August 2021 and September 2021:

a. on one or more occasion you sent one or more medical students off the ward when they failed to answer a question; To be determined

b. when Ms H tried to leave the CCU to carry out her educational role you said:

i. 'I decide where you go and don't go'; To be determined

ii. 'what is this teaching, what is this nonsense?'; To be determined

iii. 'I decide where you are going. I am not happy. You can go to Melly; To be determined

or words to that effect.

c. you asked Ms C 'when are you going to sleep with me?', or words to that effect; To be determined

d. in response to your comment at paragraph 13c, Ms C pointed out that you were married, and you replied 'I have been with my wife a long time, we are just friends so that wouldn't matter', or words to that effect. To be determined

14. Between around August 2021 and December 2021, on one or more occasion you:

a. raised your voice louder than was necessary when you spoke to Dr I whilst you were conducting ward rounds; To be determined

b. deliberately asked Dr I questions, beyond what he could reasonably be expected to know; To be determined

c. said that Dr I was 'useless', or words to that effect; To be determined

d. said that Dr I was not prepared and was in the way, or words to that effect; To be determined

e. said to Dr I:

i. 'you're wrong'; To be determined

ii. 'well, don't you know?'; To be determined

iii. 'why don't you know this? You should know this, it's basic stuff. I knew all of this when I was a medical student'; To be determined

or words to that effect.

15. Between around August 2021 and January 2022, on one or more occasion you touched Ms C's bottom. To be determined

16. Between around August 2021 and February 2022 on one or more occasion you said to one or more of your colleagues that:
    a. you:
        i. despised junior doctors; To be determined
        ii. found junior doctors to be a 'nuisance'; To be determined
    b. did not believe in teaching nor in supporting new doctors; To be determined
    c. 'FY1s are useless'; To be determined
    d. 'Brits are dirty for not having a bidet'; To be determined
    e. British girls are 'trashy 'and/or 'dirty'; To be determined
    f. 'British girls are dirty because they do not clean 'up there', which is why they get UTIs all the time'; To be determined
    g. how easy British women are to have sex with, because they have poor morals; To be determined
    h. women are:
        i. 'shallow'; To be determined
        ii. 'only interested in men's money'; To be determined
        iii. 'bitchy'; To be determined
        iv. 'superficial'; To be determined
        v. 'disloyal'; To be determined
        vi. 'nags'; To be determined

    or words to that effect.

17. In or around September 2021, whilst in the doctor's office you were talking about Dr J's beard and said:
    a. 'that makes you look like an extremist'; To be determined
    b. 'he looks like a terrorist'; To be determined

    or words to that effect.

18. On or around 16 September 2021 you engaged in a discussion with Dr F, Ms H and Dr K, in the doctors 'room, and you:
    a. said:
        i. to Dr K, 'no you can't be English because you are brown'; To be determined
        ii. that Mr AQ could not be English because he is black; To be determined
        iii. that Dr K's children would never be English; To be determined

iv. that Dr K's views were those of a 'coconut'; To be determined
v. that you had told Dr J that his beard made him 'look like a terrorist'; To be determined
vi. that all white girls are prostitutes and/or easy; To be determined
vii. to Dr K and Dr F 'because you two are dirty British people, 'when talking about previous relationships they had had; To be determined

or words to that effect;

b. placed your hand over Ms C's face and pushed her out of the doctor' office when she asked you to quieten down; To be determined
c. slammed the door shut in Ms C's face. To be determined

19. In or around November 2021:
a. before Ms C went on a trip to XXX, on one or more occasion, you made comments which insinuated that she was going to XXX; To be determined
b. after Ms C had been to XXX on one or more occasion you asked her if she had XXX; To be determined
c. in response to a compliment being paid to Ms C about her appearance you said, 'no - fat'; To be determined

or words to that effect.

20. In or around December 2021, when Dr F told you about her plans to switch her day shifts to night shifts over the Christmas period you told her that she could not swap the shifts and said that 'white people only care about their families at Christmas', or words to that effect. To be determined

21. Between around December 2021 and January 2022, you:
a. whilst in Ms C's office;
i. said, 'I don't know why you are not sleeping with me yet, 'or words to that effect; To be determined
ii. touched her knee with your fingers; To be determined
b. whilst in the doctors 'office:
i. grabbed Ms C's tummy with your right hand; To be determined
ii. squeezed Ms C's tummy; To be determined
iii. said to Ms C, 'if you XXX, I would definitely have sex with you, 'or words to that effect. To be determined

22. In or around January 2022:
a. you said to Ms C, 'are you sure you are not XXX', or words to that effect; To be determined

b. you poked Ms C's tummy with your finger; To be determined

c. you asked Ms C, 'whether she had had sex that day, 'or words to that effect; To be determined

d. when Ms C responded to your question at set out at paragraph 22c by saying that she would rather have a chocolate bar, you said:

i. 'I can see that, but perhaps you are not doing it with the right person'; To be determined

ii. 'you need a real man', whilst gesturing to yourself; To be determined or words to that effect.

23. Your actions as set out at paragraph(s) 1, 3, 11b, 13a, 13b, 14, 18b, 18c, 19c amounted to bullying. To be determined

24. Your actions as set out at paragraph(s) 4, 5, 9, 12, 13c, 13d, 15, 19a, 19b, 21 and 22:

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

i. Ms C in respect of paragraph(s) 4, 5, 9, 13c, 13d, 15, 19a, 19b, 21, 22; To be determined

ii. Dr F in respect of paragraph(s) 12a, 12c, 12d, 12e; To be determined

iii. Ms H in respect of paragraph(s) 12a, 12b, 12c; To be determined

b. were sexually motivated. To be determined

25. Your actions as set out at paragraph(s) 1, 3, 4, 5, 9, 11b, 12, 13a, 13b, 13c, 13d, 14, 15, 18b, 18c, 19a, 19b, 19c, 21 and 22 were an abuse of your more senior position. To be determined

26. Your actions as set out at paragraph(s) 16c to 16f, 18ai to 18aiv, 18avi, 18avii and 20:

a. constituted harassment related to race as defined in Section 26(1) of the Equality Act 2010, in that you engaged in unwanted conduct related to race which had the purpose or effect of violating the dignity of, or creating an intimidating, hostile, degrading, humiliating or offensive environment for:

i. Ms H in respect of paragraph(s) 16c to 16f, To be determined

ii. Dr K in respect of paragraph(s) 18ai to 18aiv and 18avii; To be determined

iii. Dr F in respect of paragraph(s) 18avi, 18avii and 20;

b. were:

i. racist; To be determined

ii. seriously offensive. To be determined

27. Your actions as set out at paragraph(s) 16d to 16g constituted harassment related to sex as defined in Section 26(1) of the Equality Act 2010, in that you engaged in unwanted conduct related to sex which had the purpose or effect of violating the dignity of, or creating an intimidating, hostile, degrading, humiliating or offensive environment for Ms H. To be determined

28. Your actions as set out at paragraph(s) 17a, 17b and 18av constituted harassment related to religion as defined in Section 26(1) of the Equality Act 2010, in that you engaged in unwanted conduct related to religion which had the purpose or effect of violating the dignity of Dr J, or creating an intimidating, hostile, degrading, humiliating or offensive environment for Dr J.

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

The Admitted Facts

15. Dr Halim was neither present nor represented at the hearing and made no admissions to the allegations. However, solicitors acting on his behalf provided documentation and written representations both prior to and during the hearing. A Case Management hearing held in advance of the hearing had agreed that his solicitors would be contacted when any determinations were handed down. No determinations were handed down before today.

Witness Evidence

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

- Ms A (Ms A'), Retention Nurse Lead at George Eliot Hospital NHS Trust, via video link. Her witness statement was dated 19 October 2023;
- 'Ms C', via video link. Her witness statement was dated 25 March 2024 and her supplemental witness statement was dated 23 August 2024;
- Mr E ('Mr E'), former Deputy General Manager at George Eliot Hospital NHS Trust, via video link. His witness statement was dated 20 October 2023
- Dr BA, junior doctor at George Eliot Hospital NHS Trust, via video link. Her witness statement was dated 8 September 2023;
- Dr F, XXX, via video link. Her witness statement was dated 19 October 2023;

- Dr I ('Dr I'), junior doctor at George Eliot Hospital NHS Trust, via video link. His witness statement was dated 28 September 2023;
- Dr K ('Dr K'), consultant cardiologist, via video link. His witness statement was dated 3 January 2024.
- Ms H, XXX at George Eliot Hospital NHS Trust. Her witness statement was dated 29 September 2023 and her supplemental witness statement was dated 14 August 2024.

17. While Dr Halim did not attend or give oral evidence at the hearing, the Tribunal had regard to the written representations and supporting documentation submitted on his behalf, including material responding to the allegations.

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

- Dr L, Consultant Physician in Care of the Elderly. His witness statement was dated 23 February 2023;
- Dr M. His witness statement was dated 24 February 2023;
- Ms N. Her witness statement was dated 24 February 2023;
- Ms O. Her witness statement was dated 24 February 2023;
- Dr P. His witness statement was dated 27 February 2023;
- Ms D. Her witness statement was dated 6 March 2023;
- Ms R. Her witness statement was dated 7 March 2023;
- Ms T. Her witness statement was dated 20 March 2023;
- Ms S. Her witness statement was dated 24 March 2023;
- Ms U. Her witness statement was dated 27 March 2023;
- Ms V. Her witness statement was dated 27 March 2023;
- Ms W. Her witness statement was dated 30 March 2023;
- Dr X. Her witness statement was dated 31 March 2023;
- Dr Y, Consultant Cardiologist and Clinical Director of Medicine at George Eliot Hospital NHS Trust. His witness statement was dated 11 April 2023;
- Dr Z. His witness statement was dated 14 April 2023;
- Dr BC, Consultant Cardiologist. His witness statement was dated 10 May 2023;

19. The Tribunal gave consideration to the anonymization of Ms T's witness statement. Its decision is outlined in Annex F.

Documentary Evidence

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

- Transcripts and notes from George Eliot Hospital NHS Trust disciplinary and investigation hearings involving current and former members of staff, dated between April 2022 and March 2023;
- Witness statements and supplemental witness statements from current and former colleagues of Dr Halim, dated between September 2023 and August 2024;
- The George Eliot Hospital NHS Trust investigation report and appendices prepared by Dr AB, dated 26 August 2022;
- Grievance documents, meeting notes and Datix incident reports relating to concerns raised about Dr Halim's conduct and behaviour between 2019 and 2022;
- Email correspondence between the GMC, witnesses, George Eliot Hospital NHS Trust and Dr Halim's representatives relating to anonymity applications, disclosure and witness evidence, dated between August 2023 and April 2026;
- WhatsApp messages, Facebook communications and other contemporaneous electronic communications relied upon by the parties;
- George Eliot Hospital NHS Trust policies relating to disciplinary procedures, dignity at work and management of performance;
- GMC guidance documents, including Good Medical Practice and Leadership and Management for all Doctors;
- Written observations, representations and supporting documentation submitted on behalf of Dr Halim, including the Dr Halim supporting bundle for the MPTS hearing.

The Tribunal's Approach

21. The Tribunal heard a brief opening and heard submissions from the GMC regarding this case.

22. In reaching its decision on the facts, the Tribunal applies the civil standard of proof. This means that the Tribunal decides whether, on the balance of probabilities, the GMC is able to prove that it is more likely than not that the matters occurred as alleged. The burden of proof rests with the GMC and it is for the GMC to prove the case that it is presenting against the doctor. There is no burden on the doctor to prove or disprove anything.

23. The Tribunal will approach fact finding by firstly identifying agreed facts and evidence. To reach a decision on the disputed facts, the Tribunal will assess the evidence in the round. It will consider what conclusions and inferences can be drawn from the documentary evidence. The Tribunal will then consider the available oral evidence and subject that

evidence to critical scrutiny against the agreed facts and documentary evidence to consider a witness' reliability and credibility. The Tribunal will not decide reliability and credibility based on the demeanour of a witness alone.

24. The Tribunal was advised that it must consider each factual allegation separately. Where an allegation can be proved in relation to different factual particulars, the Tribunal should specify which facts apply.

25. The Tribunal was advised that it must consider the allegations in dispute but not speculate about matters which are not before it. The Tribunal must not attempt to 'cherry pick' the evidence to fit a pre-formed view or a particular theory.

26. The Tribunal was advised that there had been no formal admissions at the start of the case and accordingly the facts should be treated as disputed. The Tribunal could take into account the Registrant's Rule 7 response.

27. The Tribunal was advised that, in considering the disputed facts, it may be appropriate to draw inferences where satisfied that the evidence in support of such inferences is reliable, and where the opportunity to address this has been afforded.

28. The Tribunal was advised to proceed with caution in relation to hearsay evidence. Hearsay was defined by reference to the Civil Procedure Rules as a statement made otherwise than by a person while giving oral evidence in proceedings, tendered as evidence of the matters stated. The Tribunal was advised to bear in mind that hearsay evidence is not the same as first-hand evidence tested by cross-examination. The Tribunal was advised that hearsay evidence may nevertheless be considered where it is fair and relevant to the case, although reduced weight will need to be attached to it. A careful balancing exercise should be undertaken, particularly where hearsay evidence is central to a particular allegation.

29. The Tribunal was advised that Dr Halim was a person of previous good character, in that there had been no previous Tribunal findings or court findings against him, and there the testimonials commenting positively on his attributes in the workplace have some relevance. The Tribunal was advised that good character cannot itself prove or disprove the allegations but may be pertinent when assessing whether the allegations are more likely than not to have occurred and that a person of good character may be less likely to commit the matters alleged. The Tribunal was advised that the weight to be attached to good character evidence was a matter for it to decide upon.

30. The Tribunal was advised that it should assess the evidence of each witness carefully and using common sense. It was entitled to accept all, part, or none of a witness's evidence, provided it explained why. The Tribunal was advised that while each allegation should be considered separately, any conflicts in the evidence should be resolved bearing in mind the burden and standard of proof.

31. The Tribunal was advised that witnesses do not always tell the truth, or the whole truth, and that there may be many reasons for this. The passage of time, emotion and other motives may affect recollection and credibility, all of which the Tribunal would need to assess.

32. The Tribunal was advised that it must determine the case only on the evidence before it and was entitled to draw reasonable inferences from facts it accepted, as distinct from conjecture or speculation.

33. The Tribunal was advised not to assess credibility exclusively by reference to demeanour. Witness veracity should instead be tested, where possible, against objective facts and contemporaneous documentation.

34. The Tribunal was reminded of the guidance in Dutta that stronger, more vivid or more confident recollection does not necessarily equate to greater accuracy.

35. The Tribunal was advised that vivid and confident recollection should not be treated as a shortcut to decision-making. Honest witnesses may unintentionally form false memories and people may also forget matters with the passage of time. Where recollection conflicts with documentary evidence, the Tribunal should carefully assess the objective evidence and any explanation for discrepancies.

36. The Tribunal was advised that inconsistencies between witness statements and oral evidence were matters for it to assess. It was reminded that memory is fluid and may be altered by external influences, although recollections closer in time to events may be more reliable.

37. The Tribunal was advised that it should address discrepancies directly where relevant to the allegations and assess the reliability of witnesses' recollections, including whether events were routine or unusual and whether witnesses had reasons to remember or forget matters.

38. The Tribunal was advised to consider whether any witness had a motive to be untruthful, what they might gain or lose, and whether their evidence may have been influenced by discussions with others or by revisiting events over time.

39. The Tribunal was advised that it may compare documentary evidence with later oral evidence and assess any omissions or additions in light of any explanation provided or its own assessment of the evidence.

40. The Tribunal was advised that some witnesses had described the impressions they formed and the influence of others upon them. The Tribunal would therefore conduct its own independent assessment of the events and reach its own conclusions.

41. The Tribunal was advised that the GMC had invited it to draw no adverse inference from Dr Halim's non-attendance. The Tribunal was referred to the case of Kuzmin, in which the Divisional Court confirmed that a tribunal may draw adverse inferences from a registrant's silence, provided this is fair. The Tribunal was advised that no adverse inference should be drawn unless there is a prima facie case to answer, the doctor has had notice and warning, there is no reasonable explanation for non-attendance, and there are no other circumstances making such an inference unfair.

42. XXX.

43. The Tribunal was advised that 'bullying' is not a defined legal term. Its task was not to determine whether Dr Halim 'was a bully', but rather to determine whether the specific factual conduct alleged was proved on the balance of probabilities. The Tribunal was advised to treat references to 'bullying' as descriptions of witnesses' experiences rather than conclusions and to reach their own legal conclusion on this word which should be given its everyday meaning.

44. In making a decision on bullying, the Tribunal was advised that it could consider the wider context of the allegations, including any power imbalance, any alleged pattern of behaviour and the impact described by witnesses.

45. The Tribunal was advised that, when considering whether conduct had the relevant "effect", it should consider the perception of the individual subjected to the conduct, the other circumstances of the case and whether it was reasonable for the conduct to have that effect.

46. The Tribunal was advised that allegations of racial harassment should be assessed in accordance with section 26(1) of the Equality Act 2010, namely whether there was unwanted conduct related to race which had the purpose or effect of violating dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment.

47. The Tribunal was advised that race includes skin-colour, nationality and ethnic or national origins and that terms such as "racist" or "racially offensive" used by witnesses should be treated as descriptions of experience rather than conclusions.

48. The Tribunal was advised similarly in relation to allegations of religious harassment, namely that religion or belief includes recognised religions, religious practices and philosophical beliefs, and that it must assess whether the conduct alleged related to religion directly, indirectly or by stereotype or association.

49. The Tribunal was advised that sexual motivation can be a matter of inference and may be inferred from the nature of the conduct, surrounding circumstances and any explanations given. The Tribunal was advised that it could consider whether conduct was for sexual gratification, in pursuit of a sexual relationship or otherwise had a sexual purpose.

50. The Tribunal was advised that it may take into account the nature of the act itself, any sexualized features, the surrounding context, the practitioner's words and conduct, any pattern of behavior and the credibility and consistency of any explanation given.

51. The Tribunal was advised that conduct need not appear overtly sexual in order to be sexually motivated, but equally sexual motivation should not simply be assumed because physical contact occurred. The Tribunal must consider all of the relevant evidence.

The Tribunal's Analysis of the Evidence and Findings

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

Paragraphs 1(a)

53. In relation to paragraph 1a(i), the Tribunal considered the evidence of Ms A, including her oral evidence, witness statement and the contemporaneous Datix (an incident report which could also be a complaint). The Tribunal accepted that there had been a discussion during the huddle regarding the placement of Covid patients at the beginning of the Covid-19 pandemic, at a time when guidance and clinical practice were changing rapidly. The Tribunal

also accepted that there was significant pressure on staff at that time and that patient safety concerns formed part of the context of the discussion.

54. The Tribunal took into account that there had been longstanding animosity between Dr Halim and Ms A, including evidence that a Datix had previously been raised against her, and that Dr Halim supported those who had complained about her, accusing her of being a "bully". She had acknowledged that she "hated" him and had put this in her written statement also, acknowledging that it was strong language but such was her strength of feeling. The Tribunal accepted that there had been tension between the two of them (as a result of the previous complaint made about her and his support of her complainants) over a prolonged period and that this was known to some other colleagues. However, the Tribunal did not consider that this undermined the entirety of Ms A's evidence, albeit it may give her a motive for being unsympathetic to how she viewed him.

55. The Tribunal noted that Dr Halim recalled the incident and accepted there had been an argument concerning the placement of Covid patients on CCU. He accepted that words to the effect that he was the doctor with ultimate responsibility for his patients may well have been used. The Tribunal also took into account that Ms A had even before this incident, avoided interaction with Dr Halim, even missing ward meetings where he would be present. The Tribunal considered that the Datix provided fairly contemporaneous documentation. In particular, the Tribunal noted that the Datix by Ms T which was completed on the same day also described the exchange concerning Covid patients. While it recorded concerns about Dr Halim being cross, the Tribunal also took into account that Ms T admitted that she would not have put in a Datix complaint unless persuaded to do so by Ms A. Nonetheless, the Tribunal noted similarities between the Datix accounts of Ms T and Ms A. The Tribunal was aware that Ms T has not given evidence and it has not had the opportunity to cross examine her but it has noted the Datix complaint is an electronic document that was created close in time to the incident referenced.

56. The Tribunal accepted that there were some differences in the way the precise wording used was described, including whether the comments were directed solely at Ms A or more generally at nursing staff present. However, the Tribunal considered those differences to be consistent with witnesses recounting a stressful and emotionally charged incident after the passage of time. The Tribunal was satisfied that there had been a heated exchange during which Dr Halim emphasised his position as "the doctor" and referred to Ms A being "the nurse".

57. Having considered the evidence as a whole including the contemporaneous Datix evidence, and Dr Halim's views, the Tribunal found it more likely than not that Dr Halim spoke at volume the words to the effect alleged at paragraph 1a(i).

58. **Paragraph 1a(i) is therefore found proved.**

59. In relation to paragraph 1a(ii), the Tribunal again considered the contemporaneous documentation and oral evidence. The Tribunal accepted that guidance relating to Covid patients formed part of the discussion and noted references in the evidence to disagreement about the applicable guidance. However, the Tribunal was not satisfied on the balance of probabilities that Dr Halim said the words alleged in a loud and aggressive manner. Whilst there was evidence of an argument and raised voices regarding the placement of patients with Covid, the Tribunal considered the evidence regarding aggression to be less clear and less consistent than the evidence relating to paragraph 1a(i). The Tribunal also noted that Ms T and other witnesses expressly *addressed and discounted* Dr Halim as being "aggressive" in this interaction, and Ms A acknowledged Covid guidelines appeared 'to change on a weekly basis' at this time.

60. Accordingly, whilst the Tribunal accepted that there may have been mention of guidelines, it was not satisfied that the allegation as drafted had been proved.

61. **Paragraph 1a(ii) is therefore not proved.**

62. In relation to paragraph 1a(iii), the Tribunal considered Ms A's statement together with the contemporaneous Datix evidence and the surrounding context. The Tribunal accepted that Dr Halim was likely frustrated and upset during the incident, particularly given concerns about patient management during the pandemic, in the context of an unexpected patient death on his ward previously. Given the responsibility that would factually have lay with him in his position of authority, and the evidence from Ms A, along with the supporting documentation provided sufficient consistency to establish on the balance of probabilities that Dr Halim asked Ms A whether she wished to complete the ward round instead of him, or words to that effect.

63. The Tribunal considered that this comment was more likely than not made during the exchange and was consistent with words to this effect being used albeit not necessarily in any demeaning sense.

64. **Paragraph 1a(iii) is therefore found proved.**

65. In reaching its findings on paragraph 1a, the Tribunal considered the evidence carefully and as a whole. The Tribunal accepted that there was longstanding friction between Dr Halim and Ms A and that some witnesses used more emotionally charged language when describing events than others. However, the Tribunal attached substantial weight to the contemporaneous Datix reports and to the fact that the core features of the incident were consistently described across the evidence, even if Ms T acknowledged that Ms A persuaded her to put in a Datix and that she would never have done so, without her intervention. The Tribunal was satisfied that an exchange took place during which Dr Halim spoke to Ms A regarding her role as a nurse and his own role as the doctor leading the ward round.

Paragraph 1(b)

66. In relation to paragraph 1b(i), the Tribunal considered the evidence of Ms A, including her oral evidence, witness statement and the contemporaneous Datix documentation. The Tribunal noted that Ms A described an incident occurring after she and Dr Halim had left the clinical area and were in Dr Halim's office. The Tribunal considered that this was a feature of the incident which Ms A recalled consistently throughout her evidence. Reference was made to this interaction in Ms A's local interview at:

> *''…Also in 2020, during the first wave of the Covid pandemic, he bellowed at me, and he put his hand in my face and told me to shut up· and asked me if I wanted to be the consultant. ''*
>
> *'He was in his 'great big chair, and he put his hand in my face and said 'Shut up! Shut up! You-re just a nurse!'. I was also asked to apologise to him on the Thursday [XXX] about a recruitment issue that he'd been shouting about in a meeting, and I was shaking about It.''*

67. The Tribunal also noted that Ms A reiterated this account during her oral evidence.

68. The Tribunal accepted that Ms A had consistently described Dr Halim placing a hand in front of her face. However, the Tribunal was not satisfied that the evidence established, on the balance of probabilities, that it was specifically Dr Halim's right hand, as alleged, or that his hand had been right in front of her face as demonstrated. The Tribunal noted that Ms A herself was unable to recall clearly which hand had been used. While the Tribunal also took into account the evidence that Dr Halim was known to express himself using hand gestures generally, it did not think it more likely than not that someone sitting down in a chair would place his hand close to someone else's face in circumstances where Ms A had made her dislike known and kept her distance from Dr Halim.

69. The Tribunal accepted that Ms A's account had remained broadly consistent over time, including in contemporaneous documentation created shortly after the incident. However, the Tribunal also considered the evidence of longstanding animosity between Ms A and Dr Halim and the possibility that aspects of the incident may have been interpreted through the lens of that difficult relationship. The Tribunal further noted the absence of corroborative evidence from other witnesses regarding the alleged gesture and considered that aspects of the account may have been exaggerated over time.

70. In relation to Ms A providing context for her ongoing relationship with Dr Halim, the Tribunal particularly noted the strength of feeling that Ms A conveyed in being asked to apologise to Dr Halim by Mr E, in the stress she placed on the words "I" and "him" within the sentence "I was asked to apologise to him". While Mr E had high regard for Ms A's professionalism, he disputes any sense of pressure being placed on Ms A in this regard, suggesting that the interactions Ms A had with and about Dr Halim were very emotionally charged.

71. In all the circumstances, whilst the Tribunal accepted that there had been a heated interaction between Dr Halim and Ms A, it was not satisfied that the GMC had discharged the burden of proving, on the balance of probabilities, that Dr Halim put his right hand in front of her face as alleged.

72. **Paragraph 1b(i) is therefore not proved.**

73. In relation to paragraph 1b(ii)(1), the Tribunal considered the contemporaneous Datix evidence together with Ms A's oral and written evidence. The Tribunal accepted that there had been a conversation between Dr Halim and Ms A following the earlier disagreement regarding Covid patients. However, the Tribunal was not satisfied that the specific words alleged, namely "shut up, you're **just** a nurse", had been proved on the balance of probabilities, the Tribunal focusing on the word in bold and the emphasis that would have given.

74. The Tribunal accepted that Ms A genuinely considered that Dr Halim had spoken dismissively to her in recounting past conversations as she remembered them. However, the Tribunal bore in mind the guidance regarding the reliability of memory and the effect that longstanding hostility between individuals may have upon recollection and interpretation. The Tribunal considered it possible that Ms A interpreted Dr Halim's words through the context of the difficult relationship between them.

75. The Tribunal also took into account that the evidence did not clearly establish the precise wording used. Whilst the contemporaneous documentation lent some support to Ms A's account generally, the Tribunal was not satisfied that it could safely conclude that the specific phrase alleged had been said or even words to that effect when this was disputed. The Tribunal therefore concluded that the GMC had not discharged the burden of proving this allegation on the balance of probabilities.

76. **Accordingly, paragraph 1b(ii)(1) is not proved.**

77. In relation to paragraph 1b(ii)(2), the Tribunal considered the same body of evidence and again accepted that there had been a difficult conversation between Dr Halim and Ms A following the earlier disagreement. However, the Tribunal was not satisfied that it was more likely than not that Dr Halim stated that he would not speak to Ms A because she was the nurse, or words to that effect. It noted that in fact Ms A chose not to speak to Dr Halim generally.

78. The Tribunal took into account the broader context of disagreement between the parties concerning clinical matters during the Covid-19 pandemic and accepted that professional tensions might well have existed. However, the Tribunal considered that there was insufficient reliable evidence to establish the precise words alleged or words to that effect. The Tribunal therefore concluded that the GMC had not discharged the burden of proving this allegation on the balance of probabilities.

79. **Accordingly, paragraph 1b(ii)(2) is not proved.**

Paragraph 2

80. In relation to paragraph 2, the Tribunal considered the evidence relating to the allegation that Dr Halim said to Dr B, "I told you, just shag her", or words to that effect, whilst discussing one of the paramedics.

81. The Tribunal noted that there was no direct evidence from Dr B in support of this allegation. The allegation arose from the evidence of Ms H, who reported that the comment had been made in her presence, although she also said that did not hear the earlier conversation. The Tribunal understood Ms H's evidence to be that the matter had initially been relayed to her and that a Dr AC was said to have witnessed the alleged comment. However, the Tribunal noted that no witness statement or oral evidence was provided by either Dr B or Dr AC.

82. The Tribunal further noted the absence of any contemporaneous documentation or complaint relating to this allegation. In particular, the Tribunal considered that the allegation was not referred to during the local investigation, the disciplinary hearing or in contemporaneous reporting by Ms H when events would have been fresher in her mind. No explanation was provided for why this was 'remembered' at a later point only. The Tribunal also took into account Dr Halim's denial of the allegation.

83. The Tribunal noted that some of Ms H's evidence was hearsay in relation to this particular of the Allegation. The Tribunal was mindful that hearsay evidence may be admitted and considered where fair and relevant to do so. However, the Tribunal attached limited weight to the hearsay evidence that supports this allegation given that it was uncorroborated by anyone, and had no contemporaneous or supporting documentation or witness evidence from those said to have been directly involved.

84. The Tribunal accepted that, if such words had been spoken, they would have been disrespectful and inappropriate. However, having considered the evidence, the Tribunal was not satisfied that the GMC had discharged the burden of proving this allegation on the balance of probabilities.

85. **Accordingly, paragraph 2 is not proved.**

Paragraph 3

86. In relation to paragraph 3, the Tribunal considered the allegation that, in or around October 2020, Dr Halim screamed at Ms C in front of patients and colleagues about a cardiac patient being brought onto the ward.

87. The Tribunal considered the evidence of Ms C in her witness statement, oral evidence and local investigation interview. Ms C described Dr Halim reacting angrily when a cardiac patient had been admitted onto the ward and stated that he raised his voice towards her in front of others. The Tribunal noted that this account appeared in the local investigation material when she was interviewed. At that time she initially said that he screamed, but when asked to recount the incident, described him as shouting.

88. The Tribunal carefully considered the terminology used within the allegation, in particular the distinction between "shouting" and "screaming". The Tribunal recognised that witnesses may use emotionally descriptive language when recounting distressing incidents and reminded itself that such terms are descriptions of a witness's perception of event, while

legal conclusions need to be made. The Tribunal therefore focused on determining what conduct had actually occurred.

89. The Tribunal considered that "screaming" ordinarily suggests an intense, emotional and uncontrolled vocal outburst, distinct from merely raising one's voice in order to be heard. The Tribunal accepted that Dr Halim was angry about the patient being brought onto the ward and considered there to be evidence that he reacted with emotion during the incident. The Tribunal also took into account evidence from witnesses describing Dr Halim as reacting most emphatically to non-cardiac patients being placed on the cardiac ward, especially during covid.

90. Having considered the evidence as a whole, the Tribunal was satisfied that Dr Halim raised his voice in an angry outburst in front of Ms C, colleagues and patients. The Tribunal accepted Ms C's explanation that, when she described Dr Halim as "screaming", she meant that he had raised his voice beyond the volume he normally spoke at and that this is unnecessary behaviour in front of patients in particular. However, the Tribunal did not consider Dr Halim to have been aggressive in an emotionally charged manner.

91. Accordingly, the Tribunal was not satisfied that the GMC had discharged the burden of proving paragraph 3 on the balance of probabilities.

92. **Paragraph 3 is therefore not found proved.**

Paragraph 4

93. In relation to paragraph 4, the Tribunal considered the allegation that, between around 15 November 2020 and 15 December 2020, Dr Halim said to Ms C in respect of a Christmas party, "if it was just you, me and Ms D and we went to a hotel room that would be the best Christmas party", or words to that effect.

94. The Tribunal considered the evidence of Ms C, including her witness statement, oral evidence and the accounts contained within the local investigation material. The Tribunal noted that Ms C described this as the first occasion on which she considered Dr Halim's comments towards her to be sexual in nature and potentially amounting to harassment. The Tribunal further noted that the incident was in Ms C's local investigation interview.

> *''We were in staffroom, Dr H, myself and Ms AD were In there. I had said 'If we organize a Christmas Party, 'will you come, Dr H?' Ms AD said, 'he won't be interested' and he said 'If it's just a hotel room with you both there, I'd definitely go.''*

95. The Tribunal took into account that Ms C indicated that Ms D (Ms D) could provide corroboration and was said to have responded to the comment by saying 'don't be disgusting'. The Tribunal had the benefit of seeing the transcript of an investigation interview in which Ms D made no mention of such a response. The Tribunal also had the benefit of a statement from Ms D in which she expressly addressed this comment and said she had not made it. While the Tribunal did not hear from Ms D and was unable to test her evidence in cross examination, it noted that Ms C also gave oral evidence in which she explained to the Tribunal hat she wanted to try and persuade Dr Halim to attend the Christmas party, and when he indicated that he did not attend such events, said that he should try and do so because he would find out what "fun" the team could be if he spent time with them outside of work.

96. The Tribunal recognised that there were differences in the precise recollection of witnesses regarding the surrounding circumstances and accepted that some elements of the social context, including discussion of a Christmas party, may have been informal in nature. The Tribunal also noted that Dr Halim did not attend the Christmas party and was not in the habit of attending such social events.

97. Having considered the evidence as a whole, and Ms C's oral evidence before the Tribunal in particular, it was not satisfied that it was more likely than not that Dr Halim had made a comment to the effect alleged. The Tribunal considered the oral evidence of Ms C pointing to a situation in which she was 'jovial' and tried to persuade Dr Halim to attend a social event he had no history of attending.

98. The Tribunal did not find sufficient evidence to satisfy it that the GMC had discharged the burden of proving paragraph 4 on the balance of probabilities.

99. **Paragraph 4 is therefore found not proved.**

Paragraph 5

100. In relation to paragraph 5, the Tribunal considered the allegation that, between around November 2020 and November 2021, Dr Halim made comments about Ms C's bottom and appearance.

101. The Tribunal considered the evidence of Ms C, including her oral evidence, witness statement and local investigation interview. The Tribunal accepted that Ms C described a gradual change in the nature of her relationship with Dr Halim. The Tribunal noted her evidence that she felt differently about Dr Halim over time. She did not consider that his

behaviour necessarily changed in character, but said she became uncomfortable following jokes about her trip to XXX with the attention she received from him, because she feared that she may have been considered as sexually available once she said she was going to see XXX.

102. The Tribunal noted that Ms C appeared to readily acknowledge where matters may have been exaggerated by others, including the police response to her statements, and that the environment she had worked in had initially been a positive one. The Tribunal also took into account her evidence that she regarded Dr Halim's comments as "low-level" "workplace banter" rather than anything unpleasant before the atmosphere at work changed after Dr Halim's argument with Dr K. She openly admitted that once the complaint was underway she had wondered aloud to Mr E whether she had "made this up" and made multiple concessions that far from Dr Halim's behaviour changing, her response to it as 'harmless' - may have been what changed. She put this down to the frequency with which he insinuated the purpose of her XXX trip was XXX.

103. The Tribunal further noted the evidence that Ms C was a member of staff who had XXX, who described trying to maintain a workable professional relationship with Dr Halim, including evidence that she felt it was best to remain on good terms with him. The Tribunal also considered the evidence of others and the broader workplace dynamics described by different witnesses, with multiple references made to "jovial" moments.

104. In relation to paragraph 5a(i), the Tribunal considered the allegation that Dr Halim said, "I just want to squeeze it", referring to Ms C's bottom. The Tribunal noted that there was evidence from Dr F that Dr Halim had 'made comments' about Ms C's bottom. However, the Tribunal was not satisfied that there was either sufficient contemporaneous or corroborative evidence to establish the type of wording alleged at paragraph 5a(i).

105. The Tribunal accepted that comments of this nature would have been wholly inappropriate, particularly given the imbalance between a senior male consultant and a more junior female XXX colleague. However, the Tribunal considered that the evidence did not sufficiently establish the phrase alleged even in a workplace culture in which such remarks may be made frequently. Accordingly, the Tribunal was not satisfied that the GMC had discharged the burden of proving paragraph 5a(i) on the balance of probabilities.

106. Paragraph 5a(i) is therefore not proved.

107. In relation to paragraph 5a(ii), the Tribunal considered the allegation that Dr Halim said words to the effect that Ms C's bottom was "looking good today". The Tribunal took into

account the evidence from Dr F regarding comments made about Ms C's bottom, and while the exact words alleged are not used, words to that effect were.

108. There was some evidence from Dr F that appeared to corroborate Ms C's view that Dr Halim made such a comment. However, the Tribunal was not satisfied that it was more likely than not that Dr Halim had made a comment about Ms C's bottom specifically "looking good today", or words to that effect. Dr F's evidence was that Dr Halim had said "You've got a lovely bottom." The two phrases appear distinct the Tribunal was happy to accept that Dr Halim may have said ''looking good today'' generally without linking this to Ms C's bottom.

109. The Tribunal did consider the workplace dynamic in which junior female members of staff felt comfortable with Dr Halim was demonstrated by Dr F being asked by the Tribunal about whether she held Dr Halim on her lap. This was following her being shown a photograph of this interaction during her evidence. Her response was that she could not recall the specific incident shown but it was definitely the kind of thing that occurred and that she would have agreed to it happening even without the photograph, as part of the "jovial" atmosphere they worked in. *The Tribunal distinguished the more innocent remark of "looking good today" from the more explicit reference to Ms C's posterior.*

110. Accordingly, the Tribunal found paragraph 5a(ii) not proved.

111. In relation to paragraph 5b, the Tribunal considered the allegations that Dr Halim made comments to Ms C regarding her appearance, makeup and clothing, namely "you look like you have made some effort today, is that for me?" and "look, you put contacts in and mascara on just for me", or words to that effect.

112. The Tribunal considered Ms C's evidence that Dr Halim made repeated comments about her appearance and makeup. The Tribunal heard that Ms C became frustrated by the frequency of these comments over time. It considered whether this was part of the changing dynamic of the atmosphere on the CCU following an incident in which Dr K and Dr Halim argued about non-work matters. It was after this that most staff appeared to take one person's side or another, as Dr K subsequently approached them to conduct his own 'investigation' into who liked Dr Halim or had a problem with his behaviour.

113. The Tribunal was not satisfied that the evidence established the comments alleged at paragraph 5b(i) and (ii). The Tribunal noted the lack of context, detail and the absence of any contemporaneous evidence relating to these allegations and considered that the evidence did not establish when or in what circumstances the comments were said.

114. Accordingly, the Tribunal concluded that the GMC had not discharged the burden of proving paragraphs 5b(i) and 5b(ii) on the balance of probabilities.

115. **Paragraphs 5b(i) and 5b(ii) are therefore not proved.**

Paragraph 6

116. In relation to paragraph 6, the Tribunal considered the allegation that, in or around January 2021, whilst in the emergency department, Dr Halim shouted loudly and pointed his finger aggressively in response to a patient being moved into the Coronary Care Unit ("CCU").

117. The Tribunal considered the evidence relating to concerns Dr Halim held regarding bed management and the movement of patients into the CCU. The Tribunal accepted that witnesses described Dr Halim as having strong views about patient flow and admissions to the unit and accepted that this was an issue about which he felt particularly strongly.

118. The Tribunal considered the evidence of Mr E where he described in oral evidence Dr Halim gesturing during discussions concerning bed management. However, the Tribunal noted that Mr E described Dr Halim s behaviour more as "theatrical" than "aggressive". The Tribunal was not satisfied that the evidence clearly established the aggressive finger-pointing alleged within the charge.

119. The Tribunal further considered that the allegation as drafted lacked specificity. The Tribunal was not satisfied that the evidence identified with sufficient clarity the precise circumstances of the incident, or the nature and extent of the alleged shouting and pointing or even to whom the alleged behaviour was directed. The Tribunal considered that to find the allegation proved would require it to make assumptions not properly supported by the evidence before it.

120. The Tribunal also noted the absence of corroborative or contemporaneous evidence supporting the allegation in the terms particularized. Whilst the Tribunal accepted that Dr Halim may have expressed frustration regarding the movement of patients into CCU, the Tribunal was not satisfied that the evidence established that he shouted loudly and pointed his finger aggressively as alleged.

121. Having considered the evidence as a whole, the Tribunal concluded that the GMC had not discharged the burden of proving paragraph 6 on the balance of probabilities.

122. **Paragraphs 6(a) and 6(b) are therefore not proved.**

Paragraph 7

123. In relation to paragraph 7(a), the Tribunal considered the allegation that Dr Halim shouted aggressively about the recruitment process during a cardiology housekeeping meeting concerning the shortlisting of candidates for a heart failure nurse role.

124. The Tribunal considered the evidence of Mr E that Dr Halim's expectation of consultant involvement was not unreasonable, together with the evidence of Dr K. The Tribunal noted that there were inconsistencies between the witness accounts regarding the nature and extent of Dr Halim's conduct during the meeting. Dr K stated, "Dr Halim was *upset*" in the local investigation, as opposed to his later GMC statement when he asserted "Dr Halim became *angry* and *said…*".

125. Whilst the Tribunal accepted that there was upset concerning the recruitment process and the involvement of consultants, the Tribunal was not satisfied that the evidence established aggressive shouting in the terms alleged. The Tribunal considered the evidence on this point to be contradictory and insufficiently clear.

126. Accordingly, the Tribunal concluded that the GMC had not discharged the burden of proving paragraph 7(a) on the balance of probabilities.

127. Paragraph 7(a) is therefore not proved.

128. In relation to paragraph 7(b), the Tribunal considered the allegation that Dr Halim behaved in a verbally and/or physically aggressive manner towards Mr E after being asked to speak with him regarding the recruitment issue.

129. The Tribunal considered the local investigation evidence, with the oral and written evidence concerning the subsequent office discussion. The Tribunal accepted that there had been a difficult discussion between Dr Halim and Mr E regarding the recruitment process.

130. In relation to paragraph 7b(i), the Tribunal was satisfied that raised voices occurred during the discussion. The Tribunal accepted the evidence that Dr Halim was visibly annoyed and spoke loudly during the exchange. Although Dr Halim denied shouting, the Tribunal noted the evidence of the General Manager hearing the interaction from outside the office. However, the Tribunal also considered what had been said by the General Manager during the disciplinary hearing: he described the office walls as being "paper thin", meaning that simply raised voices and not necessarily shouting could be overheard. This contrasted with

Mr E indicating that the walls were solid and that to be overheard shouting would need to have occurred, suggesting exaggeration.

131. Accordingly, paragraph 7(b)(i) is not found proved.

132. In relation to paragraph 7b(ii), the Tribunal considered the allegation that Dr Halim leaned over Mr E whilst he was seated. The Tribunal noted that there was conflicting evidence regarding the physical positioning of the individuals during the discussion, including evidence that both men may have been seated. Mr E initially suggested in his oral evidence to the Tribunal that Dr Halim who is a tall man had towered over him while he was seated, but on being questioned about the dynamics thereafter admitted that both may have been seated and he could not recall the detail. Whilst the Tribunal accepted that the interaction was tense, it was not satisfied that the GMC had discharged the burden of proving that Dr Halim leaned over Mr E in the aggressive manner alleged.

133. Accordingly, paragraph 7b(ii) is not proved.

134. In relation to paragraph 7b(iii), the Tribunal considered the evidence that Dr Halim pointed towards or poked Mr E's writing pad whilst it was on his lap. The Tribunal noted the reference within the local investigation material described that Dr Halim poked the writing pad. The Tribunal considered this aspect of the evidence to be consistently described although there is reference to both pointing and poking and accepted that, if either had occurred, this would have been a memorable feature of the incident.

135. The Tribunal considered that poking rather than pointing suggests that some pressure was applied, and that some gestures are more commonplace in some cultures than others as Mr E intimated. The Tribunal could see that poking in some situations would be an aggressive gesture and considered what had been said about the poking and the context in which it occurred. There was no detail supplied about what was on the writing pad, if anything, or why the gesture occurred. Mr E did not supply this information in his evidence at any point. There was insufficient evidence for the Tribunal to find it more likely than not to have occurred. It was not satisfied that Dr Halim physically poked the writing pad during the interaction.

136. Accordingly, paragraph 7b(iii) is found not proved.

137. In relation to paragraph 7b(iv), the Tribunal accepted that Dr Halim said words to the effect of "this is the most unacceptable thing I've ever seen," during the discussion regarding the recruitment process. The Tribunal took into account Dr K's views and Mr E's views also

about what it would be reasonable for Dr Halim to expect. The Tribunal considered this consistent with the evidence of Dr Halim's strong views regarding the issue and the manner in which the disagreement unfolded. All parties believed that a consultant should have been involved in the recruitment of a cardiac nurse given how closely the two would have worked together. It was for this reason that Ms A said she was asked to apologise to Dr Halim by management in the form of Mr E.

138. **Accordingly, paragraph 7b(iv) is found proved.**

Paragraph 8

139. In relation to paragraph 8, the Tribunal considered the allegation that, in or around March 2021, Dr Halim stated whilst speaking with a group of junior doctors on the ward that women should get a Brazilian wax before their wedding night, or words to that effect.

140. The Tribunal considered the evidence of Dr K, including the reference within the local investigation material, together with his oral evidence. The Tribunal noted that Dr K stated that he did not personally remember being offended by the comment at the time, although he accepted that such a comment would be inappropriate if made in front of junior doctors.

141. The Tribunal considered that aspects of Dr K's evidence lacked consistency over time. The Tribunal considered this significant given the nature of the allegation.

142. Dr K asserted Dr Halim said "that women should get a Brazilian wax done before her wedding night" at the local investigation, but this was contradicted in Dr K's evidence as being a question directed at Dr K about an unspecified individual asking, "Don't you think she should get a Brazilian wax before her wedding". The two accounts lacked clarity and consistency.

143. The Tribunal further noted the lack of specificity within the allegation itself. It was unclear precisely which junior doctors were present, beyond references to a group of women, and the Tribunal considered that the circumstances and context of the alleged comment were insufficiently clear from Dr K's recollection. It was unclear where this incident had occurred, when it had allegedly taken place, and who was present.

144. The Tribunal also took into account the absence of corroborative evidence supporting the allegation. The Tribunal considered that the allegation ultimately amounted to one person's account without sufficient supporting material, which is denied. Whilst the Tribunal

accepted that such a comment would have been inappropriate if made, it was not satisfied that the evidence established the allegation on the balance of probabilities.

145. Accordingly, the Tribunal concluded that the GMC had not discharged the burden of proving paragraph 8.

146. **Paragraph 8 is therefore not proved.**

Paragraph 9

147. In relation to paragraph 9, the Tribunal considered the allegation that, in or around April 2021, whilst in the staff room, Dr Halim stroked the front of Ms C's thigh up and down with his fingertips.

148. The Tribunal considered the evidence of Ms C. The Tribunal carefully considered the evidence in regard of this, given that two separate incidents are suggested where Dr Halim is said to have touched Ms C's leg. In particular, the Tribunal noted evidence suggesting that Ms C initially described feeling something touch her knee with the back of his fingertips in a brief stroking motion and reacting in a manner which suggested she regarded it at the time as inappropriate but relatively minor conduct, potentially simply because her knee was in line with the height of the arm of the chair in which Dr Halim's sat, and on which his hand rested. She described not knowing if it was intentional immediately, and then thinking "cheeky". In her statement Ms C speculated that the arm of the chair would impede this movement from the line of sight of Dr F who was in the doctors room. Conversely, in evidence Ms C demonstrated this incident and described the table as obstructing the view of others in the room. This was said to be in April 2021. However, in another incident, said to be in January 2022, Ms C suggested that Dr Halim touched her knee with his fingertips when she was alone with him and asked her a personal question. It was not clear whether the two accounts appeared to have become conflated by Dr K in his evidence, or whether he had only been told about one of them, because he describes an incident that is at odds with Ms C's recollection.

149. The Tribunal further noted the absence of corroborative evidence supporting the allegation in the terms alleged. Whilst the Tribunal accepted that there was evidence of inappropriate comments and conduct generally within this team, it was not satisfied that the evidence established, on the balance of probabilities, that Dr Halim stroked the front of Ms C's thigh up and down with his fingertips as alleged. This was said to have occurred in a staff room with other people present but nobody can corroborate.

150. Having considered the evidence as a whole, including the inconsistencies within the accounts and the lack of corroboration, the Tribunal concluded that the GMC had not discharged the burden of proving paragraph 9.

151. **Paragraph 9 is therefore not proved.**

Paragraph 10

152. In relation to paragraph 10a, the Tribunal considered the allegation that, between around April 2021 and December 2021, Dr Halim unreasonably threatened one or more junior doctors that he would not "sign them off", or words to that effect.

153. The Tribunal considered the evidence of Dr I. The Tribunal noted that Dr I described occasions on which Dr Halim referred to not signing junior doctors off. However, the Tribunal also noted Dr I's evidence that he regarded the comments as "tongue in cheek" and that he did not ultimately view them as genuine threats. The Tribunal further noted that Dr I's overall assessment of his experience working with Dr Halim was not broadly negative, notwithstanding an incident where he felt compelled to leave the ward round.

154. The Tribunal also considered the evidence of Dr F, who stated that Dr Halim appeared to suggest that he would not sign people off, but similarly did not consistently characterise this as a genuine threat. She told the Tribunal that Dr I had been very concerned that Dr Halim would not sign him off, though Dr I's evidence contradicted this, stating he himself, was not concerned, as Dr Halim was not his clinical supervisor. The Tribunal considered that the evidence of both Dr I and Dr F lacked the seriousness or coercive quality alleged within the charge.

155. Dr BA described the first occasion where she was new and that Dr Halim made a 'threat' of this nature and said, "I cried" and "at the time this threat felt very real" She then gave the example of not knowing a patient's details but relying on the computer to look them up, or to delegate getting a blood test done by nurses rather than knowing her patient and taking responsibility for ensuring that tests were followed up. She said, "As I progressed as a doctor, and as I learnt what the expectations were of me, they felt more achievable."

156. On the second occasion when Dr Halim said something similar by way of the threat 'if you don't do and know what you should, you won't be signed off', Dr BA said "This time, however, he had said it more as a joke, and was laughing. I didn't feel threatened by his comment during this instance… I knew that – by this point – I had already met his expectations." Dr BA explained that looking back her experience of working with Dr Halim

was “net positive”. She said that he had made her a better doctor because of his expectations, and pushed her to have high standards for herself. She appreciated what she had initially characterized as a “threat” was rather an exhortation to improve her performance. Her evidence was that if she had the choice again would want to repeat it as it had occurred. Dr F also admitted to crying on one occasion but said that was because she did not meet her own high standards rather than this being due to anything Dr Halim had said or done.

157. Having considered the evidence as a whole, the Tribunal was not satisfied that Dr Halim unreasonably threatened junior doctors in the manner alleged. The Tribunal concluded that the GMC had not discharged the burden of proving paragraph 10a on the balance of probabilities.

158. **Paragraph 10a is therefore not proved.**

159. In relation to paragraph 10(b), the Tribunal considered the allegation that Dr Halim prevented Dr F from leaving the ward to attend mandatory internal medicine training.

160. The Tribunal considered the evidence of Dr F and the surrounding evidence concerning ward staffing and attendance at training sessions. The Tribunal accepted that there was evidence suggesting that Dr F had concerns regarding support for junior doctors attending educational opportunities.

161. However, the Tribunal was not satisfied that Dr Halim *prevented* Dr F from attending training as alleged. The Tribunal took into account Dr Halim’s evidence that he did not manage teaching rotas and that responsibility for training arrangements did not sit with him. The Tribunal also considered that the evidence suggested, at most, discouragement regarding attendance rather than actual prevention.

162. The Tribunal accepted that there may have been circumstances in which junior doctors felt unsupported in relation to training opportunities. However, the Tribunal was not satisfied that the conduct alleged was unreasonable in the manner particularised or that Dr Halim actively prevented Dr F from attending training. Dr F’s evidence was that she simply found it “easier” not to attend in person, but to participate online from the ward, knowing that he valued her attendance on his ward when he was present. Ms H gave evidence that Dr F had missed all but two of her teaching sessions, which appeared to exaggerate the gravity of the situation and lacked consistency from her earlier account that Dr F had only attended one training session.

163. Accordingly, the Tribunal concluded that the GMC had not discharged the burden of proving paragraph 10b on the balance of probabilities.

164. Paragraph 10(b) is therefore not proved.

Paragraph 11

165. In relation to paragraph 11a, the Tribunal considered the allegation that, in or around July 2021, when Dr G did not know the answer to a question regarding infective endocarditis, Dr Halim stated, "you are the worst doctor I've ever worked with", or words to that effect.

166. The Tribunal considered the evidence relating to this allegation, including the evidence of Ms H:

> *''During my first week working with* Dr Halim *there was another doctor called {Person AP], I think he was a registrar. It was his last week before moving to his next rotation. During a ward round, Dr Halim asked [Person AP] a question with regards to Infective Endocarditis ('IE'), and the Dukes criteria for IE. He couldn't remember the answer and Dr Halim said something along the lines of 'You should know the answer' and 'You are the worst doctor I've ever worked with'.''*

167. The Tribunal noted that the allegation appeared to arise primarily from Ms H's account of events said to have occurred during a ward round and this was only disclosed at the time of giving her GMC statement in 2023, not before in the Trust investigation, nor at the Trust disciplinary hearing.

168. The Tribunal accepted that there was evidence suggesting Dr Halim could become frustrated when junior doctors were unable to answer clinical questions from more than one witness. However, the Tribunal noted that Dr G himself did not provide evidence stating that Dr Halim made the alleged comment. The Tribunal also considered the absence of contemporaneous documentation or corroborative evidence from anyone else supporting the allegation.

169. The Tribunal considered that aspects of Ms H's evidence as she appeared before the Tribunal when compared to what she had said earlier, suggested exaggeration and the tendency for aspects of her account to gather momentum and more detail over time. The Tribunal further considered that this allegation appeared to be a combination or interpretation of broader concerns said to be had by her regarding Dr Halim's teaching style

rather than clear evidence of the specific words alleged being spoken or this approach being taken.

170. The Tribunal also took into account that there was evidence suggesting the clinical question regarding infective endocarditis may not have been something ordinarily expected of a registrar, but that this was a matter of opinion. However, the Tribunal was not required to consider the unreasonableness of this query given that it was not satisfied that this allegation is proved.

171. Having considered the evidence, the Tribunal concluded that the GMC had not discharged the burden of proving paragraph 11(a) on the balance of probabilities.

172. **Paragraph 11(a) is therefore not proved.**

173. In relation to paragraph 11(b), the Tribunal considered the allegation that Dr Halim asked Ms H how much was in a patient's catheter when he knew she had been with him during the ward round and there was no feasible way she could have known the information.

174. The Tribunal considered the local investigation material. The Tribunal accepted that Ms H perceived the interaction as unfair and considered that Dr Halim had asked her a question she could not reasonably answer.

175. However, the Tribunal also considered the possibility that there had been a misunderstanding or communication difficulty during the interaction. The Tribunal took into account evidence that English was not Ms H's first language and considered that differences in interpretation may have contributed to her understanding of the exchange. Ms H consistently reported that Dr Halim stated "That's not what I asked you" when she volunteered to go back and check the catheter volume, suggesting that it was not what the current levels were that Dr Halim wanted to know. Rather, he was checking whether she had observed what the levels were when the patient had been seen. The Tribunal considered that this gave weight to the possibility of there being a misunderstanding on this occasion.

176. The Tribunal accepted that Dr Halim may have been attempting to prompt Ms H to be observant or to recall information from the ward round. The Tribunal considered it more likely that Dr Halim was asking what the catheter volume had been when it was observed rather than expecting Ms H to know its current volume without having checked it. The Tribunal did ask Ms H why she thought Dr Halim had asked her the question, anticipating that she might have suggested that he was trying to humiliate her of deliberately undermine her.

However, Ms H indicated that Dr Halim had good medical reason for wanting to know this information and it would have been very relevant to decisions that he would have to make.

177. The Tribunal was not satisfied that the evidence established an intention by Dr Halim to humiliate or deliberately undermine Ms H. Rather, the Tribunal considered that the incident was more consistent with a misunderstanding or a failure on the part of Ms H.

178. Accordingly, the Tribunal concluded that the GMC had not discharged the burden of proving paragraph 11(b) on the balance of probabilities.

179. **Paragraph 11(b) is therefore not proved.**

Paragraph 12

180. In relation to paragraph 12(a), the Tribunal considered the allegations that Dr Halim asked Ms H and/or Dr F a series of sexually explicit questions and made comments relating to orgasms, masturbation, sexual activity and their partners.

181. The Tribunal considered the evidence of Ms H from the local investigation material: *''on the Coronary Care Unit, the comments got more disgusting. It is a small office and he'd say [Dr F], [Ms H], did you shag your partners last night? He did it every morning – me and [Dr F] would say 'No, we had a nice dinner' and he'd say 'Let me show you what a real man is.''*

182. The Tribunal also considered the evidence of Dr F who indicated that she would support anything Ms H said and Dr I who had indicated that on one occasion Dr Halim had made comment in reference to Dr F being in a good mood, and that 'she must have had sex last night' or intimated the same without using those specific words. What precise words were actually used changed in different accounts of Dr I but the implication remained constant. The Tribunal noted that Dr I was friendly with Dr F, and that she had been the one to comfort her when he cried. Further, that he now worked with a person close to Dr F. The Tribunal considered whether this gave Dr I a motive to be untruthful, and did not find this to be the case given that his evidence was reflective and measured without using extreme language. It considered that some exaggeration may have been in play in relation to the words actually used given that these changed in different accounts and that the evidence of Dr I who described a single incident is at odds with the evidence given by Ms H of multiple incidents.

183. The Tribunal noted that Dr Halim denied using the words alleged or words to that effect and that he is regarded as a man of good character. However, the Tribunal accepted

that there was evidence from some staff suggesting Dr Halim at times spoke inappropriately in the workplace. The Tribunal note that following Dr Halim and Dr K's disagreement in September 2021 there appeared to be a change in the workplace dynamics in which a division occurred within staff groups. The Tribunal also accepted that the witnesses who describe themselves as having been in the camp that supported Dr K referenced Dr Halim making comments which allude to sexual activity with their partners. However, the Tribunal also noted that there were multiple sources of evidence concerning comments relating to anal sex made by Dr Halim, which all stem from Ms H and an inference that she made, rather than any sexual language about anal sex used by Dr Halim. Multiple people reference what Ms H said to them rather than any single witness being able to provide first hand evidence of Dr Halim ever mentioning this topic. Ms H had to concede this herself. Her strongest evidence is that Dr Halim had not made his position explicit or denied any inference on his part.

184. The Tribunal was not satisfied that the specific allegations particularised at paragraph 12a(i)–(vii) had been proved on the balance of probabilities. The Tribunal considered that the evidence lacked sufficient detail, consistency and corroboration regarding the wording or topics alleged. The Tribunal considered each of the sub-particulars in turn. It noted that Dr F did not corroborate the alleged comments when asked about them and it considered that aspects of Ms H's evidence lacked certainty and may have developed over time as none of the alleged exchanges had been detailed before Ms H provided the GMC with her statement in 2023.

185. The Tribunal accepted that inappropriate references and comments may well have been made. However, the Tribunal was not satisfied that the GMC had discharged the burden of proving the specific allegations as charged.

186. Accordingly, paragraphs 12a(i)–(vii) are not proved.

187. In relation to paragraph 12b(i), the Tribunal considered the allegation that Dr Halim asked Ms H whether she was wearing a corset. The Tribunal considered Ms H's evidence together with the local investigation material.

188. However, notwithstanding the consistency of Ms H's evidence, the Tribunal noted the lack of any corroborative evidence supporting the allegation from other witnesses. The Tribunal also considered the broader concerns regarding aspects of Ms H's reliability and tendency to interpret or elaborate upon her interactions. Having considered the evidence as a whole, the Tribunal was not satisfied that the GMC had discharged the burden of proving paragraph 12b(i).

189. Paragraph 12b(i) is therefore not proved.

190. In relation to paragraph 12b(ii), the Tribunal considered the allegation that Dr Halim asked Ms H "does your boyfriend know what to do with that?" whilst looking and/or gesturing at her bottom.

191. The Tribunal again considered Ms H's evidence together with her local investigation account. The Tribunal noted that Ms H consistently described Dr Halim making a personal comment towards her in circumstances where she felt uncomfortable. The Tribunal accepted that Ms H consistently recalled words to this effect being spoken but noted her inconsistencies in describing where Dr Halim's gaze appeared to be directed.

192. However, the Tribunal recognised that there were inconsistencies regarding the precise nature of any gesture or exactly what Dr Halim was looking at, such as an item of her clothing. The Tribunal considered that Ms H may have interpreted aspects of the interaction, including assumptions regarding references to anal sex. It appeared to the Tribunal that there is too much room for alternative interpretations as to what was being looked at and may have been said.

193. Accordingly, the Tribunal found Paragraph 12b(ii) is not proved.

194. In relation to paragraph 12(c), the Tribunal considered the allegations that Dr Halim stated to Ms H and/or Dr F that he knew what they needed, knew what a "real man" was like, that if he were their partner he would have sex with them every day, and that he could satisfy them.

195. The Tribunal considered the evidence before it, together with reactions gained at the local investigation and disciplinary hearing, which referred to inappropriate comments being made on the medical unit.

196. The Tribunal accepted that there was evidence suggesting Dr Halim was one of a number of staff that 'teased' Ms C about her trip to XXX, but the Tribunal was not satisfied that the specific allegations particularised at paragraph 12c(i)–(iii) had been proved in the terms alleged. The Tribunal considered that the evidence lacked sufficient corroboration and specificity and noted that Dr F did not support significant aspects of the allegations, and had no clear recollection of the actual words used, despite asserting that Dr Halim used language of this sort "multiple times a day, on occasion". The Tribunal had some concern that Dr F had indicated when asked during the investigation that:

"Ms H should be asked first and that she would be able to support everything that Ms H said,' without first asking to know what Ms H said. In any event, most of her responses conveyed that she did not recall any specifics and could not remember details asked about."

197. The Tribunal accepted that some inappropriate comments likely occurred. However, the Tribunal considered that the wording of the allegations is more likely than not to have reflected elaboration over time and was not sufficiently supported by reliable contemporaneous evidence.

198. Accordingly, the Tribunal concluded that the GMC had not discharged the burden of proving paragraphs 12c(i)–(iii).

199. **Paragraphs 12c(i), 12c(ii) and 12c(iii) are therefore not proved.**

200. In relation to paragraph 12(d), the Tribunal considered the allegation that Dr Halim said to Dr F that her partner must have "fucked her" for her to be in such a good mood, or words to that effect.

201. The Tribunal considered the evidence before it. The Tribunal accepted that Dr K and Dr I, describe Dr Halim using explicit language, albeit Dr I's evidence on this is not entirely consistent and uses less crude language on occasion. Dr I's evidence on the import of what Dr Halim said was clear, with the clear inference being made by Dr Halim that there was likely to be a specific reason for her exceptional good mood.

202. Having considered the evidence as a whole, the Tribunal was satisfied on the balance of probabilities that Dr Halim made a comment about Dr F to the effect alleged, even if the actual words were not used. The Tribunal considered that this allegation was more clearly and consistently evidenced than any of the other allegations within paragraph 12, and the nature of the relaxed, friendly and jovial relationship that Dr F said she had originally had with Dr Halim.

203. **Accordingly, paragraph 12(d) is found proved.**

204. In relation to paragraph 12(e), the Tribunal considered the allegation that Dr Halim tried to unclip Dr F'S bra strap through her clothes.

205. The Tribunal noted evidence suggesting that Dr Halim may have touched Dr F's back whilst she was wearing scrubs. However, the Tribunal also noted inconsistencies within the evidence regarding whether this involved the mention of a bra strap, a clasp, or some other part of her clothing.

206. The Tribunal considered that the allegation, as charged, lacked sufficient specificity and corroboration. The Tribunal noted the absence of contemporaneous evidence and the lack of direct supporting evidence from other witnesses. Others said to have been present by Ms H did not come forward with any relevant information. The Tribunal also considered concerns regarding exaggeration within parts of Ms H's evidence and the extent to which later interpretations may have developed beyond the original account, as she described Dr Halim trying to get beneath Dr F's scrubs but being unable as she said she was visualising it to say exactly how it had occurred and where his hands had been, either going in from the neckline down or the waist up.

207. Whilst the Tribunal accepted that some interaction involving Dr F's back might possibly have occurred, it was not satisfied that the GMC had discharged the burden of proving that Dr Halim attempted to unclip her bra strap through her clothes.

208. **Accordingly, paragraph 12(e) is not proved.**

Paragraph 13

209. In relation to paragraph 13(a), the Tribunal considered the allegation that, between around August 2021 and September 2021, Dr Halim sent one or more medical students off the ward when they failed to answer a question.

210. The Tribunal considered the evidence contained within Ms H's statement. The Tribunal noted that this allegation appeared only within the GMC witness statement material and was unsupported by contemporaneous documentation or any corroborative witness evidence. Even Mr I who left the ward when he was unable to answer questions, did not suggest that he had been "sent" off but rather that he felt embarrassed as he encountered "brain fog" and could not answer any questions even though the answers to them were ones that he had learned.

211. The Tribunal considered that the allegation lacked specificity regarding which medical students were involved, the circumstances in which the incident allegedly occurred and the precise conduct said to have taken place. The Tribunal further noted the absence of

contemporaneous concerns or supporting accounts from any medical student said to have been directly affected.

212. Having considered the evidence as a whole, the Tribunal was not satisfied that the GMC had discharged the burden of proving paragraph 13(a) on the balance of probabilities.

213. **Paragraph 13(a) is therefore not proved.**

214. In relation to paragraph 13(b), the Tribunal considered the allegation that, when Ms H attempted to leave the CCU to carry out her educational role, Dr Halim stated words to the effect of "I decide where you go and don't go", "what is this teaching, what is this nonsense?" and "I decide where you are going. I am not happy. You can go to Melly".

215. The Tribunal accepted that Ms H's role involved educational responsibilities and that she had informed Dr Halim by email that she would be undertaking teaching duties. The Tribunal also accepted that there may have been frustration on Dr Halim's part regarding staffing pressures and ward cover.

216. The Tribunal further considered the evidence of Dr F. The Tribunal noted that Dr F's evidence was more general in nature and suggested that Dr Halim was unhappy about staff leaving the ward, but did not support the allegation that Ms H was forbidden from carrying out her educational duties. The Tribunal heard that Ms H sent Dr Halim an email outlining what she intended to do. The Tribunal was mindful that there may have been an element of discourtesy in a physician's assistant telling Dr Halim what she would do rather than asking for permission. The Tribunal was alive to such workplace hierarchy but also the communication difficulties which may have contributed to such interactions.

217. The Tribunal was not satisfied that the specific words alleged had been proved, nor words to that effect. The Tribunal also had concerns regarding the reliability of Ms H 's evidence given that it appeared to get more elaborate and detailed with each retelling in relation to this allegation and considered that aspects of her account lacked sufficient corroboration in terms of Dr Halim permitting her to go or not. There was additionally some inherent inconsistency over her suggesting that she made the decision to go to the Melly ward rather than being told that she had to and being very proud of herself for making this decision, as she set out in her oral evidence to the Tribunal.

218. Having considered the evidence before it, the Tribunal concluded that the GMC had not discharged the burden of proving paragraph 13b on the balance of probabilities.

219. **Paragraphs 13b(i), (ii) and (iii) are therefore not proved.**

220. In relation to paragraph 13(c), the Tribunal considered the allegation that Dr Halim asked Ms C, "when are you going to sleep with me?", or words to that effect.

221. The Tribunal considered Ms C's evidence, which although it varied to some degree, when pressed for any detail, suggested that Dr Halim had verbalised on many occasions that they 'should spend the night together' or words to that effect. It noted Ms C's acknowledgment that the comments were ones she did recognise as being said purely "tongue-in-cheek" and were not intended to be taken seriously. She said that she did not think anything of them at the time.

222. From Ms C's evidence, the Tribunal accepted that there may at times have been a degree of 'flirty' interaction between Dr Halim and Ms C. However, the Tribunal noted that in providing her evidence after the event, she reflected that she was looking back, and perhaps re-characterising the things Dr Halim had said in a less generous and forgiving way.

223. The Tribunal also took into account that Ms C accepted she could not remember precisely where or when the comment was made.

224. Having considered the evidence as a whole, the Tribunal was satisfied that while it was likely that a degree of mild flirtation had been present, that words of this particular nature were less likely to have been used. Ms C had contradicted herself in indicating that there were multiple occasions, but then been less precise about two in particular. Further, she appeared to acknowledge that there was a difference between lots of things she considered harmless at the time, and trying to identify specifics and why these might have been different. Accordingly, the Tribunal found that the GMC had not proved on the balance of probabilities that Dr Halim asked Ms C when she was going to sleep with him, or words to that effect.

Accordingly, paragraph 13(c) is not found proved.

225. In relation to paragraph 13(d), the Tribunal considered the allegation that, after Ms C pointed out that Dr Halim was married, he responded by stating that he had "been with [his] wife a long time" and that they were "just friends", or words to that effect.

226. The Tribunal considered this allegation in light of Ms C's evidence that this exchange is described as a continuation of the conversation alleged at 13(c). The Tribunal did not find allegation 13(c) proved.

227. Given that Ms C's evidence was that she had regarded Dr Halim's remarks as largely "tongue-in-cheek" it did not appear probable that Ms C would have responded seriously. Accordingly, the Tribunal was not satisfied that the GMC had discharged the burden of proving paragraph 13(d) on the balance of probabilities.

228. **Paragraph 13(d) is therefore found not proved.**

Paragraph 14

229. In relation to paragraph 14(a), the Tribunal considered the allegation that, between around August 2021 and December 2021, Dr Halim raised his voice louder than was necessary when speaking to Dr I during ward rounds.

230. The Tribunal considered the evidence Page 98 Paragraph 8 of Dr I, including;

''On one occasion, I was on a ward round with Dr Halim*, Dr F, an [XXX], and when we started the ward round, we were at the bedside of the first female patient, and Dr Halim started asking me questions on anti-coagulation. I began answering the questions that I knew, and he asked me more questions, until we got to the point where he was asking me questions that I wasn't sure on, and he said something along the lines of, 'Well, don't you know?' I said, 'No, I don't know'. He became louder,* ***he wasn't shouting, but he was speaking more loudly than was necessary.''*** [Tribunal emphasis]

231. The Tribunal could understand why within a conversation that Dr I found embarrassing that he would rather as few people as possible could hear it. The Tribunal noted that Dr I indicated that Dr Halim's volume was louder than necessary but that he was not shouting. This is sufficient for this particular of the Allegation but the Tribunal also took into account that all witnesses have been consistent in describing Dr Halim as having a loud voice in everyday speech.

232. The Tribunal found this allegation to be supported by consistent evidence. The Tribunal accepted that witnesses described Dr Halim using a voice louder than was necessary in a clinical teaching environment, notwithstanding that multiple witnesses describe his normal speaking voice as loud. More than one witness said that he spoke more loudly than others in his daily interactions.

233. The Tribunal considered whether the loud voice was Dr Halim's normal volume, or whether it was perceived by Dr I as louder than was necessary simply because it was embarrassing for him to not be able to answer questions when others could hear. It

considered that this was possible. The Tribunal was of the view that this could be perception to some degree. However, Dr I's evidence is contradicted by nobody except Dr Halim.

234. Having considered the evidence as a whole, the Tribunal was satisfied that the GMC has discharged the burden of proving paragraph 14a on the balance of probabilities.

235. **Paragraph 14(a) is therefore found proved.**

236. In relation to paragraph 14(b), the Tribunal considered the allegation that Dr Halim deliberately asked Dr I questions beyond what he could reasonably have been expected to know.

237. The Tribunal considered the evidence of Dr I;

> *"I felt it was unfair and that he was asking questions beyond stuff that I should be reasonably expected to know. His tone of voice was initially quite neutral, but he then raised his voice, but asking the same question and not rewording it at all, saying something along the lines of, 'Why don't you know this? You should know this. This is basic stuff. I knew all of this when I was a medical student'…I was trying to hold back crying and keep myself composed."*

238. The Tribunal also considered Dr F's evidence that questioning continued when Dr I was visibly upset.

239. The Tribunal accepted that Dr I became upset during the ward round. However, the Tribunal was not satisfied that the evidence established that Dr Halim deliberately asked questions beyond what could reasonably have been expected of Dr I. The Tribunal considered that there was insufficient evidence regarding the level of knowledge expected in the circumstances and whether the questioning crossed the threshold alleged, particularly in circumstances where the wording used suggests that this was not information that should have been unknown to Dr I. The Tribunal's view is further strengthened by Dr I's evidence that he did in fact know the answer to many questions but that he just got "brain fog/freeze" at the time when questioned.

240. Accordingly, the Tribunal concluded that the GMC had not discharged the burden of proving paragraph 14b on the balance of probabilities.

241. **Paragraph 14(b) is therefore not proved.**

242. In relation to paragraph 14(c), the Tribunal considered the allegation that Dr Halim said Dr I was "useless", or words to that effect.

243. The Tribunal considered the evidence regarding insulting or belittling language directed towards Dr I. However, the Tribunal noted inconsistencies within the witness accounts regarding the precise wording used. In particular, the Tribunal noted Dr I referred to the word "stupid" rather than "useless" and considered that these terms were not synonymous. The Tribunal considered there to be a material distinction between criticism of someone's performance and a direct insult regarding intelligence.

244. The Tribunal further noted that witnesses could not consistently recall the exact words used by Dr Halim during the incident. Only Ms H used the word "useless". Whilst the Tribunal accepted that Dr I became upset and that the interaction was unpleasant, it was not satisfied that the specific allegation that Dr Halim called Dr I "useless" had been proved on the balance of probabilities.

245. Accordingly, paragraph 14(c) is not proved.

246. In relation to paragraph 14(d), the Tribunal considered the allegation that Dr Halim stated Dr I was not prepared and was in the way, or words to that effect.

247. The Tribunal considered the sole evidence of Ms H specifically, together with the surrounding evidence regarding Dr Halim's treatment of Dr I during a memorable ward round. The Tribunal accepted that the evidence consistently described Dr Halim criticising Dr I's competence and ability to answer questions during one ward round with clinical discussions.

248. Having considered the evidence as a whole, the Tribunal was satisfied that Dr Halim had made comments which could be perceived as critical. However, there is nothing to corroborate Ms H's evidence that Dr Halim said that Dr I "was not prepared and was in the way".

249. Accordingly, paragraph 14(d) is not found proved.

250. In relation to paragraph 14(e), the Tribunal considered the allegations that Dr Halim stated to Dr I: "you're wrong", "well, don't you know?" and "why don't you know this? You should know this, it's basic stuff. I knew all of this when I was a medical student", or words to that effect.

251. The Tribunal considered Dr I's evidence during the local investigation together with the oral and written evidence concerning the ward round incident. This allegation is drawn from the original investigation and the Tribunal also considered Ms C's evidence.

252. The Tribunal accepted that there was limited contemporaneous documentation recording the precise words used. However, the Tribunal considered that there was strong evidence from multiple witnesses regarding the overall incident, including the fact that Dr I, who described himself as having a sensitive disposition, became visibly upset during the interaction. The Tribunal considered that such an incident would naturally remain memorable to those present.

253. Having heard of Dr Halim's high standards from Dr BA, the Tribunal considered the evidence as a whole, the Tribunal was satisfied that Dr Halim made comments to Dr I to the effect alleged at paragraphs 14e(i), (ii) and (iii).

254. **Accordingly, paragraphs 14e(i), 14e(ii) and 14e(iii) are found proved.**

Paragraph 15

255. In relation to paragraph 15, the Tribunal considered the allegation that, between around August 2021 and January 2022, Dr Halim touched Ms C's bottom on one or more occasions.

256. The Tribunal considered the evidence of Ms C before the Tribunal, the local investigation material and the transcript of the disciplinary hearing. The Tribunal noted that Ms C's allegations about Dr Halim touching/grabbing her bottom on multiple occasions had changed in nature, and frequency. She described this as recurring behaviour, but on different occasions said it happened monthly, but at other times weekly or daily.

257. The Tribunal also considered the corroborative evidence of Dr F, where Dr F referred to witnessing Dr Halim touch Ms C's back or bottom and comment that she had a "lovely bum" on one occasion.

258. The Tribunal accepted that there was evidence to corroborate one occasion on which inappropriate touching *may* have occurred. However, the Tribunal had concerns regarding the consistency and reliability of that evidence, along with the detail provided by Ms C concerning the frequency and nature of the conduct alleged.

259. In particular, the Tribunal noted that Ms C's evidence developed from a reference to touching her bottom to allegations of grabbing her bottom on multiple occasions. The Tribunal considered there to be inconsistencies within her account regarding the extent and regularity of the alleged conduct. The Tribunal found it difficult to reconcile the allegation that such touching occurred repeatedly or weekly with the limited corroborative evidence available.

260. The Tribunal noted that Dr F described witnessing only one incident, and could not be sure whether it was Ms C's bottom or back that were touched. She did not move from this position that it could have been either. Whereas Ms C alleged repeated conduct over a prolonged period. The Tribunal considered this discrepancy significant. The Tribunal further considered that aspects of Ms C's evidence may have involved exaggeration or reinterpretation over time, particularly in re-characterising what she had felt as innocent touching when he walked past and perhaps brushed against her, as now "copping a feel" as she looked back on events.

261. The Tribunal accepted that the workplace dynamic between Ms C and Dr Halim had morphed from a friendly one to one where some animosity was felt by Ms C towards Dr Halim. However, the Tribunal was not satisfied that the GMC had discharged the burden of proving the specific allegation that Dr Halim touched Ms C's bottom on one or more occasions as charged. Dr F remained consistent in being unsure whether it was Ms C's bottom or back that Dr Halim had ever made contact with.

262. **Having considered the evidence as a whole, the Tribunal concluded that paragraph 15 is not proved**.

Paragraph 16

263. In relation to paragraph 16, the Tribunal considered the allegations that, between around August 2021 and February 2022, Dr Halim made a series of derogatory comments regarding junior doctors, FY1 doctors, British people and women.

264. The Tribunal considered the evidence relied upon in support of these allegations, which consisted of what Ms H said in her witness statement to the GMC, in oral evidence and within the local investigation.

265. The Tribunal noted that Ms H's evidence described conversations she said she had personally had with Dr Halim over a period of time. However, the Tribunal considered that aspects of her evidence lacked sufficient context and specificity. The Tribunal noted that Ms

H was not herself a junior doctor and considered that some aspects of her evidence appeared to involve her interpretation of broader conversations and attitudes rather than recollection of precise statements made on identifiable occasions

266. The Tribunal took into account that English was not Ms H's first language and noted her evidence that she had had to look up certain expressions. The Tribunal considered that this raised concerns regarding the precision and interpretation of some of the alleged wording, her evidence references hearing.

267. The Tribunal further noted the absence of contemporaneous documentation supporting the allegations and the limited corroboration from other witnesses. Whilst there was evidence before the Tribunal that Dr Halim at times used opinionated language within the workplace, the Tribunal was not satisfied that the evidence established the extensive range of specific inflammatory comments alleged within paragraph 16, or any of them. These were considered in turn and witnesses asked about them.

268. The Tribunal also considered the inconsistencies regarding the references to British women, morality and promiscuity. The Tribunal noted differing recollections from each witness and considered that some terminology and themes appeared to have evolved over time. Witnesses who were said to be present could not remember extreme statements alleged to have been said, nor had this impacted their impression of Dr Halim or their relationship with him. The Tribunal took into account Dr Halim's denial that he would refer to white women as prostitutes and considered that the evidence did not reliably establish the precise comments or words to that effect alleged within the particulars.

269. Having considered the evidence before it, the Tribunal concluded that the allegations at paragraph 16 were insufficiently corroborated and the evidence lacked the reliability and specificity necessary to satisfy the Tribunal to the necessary standard of proof.

270. Accordingly, the Tribunal found that the GMC had not discharged the burden of proving paragraphs 16a(i), 16a(ii), 16a(iii), 16b, 16c, 16d, 16e, 16f and 16g(i)–(vi).

271. **Paragraph 16 is therefore not proved.**

Paragraph 17

272. In relation to paragraph 17, the Tribunal considered the allegation that, in or around September 2021, whilst in the doctors' office, Dr Halim stated in relation to Dr J's beard that

it made him "look like an extremist" and that he "looked like a terrorist", or words to that effect.

273. The Tribunal considered the evidence relating to Dr J, including evidence from another witness that the comments had upset him and that XXX. The Tribunal considered the evidence of Ms H and Dr K, both of whom referred to comments concerning Dr J's beard, albeit only one of them alleged to have heard Dr Halim speaking to Dr J. The Tribunal also considered the evidence of Dr F, who was unable to recall clearly whether she had heard the alleged comments directly or had heard about them second hand.

274. The Tribunal also considered the evidence of Dr K, who stated that he had not personally heard Dr Halim say the words directly to Dr J, but understood that Dr Saleem had told him Dr Halim had referred to Dr J as looking like a terrorist. During his oral evidence to the Tribunal this evidence changed with Dr K claiming that Dr Halim had himself told Dr K that he had said this to Dr J, which Dr K said does not mean that it did in fact happen. Also Dr J denies this was ever said to him.

275. The Tribunal considered that the evidence supporting these allegations was largely indirect and lacked sufficient clarity regarding when, where and in what circumstances the comments were said to have occurred. The Tribunal also noted inconsistencies within the witness accounts and concerns regarding the reliability of aspects of the evidence in support of this allegation. The Tribunal considered that some of the evidence appeared to involve repetition of matters discussed between colleagues and hearsay that was second-hand at best, rather than direct firsthand evidence.

276. The Tribunal further noted that Ms H herself accepted uncertainty in parts of her account, including whether she had directly heard some comments. In fact, during the local investigation Ms H stated Dr Halim called Dr K a terrorist, and this evidence is not supported by the latter or anyone else. The Tribunal also considered that aspects of the evidence contained contradictions, where it was not clear who said what to whom, and in what context.

277. Whilst the Tribunal accepted that concerns had genuinely arisen amongst colleagues regarding comments attributed to Dr Halim, it was not satisfied that the evidence established on the balance of probabilities that Dr Halim made the specific comments alleged at paragraphs 17a and 17b or words to that effect.

278. Accordingly, the Tribunal concluded that the GMC had not discharged the burden of proving paragraph 17a or paragraph 17b.

279. **Paragraph 17 is therefore not proved.**

Paragraph 18

280. In relation to paragraph 18(a), the Tribunal considered the allegations arising from a discussion said to have taken place on or around 16 September 2021 in the doctors' room involving Dr Halim, Dr F and Dr K.

281. The Tribunal considered the evidence of the witnesses who referred to the discussion, including Dr K, Dr I, Ms H, Dr F and Ms C. The Tribunal accepted that there was clear evidence that an animated argument took place concerning issues of nationality, ethnicity and identity. The crux of the debate was that Dr Halim appeared to reference the harmonised ethnicity background question which is used on most standard forms in the UK, which is routinely divided into white and non-white categories, the former allowing for a breakdown of English, Irish, Welsh, Scottish, etc. and the latter into categories such as British Asian etc. Dr K's view during the argument was that it was for him to identify as he chose, irrespective of the colour of his skin. The Tribunal noted witnesses referencing within their evidence to words such as "brown" and "coconut" being used during the discussion; it accepted that the exchange had clearly exercised those involved.

282. The Tribunal considered the evidence note of the local investigation where Dr F recalls the words "brown skin" being used which is supported by Ms C who is said to have heard the word "brown" from outside the room. The Tribunal accepted that Dr K felt strongly about the discussion and that emotions during the exchange were running high, when Dr K used examples of celebrities who appear on UK television but are not white-skinned and disputed that they were British but rather English and involved his own children in the discussion as an example.

283. However, the Tribunal was not satisfied that the evidence reliably established that Dr Halim made the specific comments alleged at paragraphs 18a(i)–(vii). The Tribunal considered that aspects of the witnesses' accounts lacked consistency and that there was a significant risk that the discussion had been reconstructed, interpreted or repeated differently by those involved afterwards. The Tribunal also noted the passage of time, and the number of times witnesses have had to rehearse their evidence through different investigations and the impact this may have had on people's memories. For example Dr I's recollection that he overheard the argument while he was in the doctors room and the others were in the main part of the ward contrasts with other witnesses who indicate that the argument took place within the doctors room without Dr I present.

284. The Tribunal also considered that some witnesses were unclear as to whether they had heard comments directly or indirectly. In particular, the Tribunal noted uncertainty regarding the context in which the word "coconut" had been used and by whom. The Tribunal further considered that aspects of the evidence appeared to attribute comments to Dr Halim which had instead arisen during the broader argument between participants, such as Dr F indicating that Dr Halim had said that Dr K's children could not be described as English, when in fact, Dr K himself explained that it was he who had shown a photo of his children to Dr Halim and said words to the effect of 'tell me that they are not English' (which Dr Halim had not engaged with). Further, in Dr K's oral evidence to the Tribunal he made no reference to Dr Halim using the phrase "brown skin" or the word "brown".

285. The Tribunal noted that Dr Halim strongly denied making racist remarks. The Tribunal also considered that Dr K's evidence changed in certain respects over time and that the accounts of witnesses were not consistently aligned. The Tribunal considered there to be a very real possibility of discussion and influence between witnesses following the incident, or cross contamination of evidence over the course of the various investigations.

286. In relation to paragraph 18a(v), the Tribunal considered the allegation that Dr K stated that Dr Halim had told him that he said to Dr J his beard made him "look like a terrorist". The Tribunal preferred what Dr J had to say on this issue which is that no statement regarding terrorism and his beard had been made and noted inconsistencies within the supporting witness evidence, including contradictions regarding whether such comments had been heard directly or repeated second hand and whom they had been made about.

287. In relation to paragraph 18a(vi), the Tribunal considered the allegation that Dr Halim stated that all white girls are prostitutes and/or easy. The Tribunal noted that Dr F did not consistently support the allegation. Even at the local Trust interview made close in time to events, she only had "a vague recollection of that" because "it was a long time ago" Conversely she appeared to recall with much more certainty the words used at a less contemporaneous time in her GMC statement. Ms H appeared to be the only witness directly attributing the statement to Dr Halim was unclear when this was alleged to have been said.

288. Dr K was internally inconsistent when he was giving oral evidence to the Tribunal. He admitted that he "may have been" racist himself but said that this did not excuse others' behaviour. Further, he accepted that there are different contexts in which multiple ethnic identities can feature, distinguishing himself occasions on which he would reference his heritage, from those where he would not, where forms ask for the same information. The

Tribunal considered the evidence insufficiently clear and reliable to establish the allegation on the balance of probabilities.

289. The Tribunal further considered paragraph 18a(vii) and whether a discussion may have involved references to British people and previous relationships. However, Dr F had no such recollection of any of this, even though she was meant to be the person the conversation occurred with. Accordingly, the Tribunal was not satisfied that the words alleged had been proved to the necessary standard

290. Overall, the Tribunal concluded that the evidence demonstrated a heated discussion involving issues of identity, race and nationality, but the Tribunal was not satisfied that the GMC had discharged the burden of proving the specific allegations particularised at paragraph 18a(i)–(vii).

291. Mr Garside submitted that there was a typographical error in allegation 18(a)vii and that Dr K should in fact be Ms H. The Tribunal was conscious that defence was not present should it decide to alter the allegation. In any event this particular is not proved in relation to either Dr K or Ms H.

292. Accordingly, paragraph 18a(i)–(vii) is not proved.

293. In relation to paragraph 18b, the Tribunal considered the allegation that Dr Halim placed his hand over Ms C's face and pushed her out of the doctors' office when she asked him to quieten down.

294. The Tribunal considered Ms C's evidence. The Tribunal accepted that Ms C felt belittled by the incident in which she attended the doctors' room to ask those involved to quieten down during the argument and was in effect asked to leave by Dr Halim because the matter did not concern her.

295. The Tribunal also considered the evidence of other witnesses who accepted that Ms C came to the doorway and that there was some form of interaction between her and Dr Halim. However, the Tribunal noted that no witness directly supported the allegation that Dr Halim placed his hand over Ms C's face and physically pushed her out of the room.

296. The Tribunal considered that, given the size of the room and the number of people present, such conduct would likely have been observed more clearly had it occurred in the manner alleged. While Dr F and Dr K suggest their positions within the room meant they would not have been able to see this, there was no corroborating evidence either from

others within the room or those outside it. The Tribunal also considered evidence that Dr Halim was known to use expressive hand gestures generally and accepted that there may have been abrupt or dismissive gestures during the exchange which fell short of physically placing a hand on someone's face and pushing.

297. The Tribunal carefully considered whether the incident occurred because it appeared to be the catalyst for Ms C indicating that it was at this time she moved from being a supporter of Dr Halim into Dr K's camp. However, it was also clear that this argument had the effect of making other staff take sides, when Dr F describes a "coldness towards her from Dr Halim, lasting for 2 to 3 days", whereas Ms C indicates that their working environment started to deteriorate for everyone, because individuals were known to be either in the pro-Dr Halim or pro-Dr K camps.

298. Ms H contradicts Dr F, Ms C and Dr I in terms of the length of time there was any coolness from Dr Halim, in her GMC statement asserted "After that conversation Dr Halim was annoyed at me and Dr F for apparently not taking his side. It was very awkward couple of weeks because he was not talking to us."

299. Having considered the evidence, the Tribunal was not satisfied that the GMC had discharged the burden of proving the allegation in the specific terms alleged to the standard required.

300. Accordingly, paragraph 18(b) is not proved.

301. In relation to paragraph 18(c), the Tribunal considered the allegation that Dr Halim slammed the door shut in Ms C's face.

302. The Tribunal considered the evidence of Dr F together with the evidence of Ms H and Ms C. The Tribunal accepted that the door was closed following the interaction and that Ms C was made to feel unwelcome. However, the Tribunal was not satisfied that the evidence established that the door was "slammed" shut in the manner alleged.

303. The Tribunal considered that descriptions of the incident may have become exaggerated over time. The Tribunal also noted evidence from Ms C herself that hospital doors do not easily slam and accepted that witnesses differed in their recollections regarding the force with which the door was closed.

304. Having considered the evidence as a whole, the Tribunal was not satisfied that the GMC had discharged the burden of proving paragraph 18c on the balance of probabilities.

305. **Paragraph 18(c) is therefore not proved.**

Paragraph 19

306. In relation to paragraph 19(a), the Tribunal considered the allegation that, before Ms C went on a trip to XXX, Dr Halim made comments insinuating that she was going there to XXX.

307. The Tribunal considered Ms C's evidence, that Dr Halim repeatedly raised the subject of her trip to XXX and insinuated that XXX whilst there. She admitted that there may be an ulterior motive simply to end the speculation.

308. The Tribunal also considered what Dr F said in her local interview where she stated that "initially there was a bit of a joke among staff members as to whether Ms C would see her ex-partner. [The joke being that there would be a romantic liaison.] It should have been left." She said that "I think we were all party to this conversation that started off as a joke and should have just been left". The suggestion that Dr Halim spoke of the incident is not clear in terms of whether he was teasing or he was concerned about the current partners of Ms C and XXX.

309. Ms C said the jokes about her travelling to XXX continued to be raised. The Tribunal accepted that several colleagues may initially have joked about the trip. However, the Tribunal heard that Ms C's evidence is that she found Dr Halim raising the issue repeatedly to become unwelcome. Ms H corroborated Ms C to a degree in terms of saying that she heard Dr Halim asking Ms C about her XXX on one occasion, but not whether it was as a joke or not. Ms F indicated that the teasing lasted for 3-4 days before her visit at her initial interview, but by the disciplinary hearing said it went on for weeks.

310. The Tribunal has had to consider whether Ms C's evidence that the teasing was "relentless" for "weeks" is at odds with what is said by her during the investigation that it lasted for 3-4 days. The Tribunal was conscious that both Ms C and Dr F's evidence appeared to have changed during the course of the investigation but remained consistent with each other. The Tribunal noted that Dr Halim has denied this allegation and is regarded as a man of good character which lessens the likelihood of him behaving in ways he denies. However, the Tribunal is not constrained in the weight it needs to give this.

311. Ms C had queried whether the events she has reported have involved her seeing things from a different perspective compared to how she viewed them at the time, and also

described her work environment as a "jovial" one pre the argument that Dr K had with Dr Halim. The Tribunal accepted that jokes had been made but the likelihood of Dr Halim making such a joke, rather than expressing his concerns about fidelity as he mentions, and the inferences that fidelity were important to him mean that the Tribunal is not satisfied that Dr Halim was the source of any such jokes even if he was present when these had been made by others.

312. Having considered the evidence as a whole, the Tribunal was satisfied that the GMC had not discharged the burden of proving paragraph 19a on the balance of probabilities.

313. **Paragraph 19(a) is therefore found not proved.**

314. In relation to paragraph 19(b), the Tribunal considered the allegation that, after Ms C returned from XXX, Dr Halim asked her whether she had XXX.

315. The Tribunal considered evidence, including the oral evidence heard from Ms C, Dr F and Ms H.

316. Dr F only mentions the teasing before the visit but acknowledges that the repetition wore thin for Ms C. The Tribunal noted that this allegation was not raised by Ms C during the local investigation and considered the absence of contemporaneous reference to the allegation or corroboration from other witnesses significant.

317. Accordingly, the Tribunal was not satisfied that the GMC had discharged the burden of proving paragraph 19(b) on the balance of probabilities.

318. **Paragraph 19(b) is therefore not found proved.**

319. In relation to paragraph 19(c), the Tribunal considered the allegation that, in response to a compliment being paid to Ms C about her appearance, Dr Halim said "no – fat", or words to that effect.

320. The Tribunal considered the evidence of Ms H and Ms C regarding the incident.

321. The Tribunal noted that there was some dispute regarding the exact context in which the comment was made. Ms C herself acknowledged that she sometimes referred to being "fat" herself. However, the Tribunal found that there is a distinction between a person making such a self-declaration and a third party using the disparaging word.

322. The Tribunal having found that Dr Halim paid Ms C compliments and may have said words like "looking good today" was unlikely to have also called her "fat".

323. Having considered the evidence, the Tribunal was not satisfied that Dr Halim made the comment alleged, or words to that effect.

324. **Accordingly, paragraph 19c is found not proved.**

Paragraph 20

325. In relation to paragraph 20, the Tribunal considered the allegation that, in or around December 2021, when Dr F informed Dr Halim of her plans to swap day shifts for night shifts over the Christmas period, Dr Halim stated that she could not swap the shifts and said that "white people only care about their families at Christmas", or words to that effect.

326. The Tribunal considered the evidence of Dr F where she described the comment as hurtful. The Tribunal accepted that Dr F appeared genuinely upset by the alleged remark but noted that she later sent Dr Halim a text message thanking him for allowing her to leave early on Christmas Day which meant that she could eat with her family, which the Tribunal considered relevant context when assessing the nature of their working relationship.

327. The Tribunal also considered that Dr Halim denied making the alleged comment. The Tribunal noted that this allegation was not raised by Dr F during the local investigation or in earlier stages of the proceedings and considered the absence of contemporaneous reference to the allegation significant.

328. Accordingly, the Tribunal was not satisfied that the evidence relating to this allegation was sufficiently strong or reliable to discharge the burden of proof. The Tribunal considered that there was insufficient corroboration and insufficient contemporaneous evidence to establish that the words alleged were said or words to that effect.

329. Having considered the evidence before it, the Tribunal concluded that the GMC had not discharged the burden of proving paragraph 20 on the balance of probabilities.

330. **Paragraph 20 is therefore not proved.**

Paragraph 21

331. In relation to paragraph 21a, the Tribunal considered the allegations that, between around December 2021 and January 2022, whilst in Ms C's office, Dr Halim stated "I don't know why you are not sleeping with me yet", or words to that effect, and touched Ms C's knee with his fingers.

332. The Tribunal considered Ms C's evidence in the context of the wider relationship dynamic described throughout her evidence. The Tribunal accepted that Ms C acknowledged where matters had been exaggerated unnecessarily by others, and reflectively sought to question whether she herself had been doing the same in re-characterising events that she had once found innocent. The Tribunal noted that Ms C openly acknowledged that she was friendly and outgoing by nature and accepted that aspects of the workplace interactions may initially have appeared flirtatious or informal. The Tribunal further noted that Ms C accepted at times that some language used by Dr Halim may have been exaggerated by others and stated that she did not want to be used as the "Golden Ticket" by those who wanted to get rid of him.

333. The Tribunal heard Ms C's evidence that, following the comments regarding her planned trip to XXX, she became increasingly concerned that Dr Halim may have viewed her as sexually available. The Tribunal considered this provided a plausible narrative in explaining why she began to have concerns even if Dr Halim's behaviour had not changed.

334. In relation to paragraph 21a(i), the Tribunal considered the near contemporaneous references within the local investigation material together with the complaint material confirmed at the disciplinary hearing.

335. The Tribunal accepted that Ms C was the sole witness to the interaction which allegedly happened between November and December 2021 which is not entirely accurately reflected in the allegation even though it was alleged that a ward clerk who has not given evidence before this or any other hearing was said to be nearby. Ms C said she could not remember which of the 3 or 4 clerks it was. She said that she told Dr K about it but he does not accurately support what she alleges, making her evidence uncorroborated and inconsistent in what she said in her witness statement and in her oral evidence to the Tribunal.

336. The Tribunal considered that Dr K's evidence regarding the incident lacked consistency and that aspects of his account appeared to reflect his interpretation and assumption rather than his direct observation, albeit he said that Ms C had demonstrated it to him. He said that Dr Halim had "placed his hand between Ms C's legs". The Tribunal took into account that the allegation as particularised whilst not in the territory that Dr K

described was nonetheless serious in nature and materially different from either the incidental or brief touching of a knee.

337. There is a suggestion that there may have been relevant WhatsApp messages on this date between Ms C and Dr K. These were not seen by the Tribunal or the local investigation; Ms C and Dr K were unable to produce these messages at the time of the local investigation as they could no longer access them. This was because Dr K said that the app had rebooted on his phone at the local investigation and he no longer could see them. Ms C said she had got a new phone.

338. Having considered the evidence as a whole, the Tribunal was satisfied that it was not proved that Dr Halim made the comment alleged, or words to that effect

339. **Paragraph 21a(i) is therefore found not proved.**

340. In relation to paragraph 21a(ii), the Tribunal considered Ms C's evidence that Dr Halim touched her knee with his fingertips whilst she was seated in her office chair. The Tribunal considered the references within the local investigation material.

341. The Tribunal accepted that Dr Halim had been described by some witnesses as physically demonstrative or "touchy feely" in his mannerisms generally. However, the Tribunal considered that Ms C's account of the incident was one in which the touching described was relatively light and brief and just above her knee. It nonetheless gave her cause for concern given the proximity of another member of staff she said. In her oral evidence she did not marry up what was allegedly said with what was allegedly done despite being asked about this.

342. The difference between the touching that Ms C and Dr K describe is wholly at odds with each other. Dr K describes Ms C being touched in between her legs; he said that she demonstrated this for him.

343. Having considered the evidence before it, the Tribunal was satisfied that the GMC had not discharged the burden of proving paragraph 21a(ii) on the balance of probabilities.

344. **Paragraph 21a(ii) is therefore found not proved.**

<u>Paragraph 21b</u>

345. In relation to paragraph 21b, the Tribunal considered the allegations that, whilst in the doctors' office, Dr Halim grabbed and squeezed Ms C's tummy with his right hand and stated "if you lost a few kilos, I would definitely have sex with you", or words to that effect.

346. The Tribunal considered the complaint material, the local investigation references, the GMC witness statement references and the oral evidence.

347. In relation to paragraphs 21b(i) and 21b(ii), the Tribunal noted inconsistencies regarding the precise nature of the alleged physical contact. The Tribunal considered that the terms "grabbed" and "squeezed" suggested a more forceful interaction than was consistently described in the evidence. The Tribunal also noted that this aspect of the allegation was not expressed in Ms C's oral evidence when she was expressly asked about the incident. Further, that there was limited corroborative evidence regarding the physical actions alleged.

348. Whilst the Tribunal accepted that some form of interaction may have occurred, it was not satisfied that the evidence established on the balance of probabilities that Dr Halim grabbed or squeezed Ms C's tummy in the manner alleged.

349. **Accordingly, paragraphs 21b(i) and 21b(ii) are not proved.**

Paragraph 21b(iii)

350. In relation to paragraph 21b(iii), the Tribunal considered the allegation that Dr Halim stated to Ms C that, "if you lost a few kilos, I would definitely have sex with you", or words to that effect. The narrative was that this was said at the same time as Ms C's stomach was grabbed and squeezed. The Tribunal was not satisfied that the two events could have been contemplated as an effective seduction attempt.

351. The Tribunal found Ms C's account of this comment to be raised at an early stage in a complaint. While Ms C had expressed concern to the Tribunal that her initial statement appeared to contain exaggerations and did not reflect her experience of working on the CCU, particularly before the argument that Dr K had had with Dr Halim. In relation to this particular of the allegation, Ms C did not suggest that this was an exaggeration, albeit she struggled to describe exactly what the "exaggerations" were in any material way other than referencing that the language and description of events were over-dramatised and did not reflect reality. The Tribunal also noted that aspects of the allegation were supported by Ms H, albeit that she appeared to characterise this as "negging" behaviour and as a joke, which commenced with "I would…" only to be followed with "only joking – you are not my type".

352. The Tribunal accepted that the wording alleged if said would have been crude and inappropriate. Having considered the evidence as a whole, the Tribunal was not satisfied that it was more likely than not that Dr Halim made the comment alleged, or words to that effect.

353. **Accordingly, paragraph 21b(iii) is found not proved.**

Paragraph 22

354. In relation to paragraph 22a, the Tribunal considered the allegation that, in or around January 2022, Dr Halim said to Ms C, "are you sure you are not pregnant?", or words to that effect.

355. The Tribunal considered Ms C's evidence before the Tribunal and previous information from her initial complaint and local interview. The Tribunal noted that there was no corroborative evidence from other witnesses regarding this interaction and accepted that the allegation depended substantially upon Ms C's account. Further, that Ms C could provide no particulars surrounding the time it was said to have occurred.

356. The Tribunal considered whether the comment may have been framed or presented as teasing or joking but given the 'flirtatious' nature of their relationship did not think this likely. Ms C's evidence that Dr Halim was interested in her and liked her does not sit neatly alongside this allegation. Without any corroboration from another witness, this allegation is one person's word against another's and it is denied by Dr Halim. Having considered the evidence as a whole, the Tribunal was not satisfied that it was more likely than not that Dr Halim made the comment alleged, or words to that effect.

357. **Accordingly, paragraph 22(a) is not found proved.**

Paragraph 22b

358. In relation to paragraph 22(b), the Tribunal considered the allegation that Dr Halim poked Ms C's tummy with his finger.

359. The Tribunal considered Ms C's evidence that she had not observed Dr Halim touching other colleagues in a similar way and that she was surprised by aspects of his behaviour towards her. The Tribunal did however have evidence of physical contact between Dr Halim and other staff, with multiple people talking about people sitting on Dr Halim's lap etc.

360. The Tribunal noted inconsistencies and uncertainty within the evidence regarding where and how physical contact was said to have occurred on different occasions. The Tribunal considered that Ms C at times questioned her reinterpretation of events herself. While the Tribunal gave thought to whether some interactions may initially have been dismissed or normalised by Ms C as workplace joking or banter, it noted that Ms C had said she had not witnessed Dr Halim touching other staff. Meanwhile, other colleagues have referenced the physical nature of their "jovial" workplace, as freely acknowledged and demonstrated by Dr F,in the photo of her holding Dr Halim onto her lap.

361. Whilst the Tribunal accepted that Dr Halim may have made comments regarding Ms C's appearance in terms of "looking good today", it was not satisfied that the GMC had discharged the burden of proving the specific allegation that he poked her tummy with his finger. The Tribunal considers the looking good today comment to be at odds with this interaction.

362. Accordingly, paragraph 22(b) is not proved.

Paragraph 22c

363. In relation to paragraph 22(c), the Tribunal considered the allegation that Dr Halim asked Ms C whether she had had sex that day, or words to that effect.

364. The Tribunal accepted that there was evidence of Dr Halim intimating this intrusive topic with another colleague. The Tribunal considered that the allegation was broadly similar with other conduct already found proved in relation to Allegation 12(d) in respect of the reason why Dr F was in a good mood comment. Accordingly the Tribunal considered cross admissibility of such evidence and whether it signalled propensity for such behaviour.

365. However, the Tribunal was of the view that teasing someone about the reason for their exceptional good mood, and asking someone about sexual conduct for no apparent reason were different. Ms C suggested that she was in her office and Dr Halim asked her this question whilst walking past her door shouting out across a desk from 7/8 feet away, without any other context. She did not provide detail about the time of day or any prior conversation, and there was no corroboration from any other person that this had occurred.

366. Having considered the evidence carefully, the Tribunal was not satisfied that the two behaviours were sufficiently similar. It did not find that it was more likely than not that Dr Halim asked Ms C if she had had had sex that day.

367. **Accordingly, paragraph 22c is found not proved.**

Paragraph 22(d)

368. In relation to paragraph 22(d), the Tribunal considered the allegations that, following on from Ms C's response regarding preferring a chocolate bar to sex, Dr Halim stated "I can see that, but perhaps you are not doing it with the right person" and "you need a real man", whilst gesturing to himself, or words to that effect.

369. The Tribunal did not find 22(c) proved. Nonetheless, it considered the evidence surrounding this allegation. The Tribunal was not satisfied that there was sufficient reliable evidence to establish the wording alleged within paragraph 22(d). The words that "you need a real man" do not appear in Ms C's statement at all.

370. The Tribunal considered that aspects of the conversation may have been reconstructed over time and that there was insufficient corroboration regarding the comments alleged.

371. Accordingly, the Tribunal concluded that the GMC had not discharged the burden of proving paragraphs 22d(i) and 22d(ii) on the balance of probabilities.

372. **Paragraph 22d is therefore not proved.**

Paragraph 23

373. In relation to paragraph 23, the Tribunal reminded itself that bullying is not a defined legal term and should therefore be given its ordinary meaning. The Tribunal considered whether the conduct found proved at paragraphs 1 and 14 amounted to bullying.

374. In relation to paragraph 1 of the Allegation, the Tribunal accepted that there was a power imbalance between Dr Halim and Ms A and accepted that Ms A was upset by their interaction. The Tribunal also accepted that the incident had a significant impact upon Ms A, who already indicated that she "hated" Dr Halim due to historic events.

375. However, the Tribunal considered the wider context in which the incident occurred. The Tribunal accepted that the interaction took place during an exceptionally pressured period at the beginning of the Covid-19 pandemic, at a time when guidance and procedures were rapidly evolving and staff were dealing with serious concerns regarding PPE, patient

placement and clinical risk. The Tribunal accepted that Dr Halim was genuinely concerned about patient safety and the potential consequences should a patient deteriorate or die.

376. The Tribunal further noted that both nurse witnesses described the disagreement arising in the context of guidance and the management of Covid-19 patients. The Tribunal considered that the incident appeared to be discussion concerning clinical matters rather than targeted oppressive behaviour directed at Ms A personally.

377. Whilst the Tribunal accepted that Dr Halim's conduct during the exchange was inappropriate and involved the use of abrupt language, the Tribunal was not satisfied that the conduct found proved at paragraph 1 amounted to bullying in the ordinary sense of the word.

378. Accordingly, the Tribunal determined that the facts found proved at paragraph 1 do not amount to bullying.

379. The Tribunal considered whether speaking to Dr I during ward rounds in a voice that was louder than necessary, to tell him that he answered the question wrong, ask him why he did not know the answer, when he should have and that he had known that information when he was at the same stage as Dr I did amount to bullying. In arriving at this decision the Tribunal did consider that this was in the context of one ward round only, at a time when Dr I was fairly new and recognized that he characterized himself as sensitive. However, the Tribunal considered that not lowering ones voice when the content could cause embarrassment had the effect of humiliating Dr I, as other clinicians and patients could hear this conversation.

380. Accordingly, the the Tribunal determined that the facts found proved at paragraphs 14e(i), (ii) and (iii) does amount to bullying.

Paragraph 24a(i)

381. Paragraph 24(a)(i) did not need to be considered as none of the relevant paragraphs in relation to Ms C were found proved.

Paragraph 24a(ii) & (iii)

382. The Tribunal considered 24(a)ii in relation to 12(d) and it did not need to consider 24(a)iii.

"Your actions as set out at paragraph(s) 4, 5, 9, 12, 13c, 13d, 15, 19a, 19b, 21 and 22:

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

383. This Tribunal went onto consider 24(a)(ii) in light of its finding at paragraph 12(d). Again the Tribunal considered the relevant definition of sexual harassment under section 26(2) of the Equality Act 2010 and whether the conduct found proved at paragraph 12(d) amounted to sexual harassment. The Tribunal considered that intimating to Dr F that there was a specific reason for her good mood, however expressed, was inappropriate in the workplace. The starting point for the Tribunal is whether Dr Halim's conduct in respect of Dr F on this occasion was unwanted conduct of a sexual nature as required by the Equality Act 2010.

384. Dr F was asked about whether Dr Halim's remarks involved *unwanted conduct* of a sexual nature. She could not remember the incident specified in this particular of the allegation. Dr I had recalled the incident but Dr F did not. However, Dr F did have the following to say in her GMC statement:

> *"The GMC asked if Dr Halim had made any inappropriate sexual comments to me. There have been multiple comments of a sexual nature made by Dr Halim in professional spaces over the time I have known him but I can't be specific about what was said or when…*

385. When first interviewed about the matter she said:

> *"[86] [XXX] Can you tell us if Dr Halim has ever said anything like this to you?*
>
> *[87] Dr F We would have banter, but I have never felt sexually threatened by him.*
>
> *[88] [XXX]Has he ever overstepped the mark with you?*
>
> *[89] Dr F No because of the relationship I had with him. Topics you wouldn't talk about in a professional meeting or ward round. I don't think he has ever overstepped the mark he was a friend of mine as well as my boss.*
>
> *[90] [XXX] Were you happy that it was within your friendship?*
>
> *[91] Dr F Yes. I can appreciate people could feel uncomfortable which is unacceptable, but they didn't know him in the way that I did.*

[92] [XXX] We have been told that he has made comments about you and your boyfriend. Could you tell us about that?

[93] Dr F What comments? I have no idea. I would need more specifics."

386. The Tribunal considered first whether this was unwanted conduct of a sexual nature. There is evidence that the purpose was sexual from Dr I, but the Tribunal had to be satisfied that it was unwanted. Dr F did not appear to characterise the Dr Halim's behaviour to her as unwanted.

387. The Tribunal nonetheless considered its *effect*, and the statutory reasonableness test as the Equality Act requires consideration of: Dr F's perception, the other circumstances of the case, and whether it is reasonable for the conduct to have that effect. In evaluating whether that conduct had either the *purpose* or the *effect* of violating Dr F's dignity, or creating an intimidating, hostile, degrading, humiliating or offensive environment for Dr F, there was no evidence that the *purpose* of Dr Halim's comment was intended to be negative. Dr F did not dwell on subjective perception of this particular incident and how this made her feel as she did not recall it but rather her good relationship with Dr Halim as his friend as well as colleague at the time. An objective assessment of reasonableness taking into account Dr F and Dr Halim's relationship makes effect difficult to establish with any certainty. However, as the evidence cited above explains the Tribunal could not be satisfied that it was more likely than not that the behaviour was unwanted. The evidence before the Tribunal was that the relationship between the two was initially good, and evidenced by the photograph of Dr F holding Dr Halim on her lap and being frank that this was not an uncommon experience because of the jovial environment they worked in.

388. Accordingly, on the basis above, paragraph 24(a)(ii) is not proved in relation to Allegation 12(d).

389. Paragraph 24(a)(iii) did not need to be considered as none of the paragraphs in relation to Ms H were found proved.

Paragraph 24b

390. The Tribunal considered whether the conduct found proved was sexually motivated. It noted the evidence that the language and behaviour described in the allegations formed part of what appeared to be commonplace banter within the hospital environment and that such conduct had been used openly on a regular basis until concerns were raised.

391. The Tribunal considered whether Dr Halim's behaviour was carried out for a sexual purpose. This includes conduct done: for sexual gratification, or in pursuit of a sexual relationship, or to initiate or encourage sexual activity.

392. In relation to paragraphs 12d the Tribunal accepted that the conduct had a clear sexual element, but not that it was unwanted. However, taking into account the workplace culture and the context in which the comments were made, the Tribunal considered that the behaviour was regarded by those involved as part of the normal banter within that working environment. Dr F did not indicate that this was untoward and had a relationship with Dr Halim which saw her hold him on her lap. There appeared to be no ulterior motive that could be inferred from either action. Accordingly, the Tribunal was not satisfied that the allegations of sexual motivation were proved

393. Therefore, the Tribunal found paragraph 24b not proved

Paragraph 25

394. The Tribunal went on to consider whether Dr Halim had abused his position of seniority or power in relation to the conduct found proved.

In relation to 1(a)i and ii, 12(d), and 14(a)

395. In relation to paragraph 1(a)(i) and (iii), the Tribunal noted that Dr Halim was in a senior position to Ms A and that accordingly there was a power imbalance. However, as the Tribunal has found above, Dr Halim was representing the responsibility he had as a consultant for patients on his ward. Saying to Ms A that she was a nurse and he was a doctor is not about abusing his position but stating a fact. Asking her whether she would want to do the ward round is akin to asking her if she would like to take on board the mantle of responsibility he felt rather than abusing his position the Tribunal considered.

396. In relation to paragraph 12d, the Tribunal accepted that even making inferences about colleagues' sex lives was inappropriate no matter how jovially done. However, the Tribunal took into account the evidence regarding the working environment and accepted that this type of language and discussion appeared to be commonplace within the workplace and regularly engaged in by staff. In those circumstances, although inappropriate, the Tribunal was not satisfied that the conduct amounted to an abuse of Dr Halim's senior position.

397. In relation to paragraph **14(a) and (e),** the Tribunal carefully considered the evidence regarding Dr Halim questioning a junior colleague. The Tribunal recognised that the witnesses used descriptive rather than technical language when describing the incident, and it therefore considered carefully the tone, context and surrounding circumstances of the interaction. In his position as the Consultant conducting the ward round Dr Halim was able to ask Dr I questions about patient cases.

398. The Tribunal went on to consider whether Dr Halim had abused his position of seniority or power in relation to the conduct found proved in relation to 14(a) and (e). The Tribunal has already found that Dr I felt belittled and humiliated by what Dr Halim had said to him using a voice that was louder than necessary. However, the Tribunal carefully considered whether Dr Halim had abused his position of power. While Dr Halim was using his senior position to conduct a ward round, whether he was abusing that was evaluated. The Tribunal found that Dr Halim spoke loudly to everyone and felt strongly about certain topics, including that younger doctors should take responsibility for their patients and not delegate this to nurses, that their knowledge should be kept up to date, and that patients should be placed on the correct ward for their ailment. He appeared to speak in the same way to senior management and junior doctors, suggesting that he did not deliberately go out of his way to target those junior to him and abuse the position of authority he had in the way that he chose to communicate.

399. **Therefore, the Tribunal found paragraph 25 not proved.**

Paragraph 26a (i)(ii)(iii)

400. With regard to paragraph 26, in light of the Tribunal's findings in relation to paragraphs 16c to 16f, 18a(i) to 18a(iv), 18a(vi), 18a(vii) and 20, it did not go on to consider that allegation further.

401. **Therefore, the Tribunal found paragraph 26 in its entirety not proved**

Paragraph 27

402. In light of its earlier findings in relation to paragraphs 16d to 16g, the Tribunal did not go on to consider paragraph 27.

403. **Therefore, the Tribunal found paragraph 27 not proved**

Paragraph 28

404. With regard to paragraph 28 a in light of its findings as set out at paragraph(s) 17a, 17b and 18a(v) it did not go on to consider that allegation further.

405. Therefore, the Tribunal found paragraph 28 not proved

The Tribunal's Overall Determination on the Facts

406. The Tribunal has determined the facts as follows:

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

1. On or around 8 April 2020:
   a. whilst at the huddle at work, you were discussing the placement of covid patients and you:
      i. shouted at Ms A, 'I am the clinical lead and a doctor, and you are the nurse, and you should be aware of that'; Found proved
      ii. said to Ms A in a loud and aggressive manner, 'I don't care about the guidelines, I am the doctor and you are the nurse'; Found not proved
      iii. asked Ms A if she wished to complete the ward round instead of you; Found proved

      or words to that effect;
   b. after you and Ms A had left the clinical area, you:
      i. on one or more occasion, put your right hand in front of her face; Found not proved
      ii. said to Ms A:
         1. 'shut up, you're just a nurse'; Found not proved
         2. that you would not speak to her as she was the nurse; Found not proved

      or words to that effect.

2. Between around July 2020 and July 2021, whilst in the doctor's office on the acute medical ward you said to Dr B, 'I told you, just shag her', or words to that effect, whilst talking about one of the paramedics. Found not proved

3. In or around October 2020, you screamed at Ms C in front of patients and colleagues about a cardiac patient being brought on to the ward. Found not proved

4. Between around 15 November 2020 and 15 December 2020, you said to Ms C in respect of a Christmas party, 'if it was just you, me and Ms D and we went to a hotel

room that would be the best Christmas party', or words to that effect. Found not proved

5. Between around November 2020 and November 2021, on one or more occasion you:
   a. talked about Ms C's bottom and said:
      i. 'I just want to squeeze it'; Found not proved
      ii. 'it is looking good today'; Found not proved
      or words to that effect;
   b. said to Ms C:
      i. 'you look like you have made some effort today, is that for me?'; Found not proved
      ii. 'look, you put contacts in and mascara on just for me'; Found not proved
      or words to that effect.

6. In or around January 2021 whilst in the emergency department you:
   a. shouted loudly; Found not proved
   b. pointed your finger aggressively; Found not proved
   in response to a patient being moved into the Coronary Care Unit ('CCU').

7. In or around February 2021, whilst discussing shortlisting for the recruitment of a heart failure nurse and the fact that a consultant hadn't been included in the process, you:
   a. shouted aggressively about the recruitment process during a cardiology housekeeping meeting; Found not proved
   b. behaved in a verbally and/or physically aggressive manner towards Mr E when he told you to come and speak with him about the issue, in that you:
      i. shouted; Found not proved
      ii. leaned over Mr E whilst he was sat down; Found not proved
      iii. physically poked Mr E's writing pad whilst it was in his lap; Found not proved
      iv. said 'this is the most unacceptable thing I've ever seen', or words to that effect. Found proved

8. In or around March 2021, you were talking with a group of junior doctors on the ward and said that women should get a Brazilian wax done before their wedding night, or words to that effect. Found not proved

9. In or around April 2021, whilst in the staff room you stroked the front of Ms C's thigh up and down with your fingertips. Found not proved

10. Between around April 2021 and December 2021, on one or more occasion you unreasonably:
    a. threatened one or more junior doctors that you would not 'sign them off', or words to that effect; Found not proved
    b. prevented Dr F, a junior doctor, from leaving the ward to attend mandatory internal medicine training. Found not proved

11. In or around July 2021:
    a. when Dr G, a junior doctor, did not know the answer to a question regarding infective endocarditis, you said 'you are the worst doctor I've ever worked with', or words to that effect; Found not proved
    b. you asked Ms H how much was in a patient's catheter, or words to that effect, when you knew she had been with you during the ward round and there was no feasible way she could have known this information. Found not proved

12. Between around July 2021 and 21 February 2022, on one or more occasion you:
    a. asked Ms H and/or Dr F:
        i. whether they had orgasms; Found not proved
        ii. how many orgasms they had; Found not proved
        iii. whether they had to resort to masturbation; Found not proved
        iv. how big their partners' penises were; Found not proved
        v. why they chose such weak sexual partners who were destined not to fulfil them; Found not proved
        vi. 'did you shag with your partner last night? How many times? What did you do?'; Found not proved
        vii. 'does your man satisfy you?'; Found not proved
    b. asked Ms H:
        i. 'are you wearing a corset?'; Found not proved
        ii. 'does your boyfriend know what to do with that?' whilst looking and/or gesturing at Ms H's bottom; Found not proved

        or words to that effect;
    c. said to Ms H and/or Dr F:
        i. that you knew what they needed and knew what a real man is like; Found not proved
        ii. 'if I was your partner, I'd have sex with you every day, multiple times'; Found not proved

iii. 'I could satisfy you'; **Found not proved**

d. said to Dr F that her partner must have 'fucked her' for her to be in such a good mood, or words to that effect; **Found proved**

e. tried to unclip Dr F's bra strap through her clothes. **Found not proved**

13. Between around August 2021 and September 2021:

a. on one or more occasion you sent one or more medical students off the ward when they failed to answer a question; **Found not proved**

b. when Ms H tried to leave the CCU to carry out her educational role you said:

i. 'I decide where you go and don't go'; **Found not proved**

ii. 'what is this teaching, what is this nonsense?'; **Found not proved**

iii. 'I decide where you are going. I am not happy. You can go to Melly; **Found not proved**

or words to that effect.

c. you asked Ms C 'when are you going to sleep with me?', or words to that effect; **Found not proved**

d. in response to your comment at paragraph 13c, Ms C pointed out that you were married, and you replied 'I have been with my wife a long time, we are just friends so that wouldn't matter', or words to that effect. **Found not proved**

14. Between around August 2021 and December 2021, on one or more occasion you:

a. raised your voice louder than was necessary when you spoke to Dr I whilst you were conducting ward rounds; **Found proved**

b. deliberately asked Dr I questions, beyond what he could reasonably be expected to know; **Found not proved**

c. said that Dr I was 'useless', or words to that effect; **Found not proved**

d. said that Dr I was not prepared and was in the way, or words to that effect; **Found not proved**

e. said to Dr I:

i. 'you're wrong'; **Found proved**

ii. 'well, don't you know?'; **Found proved**

iii. 'why don't you know this? You should know this, it's basic stuff. I knew all of this when I was a medical student'; **Found proved**

or words to that effect.

15. Between around August 2021 and January 2022, on one or more occasion you touched Ms C's bottom. **Found not proved**

16. Between around August 2021 and February 2022 on one or more occasion you said to one or more of your colleagues that: np in entirely
    a. you:
        i. despised junior doctors; **Found not proved**
        ii. found junior doctors to be a 'nuisance'; **Found not proved**
        iii. did not believe in teaching nor in supporting new doctors; **Found not proved**
    b. 'FY1s are useless'; **Found not proved**
    c. 'Brits are dirty for not having a bidet'; **Found not proved**
    d. British girls are 'trashy' and/or 'dirty'; **Found not proved**
    e. 'British girls are dirty because they do not clean 'up there', which is why they get UTIs all the time'; **Found not proved**
    f. how easy British women are to have sex with, because they have poor morals; **Found not proved**
    g. women are:
        i. 'shallow'; **Found not proved**
        ii. 'only interested in men's money'; **Found not proved**
        iii. 'bitchy'; **Found not proved**
        iv. 'superficial'; **Found not proved**
        v. 'disloyal'; **Found not proved**
        vi. 'nags'; **Found not proved**

    or words to that effect.

17. In or around September 2021, whilst in the doctor's office you were talking about Dr J's beard and said:
    a. 'that makes you look like an extremist'; **Found not proved**
    b. 'he looks like a terrorist'; **Found not proved**

    or words to that effect.

18. On or around 16 September 2021 you engaged in a discussion with Dr F, Ms H and Dr K, in the doctors' room, and you:
    a. said:
        i. to Dr K, 'no you can't be English because you are brown'; **Found not proved**
        ii. that Mr AQ could not be English because he is black; **Found not proved**
        iii. that Dr K's children would never be English; **Found not proved**
        iv. that Dr K's views were those of a 'coconut'; **Found not proved**
        v. that you had told Dr J that his beard made him 'look like a terrorist'; **Found not proved**

vi. that all white girls are prostitutes and/or easy; Found not proved
vii. to Dr K and Dr F 'because you two are dirty British people,' when talking about previous relationships they had had;

or words to that effect; Found not proved

b. placed your hand over Ms C's face and pushed her out of the doctors' office when she asked you to quieten down; Found not proved
c. slammed the door shut in Ms C's face. Found not proved

19. In or around November 2021:
a. before Ms C went on a trip to XXX, on one or more occasion, you made comments which insinuated that she was going to XXX; Found not proved
b. after Ms C had been to XXX on one or more occasion you asked her if she had XXX; Found not proved
c. in response to a compliment being paid to Ms C about her appearance you said, 'no - fat'; Found not proved

or words to that effect.

20. In or around December 2021, when Dr F told you about her plans to switch her day shifts to night shifts over the Christmas period you told her that she could not swap the shifts and said that 'white people only care about their families at Christmas', or words to that effect. Found not proved

21. Between around December 2021 and January 2022, you:
a. whilst in Ms C's office;
i. said, 'I don't know why you are not sleeping with me yet,' or words to that Found not proved
ii. touched her knee with your fingers; Found not proved
b. whilst in the doctors' office:
i. grabbed Ms C's tummy with your right hand; Found not proved
ii. squeezed Ms C's tummy; Found not proved
iii. said to Ms C, 'if you lost a few kilos, I would definitely have sex with you,' or words to that effect. Found not proved

22. In or around January 2022:
a. you said to Ms C, 'are you sure you are not pregnant', or words to that effect; Found not proved
b. you poked Ms C's tummy with your finger; Found not proved
c. you asked Ms C, 'whether she had had sex that day,' or words to that effect; Found not proved

d. when Ms C responded to your question at set out at paragraph 22c by saying that she would rather have a chocolate bar, you said:
   i. 'I can see that, but perhaps you are not doing it with the right person'; Found not proved
   ii. 'you need a real man', whilst gesturing to yourself; Found not proved or words to that effect.

23. Your actions as set out at paragraph(s) 1, 3, 11b, 13a, 13b, 14, 18b, 18c, 19c amounted to bullying. Found proved in relation to 14a and 14e

24. Your actions as set out at paragraph(s) 4, 5, 9, 12, 13c, 13d, 15, 19a, 19b, 21 and 22:
   a. constituted sexual harassment as defined in Section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of, or creating an intimidating, hostile, degrading, humiliating or offensive environment for:
      i. Ms C in respect of paragraph(s) 4, 5, 9, 13c, 13d, 15, 19a, 19b, 21, 22; Found not proved
      ii. Dr F in respect of paragraph(s) 12a, 12c, 12d, 12e; Found not proved
      iii. Ms H in respect of paragraph(s) 12a, 12b, 12c; Found not proved
   b. were sexually motivated. Found not proved

25. Your actions as set out at paragraph(s) 1, 3, 4, 5, 9, 11b, 12, 13a, 13b, 13c, 13d, 14, 15, 18b, 18c, 19a, 19b, 19c, 21 and 22 were an abuse of your more senior position. Found not proved

26. Your actions as set out at paragraph(s) 16c to 16f, 18ai to 18aiv, 18avi, 18avii and 20:
   a. constituted harassment related to race as defined in Section 26(1) of the Equality Act 2010, in that you engaged in unwanted conduct related to race which had the purpose or effect of violating the dignity of, or creating an intimidating, hostile, degrading, humiliating or offensive environment for:
      i. Ms H in respect of paragraph(s) 16c to 16f, Found not proved
      ii. Dr K in respect of paragraph(s) 18ai to 18aiv and 18avii; Found not proved
      iii. Dr F in respect of paragraph(s) 18avi, 18avii and 20; Found not proved
   b. were:
      i. racist; Found not proved
      ii. seriously offensive. Found not proved

27. Your actions as set out at paragraph(s) 16d to 16g constituted harassment related to sex as defined in Section 26(1) of the Equality Act 2010, in that you engaged in unwanted conduct related to sex which had the purpose or effect of violating the dignity of, or creating an intimidating, hostile, degrading, humiliating or offensive environment for Ms H. Found not proved

28. Your actions as set out at paragraph(s) 17a, 17b and 18av constituted harassment related to religion as defined in Section 26(1) of the Equality Act 2010, in that you engaged in unwanted conduct related to religion which had the purpose or effect of violating the dignity of Dr J, or creating an intimidating, hostile, degrading, humiliating or offensive environment for Dr J. Found not 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 – 23/07/2026

407. This determination was handed down in public. However, the Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration were confidential.

408. In advance of the recommencement of the hearing at the Impairment stage, the Tribunal had sight of the Notice of Hearing that had been sent to Dr Halim's representatives, and an acknowledgement that they had received the findings of fact from stage one and would not be in attendance at the hearing for the next stage. The Tribunal considered that in light of this knowledge of the hearing, and given information about XXX that it was fair to proceed.

The evidence

409. The Tribunal has reviewed its findings of fact.

Submissions

410. On behalf of the GMC Mr Garside, submitted that the findings proved in relation to paragraph 14 of the Allegation clearly breached the standards expected of doctors under *Good Medical Practice*, in particular the duties to work collaboratively with colleagues,

respect their skills and contributions, and treat colleagues fairly and with respect. He submitted that Dr Halim's conduct amounted to bullying by a very senior consultant towards a junior trainee and that there was no justification for such behaviour, notwithstanding the difficult working environment at the time. He submitted that this conduct amounted to misconduct.

411. Mr Garside further submitted that the remaining findings proved were also sufficiently serious to amount to misconduct. He submitted that the Tribunal's findings demonstrated behaviour which represented a serious departure from the standards expected of a registered medical practitioner.

412. Turning to Part B step 2 of the 'Medical Practitioners Tribunal Hearings' section of the 'Guidance for use in doctors' hearings' ('the Guidance'), Mr Garside submitted that the Tribunal should assess where the misconduct lay on the spectrum of seriousness. He submitted that an aggravating feature was the disparity in seniority between Dr Halim and the junior colleague who was subjected to the bullying. He accepted that there was no evidence that patients had suffered direct harm as a result of Dr Halim's conduct but submitted that patient harm was not a prerequisite for a finding of serious misconduct.

413. Mr Garside submitted that Dr Halim's behaviour did not fall within the examples of lower-end seriousness. Instead, he submitted that it fell within the mid-range of seriousness, with aggravating features including the abuse of Dr Halim's senior professional position and conduct which undermined collaborative working and had the potential to negatively affect patient safety.

414. In relation to relevant context, Mr Garside accepted that the hospital was operating under stressful conditions at the relevant time. However, he submitted that those pressures did not excuse the behaviour of a senior, experienced consultant, who should not have abused his position. He further submitted that Dr Halim's leadership role increased the seriousness of the misconduct because of the influence senior doctors have on colleagues and workplace culture.

415. Mr Garside acknowledged that there was no evidence that Dr Halim had failed to maintain clinical knowledge and skills, and noted the positive testimonials from professional colleagues. However, he submitted that those matters did not materially reduce the assessment of current risk arising from Dr Halim's misconduct.

416. Finally, Mr Garside submitted that, when considering impairment, the Tribunal should have particular regard to the overarching objective of maintaining proper professional

standards and maintaining public confidence in the medical profession. He submitted that the findings proved, particularly allegation 14 when considered alone or together with the other findings proved, justified a finding that Dr Halim's fitness to practise is currently impaired.

417. Submissions on behalf of Dr Halim were provided in a written format. Dr Halim did not attend the hearing XXX. His representatives made clear that Dr Halim understands the concerns, and 'in no way intended to cause upset, alarm or distress to any colleague that he has ever worked with'; they submitted that "Dr Halim is aware of the need to keep relationships with colleagues professional and courteous." The submissions reference the 'striking' juxtaposition between the allegations from complainants and those supportive of Dr Halim. It was submitted that the allegations are totally out of character for Dr Halim, given the witness statements his supporters prepared for the Trust investigation and testimonial letters from medical colleagues who worked with Dr Halim before, during and post the time covered by the allegations.

418. Dr Halim's representatives submitted that more people have been shown to support Dr Halim that have any complaint to make about him. The emphasis on Dr Halim putting patient care first and knowing that it is important to work with colleagues is a vein running through each witness statement and reference provided.

419. In relation to current impairment, it was submitted that prior to these allegations, Dr Halim had an unblemished career. He has a history of being a respected and competent doctor who made an important contribution to the care of patients that were under his care. He provided strong support to other clinicians, trainee doctors and nurses working with him. The allegations made by the complainants, who for one reason or another obviously did not like Dr Halim, relate to matters in what, it is submitted, allegedly happened in a toxic work environment and culture. It is important to note that the majority of Dr Halim's witnesses who gave witnesses statements as part of the Hospital investigation, and testimonial evidence for the GMC also worked and continue to work at the Hospital. They have confirmed that they had and have no concerns with Dr Halim's clinical ability, performance, character, personality and professionalism and that he was and continues to be committed to medicine.

420. It was submitted that references from Dr Halim's colleagues who worked with Dr Halim after he left the Hospital - including Junior Doctors - confirmed that he is a dedicated professional. The Continuing Professional Development and learning that Dr Halim has conducted, which is not confined to, but includes Conflict Resolution, and Equality, Diversity and Human Rights referred to above demonstrates that he is aware of the issues which can

arise in the workplace. His willingness to undertake this and other training, and his feedback in appraisals reflects his high degree of insight into these areas.

421. Mindful of the above, it was submitted that there was no realistic prospect of a finding of current impairment

The relevant legal principles

422. There is no burden or standard of proof at this stage of the proceedings and the decision of impairment is a matter for the Tribunal's judgment alone. The Tribunal will only make a finding of impairment where there is a legal basis for doing so and where a decision is reached that the doctor poses a current and ongoing risk to one or more of the three parts of public protection which is likely to require restrictive action in response. The three parts of public protection are to protect, promote and maintain the health, safety and well-being of the public; to promote and maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of the profession.

423. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted. First whether the facts as found proved amounted to misconduct, and that the misconduct was serious and then whether the finding of that misconduct which was serious poses a current and ongoing risk to public protection requiring restrictive action in response and therefore could lead to a finding of impairment. The Tribunal also took into account the Guidance, this time looking at the finding impairment stage.

424. To assess whether Dr Halim poses any current and ongoing risk to public protection which may require restrictive action in response, the Tribunal will consider:

- where on the spectrum of seriousness the allegation lies, based on the facts found proved, the impact of any wrongdoing, the relevant context known about Dr Halim, and/or their working environment in which they occurred, and
- how Dr Halim has responded to the allegations.

425. The Tribunal was advised that its assessment should consider both the personal and public components of impairment. In relation to the personal component, it should consider whether there was misconduct and if there was, whether this was remediable, whether it had been remedied, and whether Dr Halim had demonstrated insight into the misconduct and its impact; additionally, whether there remained a risk of repetition. It was advised that insight can encompass recognition of wrongdoing and an understanding of the impact of the misconduct, whilst remediation could include reflection, training, supervision, audits or other

meaningful steps demonstrating learning and a willingness to change. The Tribunal was advised to assess whether any remediation was complete, partial or absent, and whether it was sufficient to address the concerns identified.

426. The Tribunal was advised that, when considering the risk of repetition, it should assess whether there remained a real risk that Dr Halim would repeat the behaviour that had been found proved. A low or minimal risk of repetition might weigh against a finding of impairment, whereas an ongoing or unaddressed risk might support such a finding.

427. Before determining impairment, the Tribunal was advised that it must first decide whether the facts found proved amounted to misconduct and assess the seriousness of that misconduct. It was advised that some misconduct may be sufficiently serious that a finding of impairment is required to maintain public confidence in the profession and uphold proper professional standards, even where a doctor has demonstrated insight, remediation and presents no current risk to patient safety. In particular, the Tribunal was advised to consider whether the findings involving bullying undermined fundamental trust in the profession, such that the public component alone might require a finding of impairment.

428. Finally, the Tribunal was advised that there was no presumption either in favour of, or against, a finding of impairment. Its decision should be based on the facts found proved, applying the relevant legal principles and guidance, and should be reasoned, balanced and grounded in the evidence. The Tribunal was advised that, if it found Dr Halim's fitness to practise impaired, it would proceed to consider sanction. If it found Dr Halim's fitness to practise was not impaired, it still needed to provide clear reasons for that conclusion.

The Tribunal's determination on impairment

Misconduct

Is there a legal basis for considering Impairment?

429. The Tribunal first considered whether the facts found proved amounted to misconduct. It reminded itself that not every departure from the standards expected of a registered medical practitioner will amount to misconduct for the purposes of progressing to impairment and that misconduct must represent a serious departure from the standards expected under GMP or a fundamental departure from the standards expected of members of the profession.

430. The Tribunal looked at its findings of facts proved in the context of the evidence before it. In noted that in relation to those parts of Allegation 1 found proved, that Ms A had openly acknowledged to the Tribunal she "hated" Dr Halim. The Tribunal considered this strength of feeling is likely to have contributed to her description of events. However, the Tribunal noted that there was another person who observed the exchange and was encouraged to complain about how Dr Halim had spoken in terms of expressing how strongly he felt about cardiac patient care during the early days of Covid:

> *"7. As I explained in my interview, I had a good, professional working relationship with Dr Halim. I have never felt harassed by him and he has never been aggressive or acted threateningly towards me. Dr Halim is a strong character and he can be firm and direct in his approach. This could be construed as rudeness but is more him being direct and firm. This approach could also apply to other consultants and members of staff and not to just Dr Halim. I have never witnessed him saying or doing anything inappropriate while I have worked with him…*
>
> *13. Dr Halim did not harass me and was not aggressive during our professional differences. The Datix form states "Behaviour towards staff (including violence and aggression)" and "Inappropriate / Aggressive Behaviour towards Staff by Staff". Those were the options I put in in the Datix form as they were the categories given in the form. Dr Halim's actual behaviour was not violent, aggressive or threatening so the Datix form description option does not reflect what actually happened. Dr Halim was* abrupt in his manner but I would not class it as aggressive.
>
> *14. I was upset after the incident and I told Ms A. Ms A told me to report the incident as a Datix Incident which I did. Although I was upset at the time, Dr Halim and I put our differences aside a few hours later and nothing further happened. It was just a difference of opinion between us which does happen in hospitals. On reflection, I do not think I would have made the Datix report if I was not prompted to do so by Ms A as Dr Halim and I just moved on after our difference of opinion. There was no adverse outcome for the patient, which was the main thing."*

431. She went onto say that she would not have put in a complaint if Ms A had not persuaded her to do so. Even Ms A conceded that the early days of Covid and the frequent changes to guidance provided created an atmosphere in which nobody was clear what was the best thing to do for patient safety. It was acknowledged by more than one witness that clinical responsibility for patient's care ultimately lay with consultants. In the event of an avoidable patient death, it would be the consultant who would be the one who was likely to have to attend an inquest.

432. The Tribunal noted the consistent testimonial evidence describing Dr Halim as a doctor who was passionate about patient safety and committed to providing high standards of care. Within this context the Tribunal was not satisfied that a discussion over the best way to treat cardiac patients in the early days of the Covid pandemic with nurses, when Dr Halim asserted his clinical position, even if it involved raised voices, amounted to a serious departure from Good Medical Practice. It was not good practice, but as an isolated event, did not represent a fundamental departure from the standards expected of medical professionals.

433. The Tribunal next considered those parts of Allegation 7 found proved where Dr Halim had been unhappy when discussing shortlisting for the recruitment of a heart failure nurse and the fact that a consultant hadn't been included in the process with Mr E. Mr E had agreed that this was unacceptable behaviour. Ms A gave evidence that Mr E had instructed her to apologise for not acting as she should have done. Dr Halim's annoyance was not found to have involved shouting but he had clearly expressed a position with which Mr E agreed. The Tribunal considered the manner in which Dr Halim had expressed his unhappiness forcefully by indicating that it was the most unacceptable behaviour he had ever encountered but in light of Mr E's evidence and Ms A's evidence, considered there circumstances which provided context for his behaviour. The result of Dr Halim's complaint to senior management was that Ms A was asked to apologise. The Tribunal did not consider this single conversation with Mr E to amount to a serious departure from Good Medical Practice, albeit recognised that there were less forceful ways in which Dr Halim could have expressed himself.

434. In considering Allegation 12(d) which the Tribunal found proved, it is important to take account of the Tribunal's findings of fact. The Tribunal relied on this particular of the Allegation involving "words to that effect". It did not find that the specific words used were said, noting that what Dr I said to the Tribunal was different to what he had said earlier, and that Dr F to whom the words had been said had no recollection of this at all. The Tribunal noted that Dr F and Dr Halim had been good friends as well as work colleagues, and enjoyed a close relationship to the extent that she said she would grab him and sit him on her lap and had even sent a photo to another colleague of her doing this. An isolated intimation of whether there a particular reason for her good mood, while unprofessional in a workplace context, did not appear to have caused Dr F any reaction, and in the Tribunal's view did not amount to a serious departure from Good Medical Practice.

435. In looking at those parts of Allegation 14 found proved, the Tribunal considered whether Dr Halim using a louder voice than was necessary to indicate that Dr I was "wrong",

asking "well, don't you know" and 'why don't you know this? You should know this, it's basic stuff. I knew all of this when I was a medical student' was itself a breach of Good Medical Practice. It took into account that it had found this to be an instance of bullying given that Dr I had become emotional and cried when he could not answer questions. The Tribunal had taken into account the disparity in the grades of the two doctors, with Dr Halim being a senior consultant and Dr I an F1 junior doctor. Dr I in his evidence did not say that Dr Halim shouted at him, but did acknowledge being humiliated because he could not answer the questions. He admitted that he was "sensitive". He also said that he had done ward rounds with Dr Halim at least twice a week, and that such a situation had not repeated itself. He said that he did know the answers to some of the questions but could not recall them when asked.

436. Dr Halim's response to Allegation 14 indicates that he did not recall the specific day but did recall being unhappy with Dr I who had not done the checks he should have done with a cardiac patient. He said he was firm and noted that Dr I became emotional. He was firm that he would not compromise patient care. Dr I indicated that the Covid pandemic to him represented a time period of having fewer patients that would otherwise be the case, but nonetheless struggling to do all the things that he was asked to do on a cardiac ward.

437. The Tribunal considered that the other parts of Allegation 14 were not found proved. Rather than anyone supporting that Dr Halim called Dr I "useless" there is the suggestion that Dr F described Dr I in this way. While this was not tested in cross-examination, and accordingly less weight can be given to it, Dr I 's own admission that he could not provide some of the answers he had been taught to questions asked of him, brings to light Dr Halim's frustration with Dr I's competency on this isolated occasion. The Tribunal took into account that this occurred on a single ward round and was not repeated. One of Dr Halim's own supporters acknowledged that a young doctor not performing well would be taken to task. However, the number of referees who described Dr Halim as robust, vocal, honest, direct and frank in his communication style, whilst referring to him as supportive of junior colleagues and committed to teaching, significantly outnumbers the few who were critical of him.

438. The Tribunal noted the following which appears in a similar form in Ms S's statement but is in Ms T's statement too:

> *''10. Dr Halim is passionate about patient safety and care and he always acts in the best interests of patients. I understand that Dr Halim could become frustrated when patient safety and care was being compromised and I recall an occasion when he became frustrated when a member of staff missed a diagnosis for a patient which could have had serious consequences for the patient.''*

439. The Tribunal noted Dr Halim's apology for the harm he may have caused where he indicated that this had never been his intention. In his subsequent work as a Locum, there are references provided and there is no suggestion of any repetition of his behaviour. The Tribunal also noted Dr BA's evidence on behalf of the GMC, where her fear that Dr Halim would not sign her off was replaced with gratitude that he had pushed her to be a better doctor and that she would repeat the experience if she could. Both Dr BA and Dr I say their experience of working with Dr Halim was "net positive".

440. The Tribunal also noted the evidence that Dr Halim had undertaken some CPD and learning following these events.

441. The Tribunal accepted that Dr Halim held strong views regarding patient safety and that this had been evident throughout the evidence. It considered that the concerns giving rise to the ward round incident occurred during the COVID-19 pandemic, at a time of significant pressure within the hospital, where the evidence suggested genuine concerns regarding patient safety and risks to patients were prevalent. Whilst that context did not excuse Dr Halim's conduct, it formed part of the factual background against which the Tribunal assessed the seriousness of the behaviour.

442. In terms of Dr Halim's conduct, the Tribunal considered the evidence relating to the ward round involving Dr I to be the area of greatest concern. It accepted that Dr I felt humiliated by Dr Halim's questioning when Dr Halim's voice was "louder than was necessary". However, it noted that Dr I indicated that Dr Halim had not shouted, and that whether people support Dr Halim or not, he had a loud voice. The Tribunal also noted that this conduct occurred during a single ward round and was not repeated. The Tribunal further noted evidence that junior doctors regarded Dr Halim's challenging teaching style as beneficial to their learning. In particular, it noted Dr BA's evidence that she was grateful to and respected Dr Halim's approach, by making her take responsibility for patients placed in her care.

443. The Tribunal considered their finding individually and collectively, particularly so in the consideration of whether Dr Halim's communication style needed to be addressed. However, the incidents are not similar and do not represent a pattern of behaviour nor an attitudinal issue. While the Tribunal did conclude that their findings represented behaviour falling below the standards expected of a registered medical practitioner, it did not find that Dr Halim's conduct undermined collaborative working but was undertaken with patient safety in mind.

444. There does appear to have been a failure to treat colleagues with respect on occasion, in particular Dr I, hence the Tribunal's finding of bullying. However, the Tribunal considered the overall context in which those events occurred, including the pressures of the pandemic, the evidence regarding Dr Halim's motivation to prioritise patient safety, the testimonial evidence concerning his usual professional practice, and the absence of evidence that similar conduct had occurred either previously or subsequently, including during his locum work.

445. The Tribunal evaluated whether Dr Halim's behaviour was likely to be repeated, and whether there was a risk of him causing patient harm, or harming the public interest. The Tribunal noted that Dr Halim had apologised and undergone training, but that that there was otherwise limited evidence of insight or remediation before it. Nevertheless, it reminded itself that the question at this stage was whether the conduct amounted to misconduct that was serious, rather than whether Dr Halim's fitness to practise was impaired.

446. Having considered the findings individually and cumulatively, the Tribunal concluded that Dr Halim's conduct did fall short of Good Medical Practice. It was satisfied that shouting during his conversation with Ms A and another nurse, even within the context of trying to work out how best to deal with patients during Covid, was unnecessary even in these unprecedented circumstances. Similarly, using innuendo with Dr F even if she was a friend, and treated him with informality was inappropriate in the workplace. Bullying Dr I during one ward round, even in circumstances where he could not provide an answer that Dr Halim expected him to, could have been handled differently. Each represented departures from the standard to treat colleagues fairly and with respect. The Tribunal did not place Dr Halim's expression of displeasure at Ms A's conduct within this as it is important for doctors to be able to express with senior management when things do not go right.

447. However, the Tribunal did not consider that Dr Halim's actions amounted to serious misconduct. It took the view that Dr Halim's behaviour did not represent a fundamental departure from the standards expected of the profession, and was not conduct that fellow practitioners would consider deplorable or egregious. The Tribunal took into account that there were 33 different practitioners who provided positive reflections on behalf of Dr Halim. These included those who had made statements in support of Dr Halim (which the Tribunal considered alongside their Trust investigation transcripts which had not been used in the disciplinary process), setting out their awareness of the Allegation, those who were providing testimonials and those who had given feedback about Dr Halim's performance. These came from both senior and junior medics, albeit that the weight given to these was reduced, as none of these were tested by cross-examination. However, Dr BA, a GMC witness, echoed their sentiments. Testimonials extracts include the following:

Dated 7 May 2025, Dr BC, Cardiologist: "I have always found Dr Halim to be a professional with high standards in looking after our patients. He is an excellent clinician and has always made the right judgement in the care of his patients. He has always kept up with the latest in developments. He is polite and empathetic. He has been willing to go the extra mile in the care of his patients. He has also championed the cause of his patients when it comes to allotment of resources and availability of services locally…I have found his interactions with all members of the team in a polite and friendly way. I have never had a chance to find any faults in his behaviour or interactions with any of his peers or patients. He was also well received by the students as an excellent teacher because of his knowledge and his willingness to teach. He maintained high standards for his trainee doctors to emulate. He continued to work at our neighbouring trust providing cover for interventional cardiac procedures. He was popular as a valued colleague and a professional.

Dated 4 May 2025, Ms AE, Cardiac Physiologist: "During my interactions with Dr Halim he has always acted with civility and respect. He is very generous with his time and knowledge, and was very supportive to me when I was training, acting as a mentor as I worked towards BSE accreditation. Whilst sharing his clinical skills and knowledge, he assisted and encouraged our echocardiography department to adapt and develop to deliver high quality patient care. He supported and encouraged myself and my colleagues in the department. Dr. Halim's focus has always been the patients and ensuring they receive the best care and management. He is always his authentic self and encourages debate, in the interests of learning and improvement. However, in my experience, he has always been considerate of others' views and opinions, even if he doesn't fully agree with them. Ultimately, he wants the best for the patients; their health, wellbeing and safety. In the NHS, I worked with Dr. Halim across all areas of cardiology, including on-call, out of hours work. Call outs during the night were always high pressure, stressful situations, as the patient's were very unwell. During on-call work with Dr. Halim he was always calm, measured and focused on the work required to give the patient the best chance of survival. I never witnessed him being rude, aggressive or raising his voice to any of the on-call team. He is in my opinion, and from my experience, a humble man, confident yet modest. In my opinion and from what I have witnessed, Dr. Halim's relationship with myself and other work colleagues has been respectful and considerate. The teams in which I worked with Dr. Halim were diverse in age, gender and ethnicity. Communication has always been open and honest, with frank but constructive feedback. As a senior doctor, he would lead and bring teams together, to collaborate and work in the best interests of the patient. With patients, I have observed Dr. Halim communicating with them clearly and respectfully, so they are informed and put at ease. I have never had any reason to be concerned about Dr. Halim's behaviour or conduct towards myself or colleagues."

Dr AF, Consultant Cardiologist: "I have always found Dr Halim to be honest, professional, hard working and reliable. He is generous with his time, is a patient educator and has trained numerous less experienced doctors, including myself, in aspects of cardiology, particularly invasive and interventional cardiology. I have only ever seen him provide excellent care to his patients. He treats patients and colleagues with care and respect. His interactions with myself, my colleagues and all members of the wider cardiology team when we have worked together have always been professional. He worked together regularly with consultant colleagues, junior medical staff, nursing staff of all levels of seniority, allied medical staff (e.g. radiographers, therapists, social workers) and cardiac physiologists. He has been respected and well regarded by clinical colleagues and the wider cardiology team at Coventry and Worcester. I have never had any personal concerns regarding Dr Halim's behaviour or conduct towards colleagues and no-one has ever raised any concerns regarding his behaviour with me."

Dated 8 May 2025, Dr L: "I have known Dr Halim over the last 11 years, first when he joined us as a Locum Consultant and then was made a permanent Consultant in the last few years... I have found Dr Halim to be a gentleman who respects most people, but he does engage in occasional banter, but otherwise he is honest, hardworking, provides patients care and gets on with staff both medical and non-medical staff in our organisation. Since I have known Dr Halim he has gotten on well with colleagues independent of medicine and in the hospital and indeed he was the Vice Chairman of the Medical Advisory Council that support Consultants at the Trust. As far as I am aware there have been no concerns from my colleagues or patients or any trainee doctors with regards to his behaviour and his leadership qualities. I am surprised at this allegation as it is entirely out of character. Like I said he does have a sense of humour and he can be supportive of anybody who is in difficulty."

Dated 12 May 2025, Dr AG: "I worked with Dr. Halim at George Eliot Hospital during my specialty training rotation from September 2020 to September 2021. During this time, I had frequent professional interactions with him—he was my consultant during acute medical on-calls (every four weeks), in daily morning board meetings, and during weekly grand rounds. I also attended his clinics as part of my General Internal Medicine (GIM) curriculum. Dr. Halim consistently demonstrated a supportive and approachable manner. He was always willing to teach, and I never felt hesitant to ask questions or seek his guidance, regardless of how simple the question might have seemed... I am aware of the current allegations against him and the involvement of the General Medical Council in reviewing this matter. I am writing to offer my professional support in the context of these proceedings. Throughout all my interactions with Dr. Halim, I have found him to be respectful toward everyone—irrespective of race, gender, or role. He fosters an amicable and collaborative atmosphere with peers, staff, and junior colleagues alike. I recall several occasions during busy medical takes when, despite not being

the on-call consultant, Dr. Halim voluntarily came to assist with post-take ward rounds, helping to ease the pressure on the team. His presence was always welcomed, as he consistently contributed to a positive and supportive working environment. At no point—whether in clinical or social settings—have I witnessed Dr. Halim behave in a manner that could be considered unprofessional, inappropriate, or disrespectful. On the contrary, both I and many of my colleagues have regarded him as a dependable and encouraging member of the team. He is known to pause busy board meetings or ward rounds to provide valuable teaching on complex cases, often at the expense of his own schedule. In clinic settings, I have observed patients respond positively to his compassionate approach. He manages complex cases with both professionalism and confidence, and patients have personally shared with me their appreciation of his care. Prior to becoming aware of this GMC case, I had never encountered any concerns regarding Dr. Halim's conduct. Upon reflection of the time I spent with him, I continue to find these allegations difficult to reconcile with the professional and respectful individual I have come to know. I hope this statement offers insight into the high regard in which Dr. Halim is held by myself and others who have worked closely with him. I hope this case will be resolved quickly so he can continue to provide his services to the medical society."

Dated 14 May 2025, Dr Y, Consultant Cardiologist and Clinical Director of Medicine: "I have known Dr Halim professionally since 2013. I have had a chance to work closely with him as a consultant colleague at George Eliot Hospital (GEH) NHS Trust since 2015. He was my clinical supervisor and a mentor, whilst I was a cardiology trainee at University Hospitals of Coventry and Warwickshire (UHCW), between 2013-2015. In my observation as well as with my personal interactions with him, I have found him as a diligent, scrupulous, and trustworthy health care professional. Dr Halim was popular amongst the wider workforce and acted with absolute honesty and integrity supporting his trainees, colleagues and the extended multidisciplinary team putting patient care as the utmost priority. He was well respected and a thorough professional to his patients, has received positive feedback widely on his conduct and behaviour. He was well renowned for his teaching capabilities and as an educator. In my job role as a consultant, he thoroughly supported undergraduate, post graduate medical students and other allied medical health care professionals (like nurses, physician associates during their training). Having had a chance to collaboratively collaborate with Dr Halim for a period in two different hospitals (GEH/UHCW), both as a trainee and as a consultant; I never had any concerns about his conduct or his professional behaviour. This was quite evident both from my day to day daily professional encounters with him as well as from the observation and feedback from the interactions from my colleagues, peers, and his patients. [XXX]. I hope and believe that my personal reference will assist and add more evidence to support the decision making in Dr Halim case."

Dated 17 October 2023, Dr AH, Internal Medical Trainee: "Dr Halim is very professional, incredibly pleasant to work with, and most of all he had impressive clinical acumen that clearly reflects his degree of experience in the field. I recount several patients we saw where he came up with accurate differential diagnoses for recurrent attendees who were previously thought to have unexplained symptoms or instances where he knew accurately the severity and type of patients' valvular pathologies without an ECHO yet being done. He also has excellent medical knowledge beyond cardiology, which helped direct efficient care for patients even if they did not prove to be a solely cardiology patient. Most of all, I felt that patients were receiving safe and very high standards of care when Dr Halim was on call. It was through working with Dr Halim during my cardiology rotation that solidified my interest in pursuing cardiology as a specialty in the long term; he played an exemplary role in the kind of cardiologist I hope to become. Beyond his excellent clinical acumen, Dr Halim is very personable and supportive towards his juniors. He was an outstanding teacher; instead of only focusing on the clinical picture when teaching us, he always explained it through basic physiology and first principles. My colleagues and I always felt encouraged by Dr Halim, and were always looking forward to working with him as he genuinely cared about our learning. I am honoured to have worked with Dr Halim during my cardiology rotation; the cardiology juniors have nothing but good feedback for him. Dr Halim reflects the very best in our profession and I have no doubt that he will continue to be exemplary to other juniors in the field and deliver safe and high standards of care to patients."

Dated 31 August 2023, Dr AI, Internal Medical Trainee: "Despite having only worked with Dr Halim for a short period, he has taught the juniors working alongside him a great deal. He is a very knowledgeable and well-versed clinician, who works to use his clinical acumen to benefit the patients under his care. He furthers the abilities of those around him, and he encourages colleagues to continue improving. It has been a pleasure working with Dr Halim over the last few months, and I do feel that my practice has benefited from having worked with him. I have found him to be a supportive Consultant, who has always engaged in offering words of support and constructive feedback. Working alongside Dr Halim has been a constructive, useful and engaging experience. It has been a pleasure working with Dr Halim over the recent months, and I look forward to working with him again."

Dated 11 September 2023, Dr AJ, Clinical Lead Consultant Cardiologist & Electrophysiologist: "Dr Mahdi Halim was employed at West Herts Teaching Hospitals NHS Trust as a cardiology locum between 3rd May to 28th August 2023. During that time, he worked mainly in our general cardiology outpatients and on the wards and accident and emergency department. I found him to be hard working, clinically very good and a good team player, helping us during the junior doctor's strikes. He contributed to our MDTs positively and in my own interactions with him I always found him to be courteous and professional."

Dated 29 August 2023, Ms AK, Cardiology Medical Secretary Manager, Watford General Hospital: "This is to confirm that Dr Mahdi Halim was employed at West Herts NHS Teaching Trust as a locum Consultant Cardiologist from May 2023 to date, where I had the pleasure of working alongside him. He was an active member of the cardiology team and his duties included: Triaging of GP referrals General OPD clinics at different sites, including dictating clinical letters Ward cover 10 Advice and guidance He participated in our weekly MDTs and these included: Weekly JCC MDT Weekly PCI MDT Weekly Pacing MDT Monthly Morbidity and Mortality meetings and quarterly departmental governance meetings. I am happy to recommend Dr Halim. He is compassionate and dedicated, and very well regarded by both his colleagues and the patients he saw across the Trust sites."

Dated 15 September 2023 from Ms AL: "He did general clinics of about 6 to 8 a week across sites, which included Watford General Hospital and Hemel Hempstead Hospital. He helped on the wards and also as a 2nd on Consultant which involved seeing patients in the Emergency Department. He was a pleasure to work with and willing to go an extra mile especially during the Junior Doctors strike and most recently with the Consultant Strike as well."

Dated 28 July 2023, Dr AM, Cardiology SpR: "On behalf of my colleagues, I would like to say a big THANK YOU for your teaching session today. You have very nicely discussed valvular disease, constructive pericarditis, and right heart catheter findings. You also highlighted the significance of "clinical" cardiology. We really loved it, and we hope we could carry on with similar sessions on a regular basis."

Dated 15 December 2023, Dr AN's (ACCS – Emergency Medicine Trainee) reference: "I am writing to express my sincere gratitude for the opportunity to work with you in the acute medical ward over the past few months. I have found your guidance and support to be invaluable, and I have learned a lot from you. Your expertise and knowledge have been particularly helpful in developing my clinical knowledge in acute medicine. In addition to your clinical expertise, I have also been grateful for your mentorship and support. You have always been willing to take the time to answer my questions and provide me with feedback. You have also created a supportive and encouraging environment for learning, which has made my time in the acute medical ward a valuable experience. I am very grateful for your support and guidance. I am confident that the skills and knowledge that I have gained under your tutelage will be invaluable to me in my future career. Thank you again for everything."
Dated 5 September 2023, Dr AO, Cardiology ST4): "Thank you very much for delivering excellent teaching sessions for us… Both sessions have been helpful for all of us. I hope you enjoyed doing the teaching as much as we did learning from you. We hope you could deliver more session [sic] for us in the future."

Dated 29 September 2023, Dr BD, ST5 Cardiology, East of England Deanery, states in his reference: "This is a feedback letter to confirm that Dr Halim has undertaken regular organised teaching sessions for the cardiology Registrars of the cardiology department at Watford Hospital. These sessions have greatly enriched our knowledge and skills in cardiology and improved, in an unquantifiable measure, our practice of cardiology and clinical care of patients. We always looked forward to these sessions."

448. In reaching the conclusion that Dr Halim's behaviours did not amount to serious misconduct, the Tribunal attached significant weight to the evidence that Dr Halim's actions were motivated by concerns regarding patient safety rather than an intention to intimidate or humiliate a colleague. Additionally, the brief and isolated nature of the ward round incident which was not repeated either with Dr I or with any other junior doctor. Implicit in the allegations concerning the ward round, is both the difference in grade of Dr Halim and Dr I but also the expectation that Dr I should have been able to answer Dr Halim's questions.

449. In assessing the context in which that ward round occurred, the Tribunal took into account that this occurred during Covid, when the death rates were rising, and that patients in hospital for other reasons were also at additional risk due to the virus meaning that their care had to be managed even more carefully. Further, the Tribunal took into account the extensive positive testimonial evidence regarding Dr Halim's professional character and teaching, (both pre-and post the incident) and the witness evidence from junior doctors who benefitted from his teaching, including Dr I has also been taken into account, in terms of assessing whether his behaviour with Dr I was commonplace for Dr Halim or a one-off incident, and whether the reaction it provoked was unusual. The Tribunal did not place great weight on Dr Halim's response to the allegation regarding his interaction with Dr I , given that it was unable to test this via cross-examination, and had been provided to the Tribunal late in the day. However, within it, is an appreciation from Dr Halim that what he said to Dr I had impacted him negatively:

"I did not shout at Dr I and I was not aggressive to him. I believe that I was firm as he had compromised patient safety and this is never acceptable. Dr I became emotional and upset and he excused himself. I believe he realised that he was not acting in the best interests of the patient After a while, Dr I came back and seemed to have gathered himself together. I told Dr I not to take this lesson personally and it was a learning curve for him. He agreed and we then carried on with the ward round."

450. The Tribunal was of the view that the wrongdoing that had occurred and the events that flowed on from it, had provided a salutary lesson for Dr Halim, who was dismissed from

the Trust after his complainants gave evidence against him at a Trust hearing. The Tribunal noted that witnesses who were relied upon by the GMC also had positive reflections to make about Dr Halim. It took into account that there had been no evidence of repetition of further concerns in the intervening five years.

451. The Tribunal did not consider the facts found proved could mean impairment. Whilst it found that Dr Halim's conduct amounted to a breach of Good Medical Practice, it concluded that it did not amount to serious misconduct, given the context in which it occurred. The Tribunal therefore determined that there was no legal basis for considering Dr Halim's fitness to practise was impaired.

Determination on warning – 24/07/2026

452. This determination was handed down in public. However, the Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration were confidential.

453. As the Tribunal determined that Dr Halim's fitness to practise was not impaired it considered whether in accordance with s35D(3) of the 1983 Act, a warning was required.

Submissions

454. Mr Garside submitted that the GMC invited the Tribunal to consider issuing Dr Halim with a warning.

455. He referred the Tribunal to Part D of the Guidance concerning warnings. He submitted that a warning may be appropriate where the Tribunal has determined that a doctor's fitness to practise is not impaired, but the facts found proved demonstrate a departure from the professional standards expected, such that it is necessary to indicate that repetition of the same or similar conduct is likely to result in a future finding of impairment.

456. Mr Garside submitted that the Tribunal had already made findings which demonstrated a clear and specific departure from the standards expected of a registered medical practitioner. He referred the Tribunal to paragraphs 39 and 40 of its determination, where it concluded that Dr Halim's conduct fell below the standards set out in GMP. He submitted that those findings satisfied the first question identified within the Guidance, namely whether there had been a clear and specific departure from professional standards.

457. Mr Garside submitted that the Tribunal's findings demonstrated that Dr Halim's conduct was sufficiently serious to warrant a formal regulatory response, notwithstanding the Tribunal's conclusion that Dr Halim's fitness to practise was not currently impaired.

458. Turning to the second question identified within the Guidance, Mr Garside submitted that whether the conduct had just fallen short of a finding of impairment was ultimately a matter for the Tribunal's judgment. He accepted that he could not properly make submissions as to the Tribunal's reasoning beyond its written findings.

459. However, he submitted that, were Dr Halim to repeat the same or similar behaviour in future, such as another instance of bullying, it would be likely to result in a finding that Dr Halim's fitness to practise was impaired. He submitted that this was precisely the purpose of a warning: to mark conduct that falls below the required professional standards and to make clear that repetition is likely to attract regulatory action.

460. Accordingly, Mr Garside invited the Tribunal, in the exercise of its discretion, to issue Dr Halim with a warning.

The Tribunal's determination on warning

461. The Tribunal has taken account of its earlier conclusions at the facts and impairment stages. It has also taken account of *Part D of Section three: MPT hearings of the Guidance for MPTS Tribunals* as to the purpose of warnings and the factors to be borne in mind when considering whether or not a warning is required.

462. To decide if a warning is required the Tribunal will first consider if there has been a clear and specific departure from the professional standards. The Tribunal will go on to consider the question that if the behaviour or poor performance was repeated, would it likely result in a finding that the doctor's fitness to practise is impaired? A warning will usually be required if the Tribunal reaches a view that it would.

463. The Tribunal considered whether it was necessary to issue Dr Halim a warning in accordance with Part D of the Guidance. In particular, it took into consideration paragraphs 10, 11, 15 and 28 of The Guidance. The Tribunal had careful regard to the issue that it had not found serious misconduct, meaning that the extent to which the behaviour fell short of impairment needed to be considered. The Tribunal bore in mind that a warning may be appropriate where a doctor's conduct represents a departure from the standards expected of a doctor, but where the conduct is not so serious as to require restrictions on registration. The Tribunal also took into account the guidance that a warning may be appropriate and

where it is necessary to mark the conduct in order to maintain public confidence in the profession, and promote and maintain proper professional standards.

464. To decide if a warning is required the Tribunal will first consider if there has been a clear and specific departure from the professional standards. The Tribunal will go on to consider the question that if the behaviour or poor performance was repeated, would it likely result in a finding that the doctor's fitness to practise is impaired? A warning will usually be required if the Tribunal reaches a view that it would.

465. The Tribunal first considered whether there had been a clear and specific departure from the professional standards expected of a registered medical practitioner. The Tribunal determined that there had been such a departure.

466. The Tribunal considered the submissions made by the GMC with the relevant Guidance.

467. The Tribunal was satisfied that the misconduct found proved represented a clear and specific departure from the standards expected of a doctor. It noted that Dr Halim, as a consultant, spoke in a voice that was louder than necessary towards a junior colleague during a ward round, challenging him in a manner that the Tribunal found amounted to bullying, and failed to treat him with the respect expected of professional colleagues. The Tribunal also took account of Dr Halim's shouting and making an inappropriate comment to a colleague on another occasion which were lesser than Good Medical Practice requires even if they did not of themselves amount to serious misconduct.

468. The Tribunal recognised that the bullying arose from a single episode and occurred within the challenging context of the COVID-19 pandemic, when significant pressures existed within the workplace and patient care was necessarily prioritised. It also acknowledged that the wider working environment was difficult and that Dr Halim was not solely responsible for the culture that existed. Nevertheless, these contextual factors did not excuse his conduct. As the senior clinician, the onus remained on Dr Halim to model appropriate professional behaviour and to treat colleagues with courtesy and respect.

469. The Tribunal considered that Dr Halim's behaviour was inconsistent with the standards set out in GMP, in particular the obligation to treat colleagues fairly and with respect. His conduct represented a departure from the standards expected of a registered medical practitioner.

470. The Tribunal carefully considered whether the conduct fell short of a finding of impairment. It concluded that it did. Whilst the Tribunal accepted there had been some acknowledgement of wrongdoing, it found the evidence of insight and remediation to be limited. In those circumstances, the Tribunal concluded that it was necessary to mark the seriousness of the misconduct formally. It considered that a warning was appropriate and proportionate. A warning would emphasise to Dr Halim the importance of maintaining respectful and collaborative professional relationships and make clear that repetition of similar behaviour would be likely to result in a future finding that his fitness to practise is impaired.

Warning

'Dr Mahdi Abdel Mohamed Halim

The Tribunal found that Dr Halim shouted in a discussion with two nurses about how to treat patients during the early days of the Covid pandemic; used innuendo with a fellow doctor in the workplace on one occasion; and bullied a junior doctor on a single ward round, by asking him questions he did not answer, and commenting that this was information that he should have known, in front of patients and other doctors.

This behaviour does not meet with the standards required of a doctor. It risks bringing the profession into disrepute and it must not be repeated. The required standards are set out in *Good Medical Practice* and associated guidance. Rule 36: You must treat colleagues fairly and with respect and Rule 37: You must be aware of how your behaviour may influence others within and outside the team, is particularly relevant. Whilst this failing in itself is not so serious as to require any restriction on your registration, it is necessary in response to issue this formal warning.

This is because, as a senior consultant, while patient care has been your overarching objective, you have prioritised this over how you communicated with colleagues on the specific occasions we have found.

This warning will be published on the medical register in line with our publication and disclosure policy, which can be found at www.gmc-uk.org/disclosurepolicy.'

471. There is no interim order to revoke.

472. That concludes this case.

ANNEX A – 01/06/2026

Service of Notice of the Hearing

473. Mr Garside KC, Counsel for the GMC applied for the hearing to proceed in the absence of the Doctor.

Service of the Notice of Hearing

474. The Tribunal first considered whether the Notice of Hearing ("NoH") has been properly served. The evidence before the Tribunal shows that the NoH was sent by the MPTS to the doctor's registered address in accordance with Schedule 4, paragraph 8 of the Medical Act 1983 and the relevant procedural rules.

475. The Tribunal noted the guidance in the MPTS Tribunal Circular on *Service and Proceeding in Absence* (2025), which confirms that service may be established where the NoH has been sent to the doctor's last known or registered address and that a pragmatic approach may be taken where minor address discrepancies exist, provided there is reliable evidence of delivery or other correspondence indicating receipt.

476. Having reviewed the service documents, the Tribunal is satisfied that the NoH was properly served and that the doctor has been given a reasonable opportunity to attend or make representations.

Decision on Proceeding in Absence

477. The Tribunal then considered whether it should exercise its discretion to proceed in the doctor's absence.

478. The Tribunal reminded itself of the principles in *GMC v Adeogba [2016] EWCA Civ 162,* namely that:

- there is a burden on all professionals to engage with their regulator;
- the primary statutory objective is the protection of the public; and
- fairness to the doctor is important, but the public interest in the expeditious disposal of regulatory proceedings is a significant factor.

479. The Tribunal also had regard to the MPTS Circular (2025), which emphasises that once service of the NoH is established, the Tribunal must consider the wider circumstances, including any explanation for non-attendance and whether an adjournment would secure the doctor's participation.

480. An explanation for the doctor's absence has been provided. There is no indication that the doctor wishes to attend, or has sought an adjournment. He has provided responses and representations that he has asked be placed before the Tribunal. There is no material

before the Tribunal to suggest that an adjournment would secure the doctor's attendance at a future date.

Proceeding in Dr Halim's absence

481. The Tribunal considered whether it would be fair to proceed today. It noted that the doctor has been given proper notice, and has engaged in part with the GMC, so that his views are reflected in the hearing.

482. The Tribunal concluded that the doctor has voluntarily waived their right to attend.

483. Balancing fairness to the doctor with the overarching need to protect the public, maintain confidence in the profession, and uphold proper standards of conduct, the Tribunal determined that it is fair and in the interests of justice to proceed in the doctor's absence.

484. The Tribunal is satisfied that the Notice of Hearing was properly served and determines that it is fair and appropriate to proceed in the doctor's absence.

ANNEX B – 01/06/2026

Application to for Anonymity Under Rule 35(4)

485. The Tribunal has considered the GMC's applications under Rule 35(4) for anonymity orders in respect of Ms A, Dr K, and DR BA. The Tribunal has taken account of the parties' written submissions, the relevant provisions of the Medical Act 1983, the FTP Rules, the MPTS Guidance (September 2025), and the principle of open justice reflected in Rule 41 and Article 6 ECHR.

486. The default position is that hearings are held in public and witness identities are disclosed. None of the three witnesses are said to be vulnerable under Rule 36, and the Case Manager has confirmed that Rule 36 does not apply. The Tribunal must therefore be satisfied that there is a clear and evidenced basis for departing from open justice.

487. Each witness has provided reasons for seeking anonymity. The Tribunal has considered these individually. In the case of Ms A, her reference to a "genuine fear of potential reprisals" is not supported by any specific examples, and she previously gave evidence in Trust proceedings without anonymity. Dr K describes adverse treatment at a former workplace after supporting a colleague, but this occurred after Dr Halim had left the

Trust and he expressly states in his witness statement that he is "not intimidated" by the doctor. Dr BA seeks anonymity due to stress and XXX, but no risk of intimidation or harm is identified, and reasonable adjustments can be made to support her participation.

488. The Tribunal is not satisfied that the concerns raised by any of the witnesses demonstrate a real risk of harm arising from public identification in these proceedings. The reasons provided are general, unparticularised, and not linked to any conduct by the doctor. All three witnesses have previously given evidence without anonymity, and none require special measures beyond those already available.

Whistleblowing considerations

489. The Tribunal has also considered whether any witness's position engages whistleblowing protections. The Tribunal notes that none of the three witnesses claim to be whistleblowers, and there is no evidence that any of them face detriment, intimidation, or risk as a result of making protected disclosures. While Dr K refers to supporting a colleague who raised concerns, this occurred in a different context, after the doctor had left the Trust, and does not create a present risk justifying anonymity. Whistleblowing considerations therefore do not alter the Tribunal's assessment under Rule 35(4).

Conclusion

490. The Tribunal is not satisfied that anonymity is necessary or justified for any of the three witnesses. The public interest in open justice outweighs the concerns raised.

491. The applications for anonymity in respect of Ms A, Dr K and Dr BA are refused.

ANNEX C – 01/06/2026

Consideration of Tribunal Member's recusal

492. On Day 3 of the hearing, one Tribunal member reading about Nuneaton identified a historic connection with the relevant hospital Trust. She raised this out of an abundance of caution. The connection was only that a family member had worked at the hospital 40 years ago, and her grandmother had died there 18 years ago. There had been no contentious issue with the management or clinical teams. The Tribunal member had not had contact with that family member this year in any event.

493. The GMC position was that this is such a historic and tenuous connection that there was no possibility of bias.

494. The Tribunal applied the *Porter v Magill* test for apparent bias: whether a *fair-minded and informed observer* would conclude there is a *real possibility* of bias. The House of Lords in *Porter v Magill [2001] UKHL 67* reformulated the apparent-bias test into its current form: *Would the fair-minded and informed observer, having considered the facts, conclude that there was a real possibility that the tribunal was biased?*

495. The Tribunal applied the *Porter v Magill* test and the MPTS approach to tenuous, historic, or indirect links, including family-member employment more than 15 years ago. It is concise, formal, and reasoned in the correct Tribunal style.

496. The Tribunal has considered whether that member of the Tribunal should recuse themselves on the basis that a family member previously worked at the Trust where some of the events in this case occurred. The Tribunal has applied the test in *Porter v Magill*, namely whether a fair-minded and informed observer, having considered the facts, would conclude that there is a real possibility of bias.

497. Given that the family member's employment at the Trust ended 40 years ago, that they had no involvement in the matters before this Tribunal, and there has been no contact with the Trust in any professional capacity since that time, the Tribunal is satisfied that the link is historic, indirect, and entirely unconnected to the allegations.

498. The fair-minded and informed observer is taken to know the statutory framework, the Tribunal's duty to act impartially, and the passage of time since the family member's employment. That observer would also recognise that large NHS Trusts employ thousands of staff and that a remote historical association of this nature does not, without more, give rise to any realistic concern about partiality.

499. The Tribunal therefore concludes that the connection relied upon is too tenuous and too remote to give rise to a real possibility of bias. The principle of open justice requires that recusal should not occur unless objectively justified, and the Tribunal is satisfied that no such justification arises here.

500. Accordingly, no recusal is required and the hearing will continue.

ANNEX D – 01/06/2026

Disclosure of evidence

501. The Tribunal carefully considered the written representations made on behalf of the Doctor:

"Of note, it is concerning that the Hospital has not provided any of Dr Halim's supporting documents (i.e. his witness statement and the witness statements of his supporting colleagues which address the allegations) to the GMC as part of the GMC's enquiries and investigation. Although concerning, it is not surprising that the Hospital did not provide the GMC with this material because it is ultimately helpful to Dr Halim. This firm informed the GMC that such material was available to obtain and was in existence. This is indicative of the unfair and prejudicial behaviour of the Hospital towards Dr Halim."

502. While no formal abuse of process argument has been submitted, the Tribunal did consider whether it would be unfair to continue with the hearing because the Trust did not provide the GMC with certain documents, including statements from colleagues said to be supportive of Dr Halim.

503. The Tribunal accepts that the absence of this material is concerning and that the Trust's failure to disclose potentially relevant documents may reflect shortcomings in its internal processes. The Tribunal also notes the doctor's submission that this omission may indicate prejudicial behaviour by the Trust towards him. However, the task for the Tribunal is to determine whether the absence of these documents creates a real risk of injustice in these proceedings.

504. The Tribunal took into account a number of factors, and the information that it does have. It does not speculate about what the missing documents might contain. Instead, it considers whether there is a proper evidential basis for concluding that the absence of this material gives rise to a real risk of injustice.

505. The Tribunal has heard and seen the GMC's witnesses give evidence and is able to assess the weight to be given to that evidence in light of all the circumstances, including any earlier accounts they gave to the Trust before making statements to the GMC. The doctor has been represented throughout by the same solicitors, who were involved in the Trust's disciplinary process and would have been aware of the nature of any material that might exist in conducting their own enquiries. Witness statements provided by the Defence reference the earlier accounts individuals gave, suggesting that at least some defence witnesses may have

been in possession of notes/material of their earlier accounts, and that it was open for the Defence to supply these, or call these witnesses to give evidence on behalf of the Doctor. It does not appear that there has been any application made for disclosure of additional documents.

506. Even if the GMC might reasonably have taken further steps to obtain the missing material at an earlier time, this hearing is not designed to punish investigative shortcomings. While the Defence appears to invite the Tribunal to draw an inference either that the missing documents would have undermined the GMC's case or that they would have materially advanced the doctor's case, steps that could have been taken to address this at least in part, have not occurred.

507. Having weighed up the competing arguments, the Tribunal is not satisfied that the absence of the documents prevents the doctor from having a fair opportunity to meet the case against him or materially impairs the Tribunal's ability to reach safe findings, given that additional routes for bringing at least some of this evidence was open to the Defence. The Tribunal is not satisfied that the absence of the documents referenced creates a real risk of injustice or prevents a fair hearing.

ANNEX E – 01/06/2026

Disclosure of evidence

508. The GMC had made available to it yesterday for the first time (Wednesday 29th April 2026), transcripts of interviews with potential witnesses who were favourable to the Doctor. Further, there were notes from a disciplinary hearing that lasted for three days, at which witnesses were called on behalf of the Trust made available, that the Tribunal had previously requested but had been led to believe did not exist. These were served on the Defence who asked that they be put before the Tribunal.

509. Separately, there was confirmation that some material which had been available and represented the most contemporaneous accounts, is no longer available and therefore could not be provided.

Tribunal's determination

510. The Defence requested that material comprising new documentation and documentation that it had already been served on the Tribunal in its entirety. This would

include conclusions within an investigation report and disciplinary hearing. Where these conclusions included findings on factual matters before this FTP hearing, the Tribunal did not accede to this.

511. The rationale the Tribunal followed was to take its steer from the case of *Enemuwe v NMC [2015] EWHC 2081 (Admin); in that case the court was clear that Tribunals should take care when in receipt of a previous hearing's* documentation**.** Mr Justice Holman makes it clear in his judgment that professional Tribunals may know of the existence of disciplinary investigations, however they should not know of a Tribunal's previous findings on the very issues that they themselves need to decide: *"normally the findings of fact made at some earlier investigation by another Tribunal or another person are not admissible in proceedings before this committee."*

512. The Tribunal did not want to have before it conclusions detailing findings of fact when this Tribunal will need to make its own findings on the same matters. Notwithstanding that this was at odds with the Defence position, the Defence position gave no specific reason which addressed why such redaction would not be appropriate. The more general position of unfairly conducted investigations and disciplinary hearings at the Trust by the Defence was borne in mind. The Tribunal directed itself that opinion evidence of the GMC witnesses present will need to be treated with caution. Some witnesses have acknowledged how they gained their "impressions". The positive or negative characterisations they have made about the Doctor does not change the fact that it is for the Tribunal alone to determine whether the Registrant's actions are found proved.

ANNEX F – 01/06/2026

Witness anonymisation

513. The Tribunal has considered whether to anonymise Ms T whose name appeared in the Defence documents. She had indicated that she "does not want her colleagues to know" about her contribution to the investigation.

514. The Tribunal has taken account of the MPTS Guidance on Anonymity and Reporting Restrictions (2024), the submissions made, and the overriding principle of open justice.

Legal Framework

515. The starting point is that MPTS hearings are held in public and the identities of witnesses are ordinarily disclosed. A departure from open justice may only be made where it is strictly necessary in the interests of justice. The Tribunal must identify a positive justification for anonymity and must balance this against the strong public interest in transparency.

516. The Tribunal may grant anonymity where a witness is vulnerable, or where there is a real and immediate risk of harm, or where anonymity is necessary to ensure the witness can give their best evidence.

Tribunal's Consideration

517. The Tribunal noted that Ms S is a name that appears within defence papers. The Tribunal considered the reason advanced in support of anonymity, namely that the witness does not want her colleagues to know she is giving evidence.

518. The Tribunal accepted that the witness may feel uncomfortable about her involvement becoming known in her workplace. However, the Tribunal concluded that:

- Discomfort, embarrassment, or a preference for privacy does not meet the threshold for anonymity.
- There is no evidence that the witness is vulnerable within the meaning of the Guidance.
- There is no evidence of any real or immediate risk of harm, intimidation, or reprisals.
- The reason advanced is not sufficient to justify a departure from the principle of open justice.

519. The Tribunal also noted that granting anonymity to a defence witness requires particular caution, as it may affect the fairness and transparency of the proceedings.

Conclusion

520. The Tribunal determined that the criteria for granting anonymity are not met. The witness's preference that her colleagues should not know she is giving evidence does not amount to a justification for restricting open justice, nor does it demonstrate that anonymity is necessary for the proper administration of justice.

521. Accordingly Ms T's name is not anonymised.

ANNEX G – 01/06/2026

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