

**PUBLIC RECORD**

**Dates:** 01/12/2025 - 11/12/2025; 07/01/2026 and 27/01/2026

**Doctor:** Dr Saheb Peer SHABAZ KHALANDER  
**GMC reference number:** 7708739  
**Primary medical qualification:** MBBS 2011 Rajiv Gandhi University of Health Sciences - Al-Ameen Medical College

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

**Summary of outcome**

Erasure

Immediate order imposed

**Tribunal:**

Legally Qualified Chair	Mrs Helen Potts
Lay Tribunal Member:	Ms Morgan Phillips
Registrant Tribunal Member:	Dr Alan Smith

Tribunal Clerk:	Mrs Jennifer Ireland Mr Michael Murphy – 27/01/26
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**Attendance and Representation:**

Doctor:	Not present, not represented
GMC Representative:	Ms Laura Barbour, Counsel Ms Emma Gilsean, Counsel – 27/01/2026
Special Counsel:	Ms Natalia Constantine, Counsel (released at outset of hearing)

**Attendance of Press / Public**

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

## Overarching Objective

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

## Determination on Facts - 09/12/2025

1. 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 where the evidence related to XXX. This determination will be handed down in private due to the confidential nature of some of the matters heard as evidence. However, as this case concerns Dr Shabaz Khalander's alleged misconduct a redacted version will be published at the close of the hearing.

## Background

2. Dr Shabaz Khalander qualified in 2011 in India. He moved to the UK in 2019 and commenced work at Southend University Hospital (the 'Hospital') in April of that year. At the time of the events giving rise to the Allegation, Dr Shabaz Khalander was practising as a clinical specialist in the Emergency Department at the Hospital. His employment at the Hospital ceased in June 2023. He is not currently practising in the UK.

3. The Allegation that has led to Dr Shabaz Khalander's hearing arises from his conduct toward a junior colleague, Ms A, who was XXX at the relevant time. It is alleged that, on 31 May 2022, Dr Shabaz Khalander was working at the desk in the doctors' station in Paediatric Accident and Emergency at the Hospital, when he was approached by Ms A for advice on the care of a young patient who had been in a road traffic accident. Ms A sat next to Dr Shabaz Khalander at the desk and began to present the case from the paper notes she held. It is alleged by the General Medical Council ('GMC') that, during that conversation, Dr Shabaz Khalander inappropriately touched the thigh of Ms A.

4. Ms A moved away from Dr Shabaz Khalander, concluded the discussion and returned to work. Later that day, she told a colleague what had happened and was advised to report it

formally. She reported the incident to the on-call consultant that evening and was advised to contact the Director of Accident and Emergency, which she did by email the same day.

5. It is alleged by the GMC that Dr Shabaz Khalander's actions constituted sexual harassment as defined in Section 26(2) of the Equality Act 2010, in that he engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms A, or creating an intimidating, hostile, degrading, humiliating or offensive environment for Ms A. It is further alleged that his actions were sexually motivated and an abuse of his more senior position.

6. The matter was formally referred to the GMC on 30 July 2024 by Dr B, Medical Director and Responsible Officer at Mid and South Essex NHS Foundation Trust ('the Trust'), following a local investigation which concluded in June 2023. There had been some communication with the GMC in 2023, prior to formal referral.

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

7. The Tribunal, heard submissions from Ms Barbour, Counsel, on behalf of the GMC, in relation to service of notice of this hearing. The Tribunal determined that notice of this hearing had been properly served on Dr Shabaz Khalander pursuant to Rules 15 and 40 of the Rules. The Tribunal also granted the GMC's application made pursuant to Rule 31 of the Rules to proceed with the case in Dr Shabaz Khalander's absence. The Tribunal's full decision is included at Annex A.

8. The Tribunal granted the GMC's application, made pursuant to Rule 34 of the Rules, that the expert report of Professor C should be admitted into the evidence for the hearing. The Tribunal's full decision on the application is included at Annex B.

9. The Tribunal granted the GMC's application, made pursuant to Rule 41 of the Rules, for information relating to XXX to be heard in private.

10. Ms Barbour, on behalf of the GMC, made an application for Ms A to be granted anonymity, as permitted under Rule 35(4) of the Rules, to protect her privacy as an alleged victim of sexual misconduct. The Tribunal granted the application.

#### **Special Counsel**

11. Prior to the hearing, Ms Natalia Constantine was appointed by the MPTS as Special Counsel, pursuant to Rule 36(5) of the Rules, to cross examine Ms A on behalf of Dr Shabaz

Khalander. As Dr Shabaz Khalander did not attend the hearing and had not provided instructions to Special Counsel in advance, the Tribunal released Special Counsel prior to the start of the hearing.

### The Allegation and the Doctor's Response

12. The Allegation made against Dr Shabaz Khalander is as follows:

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

1. On 31 May 2022, whilst working at Southend Hospital, you inappropriately touched the thigh of your colleague, [Ms A]. **To be determined.**
2. Your action as set out at paragraph 1:
  - 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 [Ms A], or creating an intimidating, hostile, degrading, humiliating or offensive environment for [Ms A]; **To be determined.**
  - b. was sexually motivated; **To be determined.**
  - c. was an abuse of your more senior position. **To be determined.**

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

### The Facts to be Determined

13. Dr Shabaz Khalander did not attend the hearing, and did not provide written admissions in advance of the hearing. In light of this, the Tribunal is required to determine the Allegation in full.

### Witness Evidence

14. The Tribunal received oral evidence on behalf of the GMC from Ms A, by video link, on 1 December 2025. She provided two witness statements, dated 20 December 2024 and 24 July 2025.

15. The Tribunal received a written witness statement from Ms D, Head of Medical Workforce at the Trust, dated 20 June 2025. Ms D was available to give oral evidence to the

Tribunal. However, the Tribunal had no questions for her and her written statement was formally admitted into the evidence on 2 December 2025.

16. Dr Shabaz Khalander did not provide a witness statement for these proceedings but provided an email to the GMC, dated 18 February 2025, in which he set out his Rule 7 response for consideration by the Case Examiners; and an email to the GMC, dated 13 October 2025, in which he sets out his *'Reflections & learning from the serious incident'*.

### Expert evidence

17. The Tribunal also received statements from two expert witnesses. It received the agreed statement from Ms E, Clinical Photographer, dated 18 July 2025, to which she exhibits photographs and floorplans of the doctors' station and surrounding area as of 14 July 2025. The Tribunal also received the expert witness statement of Professor C, Consultant Forensic Psychiatrist who was instructed by the GMC to assess Dr Shabaz Khalander's fitness to participate in these proceedings and to comment on whether any adjustments could be put in place to allow Dr Shabaz Khalander to participate fairly in these proceedings.

### Documentary Evidence

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

- Ms A's original complaint email, dated 31 May 2022;
- Ms A's written statement to the Trust, dated 1 June 2022;
- Summary of Trust Investigation Interview with Ms A, undated;
- A report from Ms E, a clinical photographer, dated 18 July 2025, containing photographs of the area the alleged incident took place;
- Notes of a meeting between Dr Shabaz Khalander and Clinical Lead Dr F, dated 1 June 2022;
- Summary of Trust Investigation Interview with Dr Shabaz Khalander, dated 25 August 2022;
- Trust Investigation report, dated 31 August 2022;
- XXX;
- XXX;
- XXX;
- XXX;
- Rule 7 response email from Dr Shabaz Khalander to the GMC, dated 18 February 2025;
- Further email from Dr Shabaz Khalander, dated 13 October 2025;

- Medical Report of Professor C, dated 22 November 2025; and
- Dr Shabaz Khalander’s Appraisal documentation from 2019 to 2023.

### Ms A’s evidence

19. The Tribunal heard oral evidence from Ms A.

20. Ms A told the Tribunal that, on 31 May 2022, she had gone to Dr Shabaz Khalander to discuss her patient and to seek his advice as to whether further investigations were required. She had gone into the doctors’ station and had sat in the right-hand of the two chairs at the station, with Dr Shabaz Khalander in a chair to her left. She stated that both chairs had wheels, and there was a small filing cabinet under the desk between where they were sitting. Ms A described sitting cross-legged with her right leg hooked over her left leg at the knee. She told the Tribunal that Dr Shabaz Khalander had moved closer while she was talking and this had *‘trapped’* her right leg between his legs and the cabinet.

21. Ms A had initially thought that Dr Shabaz Khalander had moved closer to have a better view of the paper notes she had before her. She had, therefore, pushed the notes toward him. She told the Tribunal that no X-rays of the patient had been taken at that time and that the patient’s notes were all in paper form. She said that she had not used the computer to show Dr Shabaz Khalander any notes or X-rays.

22. Ms A stated that Dr Shabaz Khalander had rubbed his own thigh for around a minute before placing his right hand on the upper area of her left thigh and rubbing it back and forth approximately five times. He had rubbed his hand on her upper thigh, close to but not in contact with the groin. He had then pushed his hand between her thighs with some force, due to her legs being crossed. His hand, up to his wrist, had been between her thighs for between five and ten seconds before Ms A pushed her chair back from the desk. She described him as having appeared *‘dazed and a bit confused’* when she did this.

23. Ms A said that there was nothing in her behaviour which could have led Dr Shabaz Khalander to believe that the touching was consensual. She said that she could think of no other plausible reason for the touching other than that it was sexually motivated.

24. Ms A described Dr Shabaz Khalander’s behaviour throughout the conversation as unusual. She told the Tribunal that he had not seemed to be listening to her. He had asked the same questions repeatedly, and she had needed to explain the history of the patient

multiple times. She said that he had not *'pieced things together'*. He had kept asking her what she was going to do next when she had come to him for advice on what to do next.

25. Ms A told the Tribunal that, before the incident he had also been behaving unusually, asking questions about her, such as whether she was XXX, although her lanyard showed her status as XXX. However, she had not thought anything of these questions at the time as they had been related to work.

26. Ms A told the Tribunal that after the encounter she had not felt comfortable going to Dr Shabaz Khalander for further support. She described that she had felt like he was watching her for the rest of the time they were on the ward together, following her with his eyes when she walked past, or whenever she was talking to someone. He had asked her again what her plan for the patient was, although the patient had already been discharged. He had also asked her multiple times, *'Are you alright?'* which she had understood to be him checking her response to what had happened.

27. Ms A told the Tribunal that, after the encounter, she had wanted to report the incident, but it was only a few hours later, after an encounter with a young patient who had been sexually assaulted, that had she felt able to do so. She said she recognised that there were a lot of vulnerable people who may not be able to speak up for themselves if this were to happen to them. She did not want the incident to be *'brushed under the carpet'* and stated that she wanted there to be consequences for Dr Shabaz Khalander's actions.

28. Ms A told the Tribunal that after reporting the incident, she had been told to go home, and that when she had gone into the locker room to collect her belongings, Dr Shabaz Khalander had followed her and closed the door behind him. She described feeling intimidated and scared in the moment as he was standing relatively close, and due to their height disparity, she felt he was *'towering over'* her. She stated that she moved past him and opened the door, as, despite her fear, she felt that the door *'needed to be open'*.

29. Ms A said that Dr Shabaz Khalander had then said something along the lines of, *'I think what I did earlier was inappropriate touching'* and she had responded *'yes'*. He had then said something like, *'I've never done something like this before. I don't what came over me'*. He had gone on to say, *'I think that there might have been some miscommunication'*. Ms A said that this had made her very angry and she had responded by saying, *'No, I came to you in a professional capacity to ask about a patient'*. He had asked her whether she had told anyone else what had happened, and she had said that she had. He had responded that he

would just have to face the consequences, at which stage she had collected her belongings and run out of the room.

30. Ms A told the Tribunal that, as a result of Dr Shabaz Khalander's actions, she has struggled with her mental health. She described feeling mistrustful of male colleagues, and that, in part, this had led her to XXX. She stated that she had felt unsafe at work, as if she could not relax, and had tried to pair herself with other female colleagues while on shift after she returned to work.

#### Dr Shabaz Khalander's Evidence

31. Dr Shabaz Khalander did not provide a witness statement for these proceedings. The Tribunal had careful regard to any documentary evidence in which he has provided an account of the matters giving rise to the Allegation. This included:

- An email to the GMC, dated 18 February 2025, in which Dr Shabaz Khalander sets out his Rule 7 response for consideration by the Case Examiners;
- An email to the GMC, dated 13 October 2025, in which Dr Shabaz Khalander sets out his '*Reflections & learning from the serious incident*';
- A note of a meeting between Dr Shabaz Khalander; Dr F, ED Consultant & Clinical Lead for Emergency & Acute Medicine; and Ms H, Senior Employee Relations Advisor on 1 June 2022;
- A record of an investigation interview with Dr Shabaz Khalander, conducted by Ms I, Investigator, on behalf of the Trust on 16 August 2022 and signed by Dr Shabaz Khalander on 25 August 2022 as '*a fair reflection of the matters discussed*';
- A letter dated 22 June 2023, following a disciplinary hearing on 3 March 2023 (which was adjourned for the provision of further evidence) which provides a summary of Dr Shabaz Khalander's evidence at the disciplinary hearing; and
- The GMC expert psychiatric report by Professor C, dated 22 November 2025, following an assessment on 19 November 2025 by remote video call.

32. In the note of a meeting between Dr Shabaz Khalander; Dr F, ED Consultant & Clinical Lead for Emergency & Acute Medicine; and Ms H, Senior Employee Relations Advisor on 1 June 2022, Dr Shabaz Khalander is reported as having admitted to placing his hand on top of Ms A's thigh, but not between her thighs. He is reported as saying that this happened when he leaned forward to show her something on a computer screen. He said he had XXX following the incident.

33. In the record of the investigation interview with Dr Shabaz Khalander, conducted by Ms I, Investigator, on behalf of the Trust on 16 August 2022 and signed by Dr Shabaz Khalander on 25 August 2022, Dr Shabaz Khalander is reported as saying that he had been very stressed and his sleep pattern disturbed because of shift work; he also mentioned stresses in his personal life. His account was that while discussing an X-ray with Ms A he XXX to touch her on the thigh which he acted on, referring to this as '[XXX]'. He said that later that day, knowing he had done wrong, he found the doctor and apologised to her.

34. In his Rule 7 response email to the GMC, dated 18 February 2025, Dr Shabaz Khalander explains the incident, as follows:

*'Excess stress at workplace led to burnout and felt overworked this [XXX] in my wellbeing and personal life. In [XXX] this incident might not have occurred. I plead not guilty.*

*It was [XXX] state when the incident happened. It was very much unintentional. Before I realised there was flashing memory of the incident happened am stating this with my best of my knowledge, I realised it very late by the end of the shift as it was rolling in my mind to confirm the incident which took place was inappropriate touch for which I apologised to the doctor.'* [sic]

35. In his lengthy email to the GMC, dated 13 October 2025, and headed '*Reflections & learning from the serious incident*', Dr Shabaz Khalander wrote:

*'I Cannot say whether it was day or night I still state that my intent was of not in sexual in nature or to harass for self gain.*

*It was just to start the normal day like greet and treat with warmth.*

*I was [XXX] which led to my erratic behaviour.....'* [sic]

36. In his assessment interview with Professor C on 19 November 2025, Dr Shabaz Khalander is reported as saying that he put his hand on Ms A's thigh because he got '*carried away*' in the situation, not because XXX. He referred to this as consensual, telling Professor C, '*My understanding was that she wanted it. She liked me. I don't know if [XXX] or something else*'. He also indicated that it was '*instinct*'. Professor C stated that Dr Shabaz Khalander did

not appear to have had any clear idea of what would happen next and that he apologised because he thought he needed to.

### The Tribunal's Approach

37. In reaching its decision on the facts, the Tribunal applied the civil standard of proof. This means that the Tribunal must decide whether, on the balance of probabilities, the GMC has proved 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 its case against Dr Shabaz Khalander. There is no burden on Dr Shabaz Khalander to prove or disprove anything.

38. The Legally Qualified Chair gave the Tribunal the following advice:

#### Evidence and the assessment of witnesses

39. The Tribunal must form its own judgement about the credibility of witnesses, and which evidence is reliable, and which is not. Where there are conflicts in the evidence of witnesses, the Tribunal will need to resolve those conflicts. When assessing the evidence given by each witness, the Tribunal should have in mind the case of *Dutta v GMC* [2020] EWHC 1974 (Admin) in which it was said that tribunals should not assess a witness's credibility exclusively on their demeanour when giving evidence. The Tribunal should instead test the veracity of a witness by reference to objective facts proved independently of their evidence, in particular by reference to the documents in the case. In the absence of corroborating documentary evidence, the Tribunal can, however, properly place substantial reliance on oral evidence (see *Kamran Ali v GMC* [2023] EWHC 2984 (Admin)).

40. The Tribunal was also referred to the case of *Khan v The General Medical Council* [2021] EWHC 374 (Admin) where it was said that it is open to the Tribunal not to rule out the whole of a witness's evidence based on credibility; credibility can be divisible.

41. The Tribunal was reminded that, when assessing credibility, it should bear in mind that there may be good reasons why a victim of unwanted sexual conduct may delay complaining about that conduct. It should look at all the circumstances including the reasons given for that delay. The Tribunal should be careful to avoid stereotypes or to make assumptions about sexual behaviour and reactions to non-consensual sexual conduct.

42. The Tribunal was reminded to bear in mind the extent to which the passage of time may have affected a witness's memory and that memories can fade with the passage of time, and recollections may change, or become confused, as to what did or did not happen at a particular time. It is not the case that the more confident a person is about their recollection,

the more likely it is to be accurate. An honest witness can be mistaken, and a mistaken witness is not necessarily wrong about every fact.

43. The Tribunal was reminded that it was entitled to draw inferences based upon the evidence, but it must not speculate.

#### Sexual motivation

44. The Tribunal was reminded that it is alleged that Dr Shabaz Khalander's conduct in respect of Ms A constituted sexual misconduct. The LQC advised that, in the absence of an admission by Dr Shabaz Khalander, sexual motivation can only be found on the basis of an inference about his behaviour. There was no direct evidence of his motivation, other than the behaviour itself and Ms A's perception of events, but it may be possible to find sexual motivation by way of inference. The fact that Ms A herself may have inferred that Dr Shabaz Khalander's behaviour was sexually motivated was one factor which should be taken into account but was not determinative.

45. The Tribunal was told that in *Basson v GMC* [2018] EWHC 505 (Admin), the High Court defined acting with sexual motivation as '*conduct done either in pursuit of sexual gratification or in pursuit of a future sexual relationship*'. However, the Tribunal should not become distracted by notions of sexual gratification but rather should make a deduction from all the facts and circumstances of the case and look at the material in the round. The best evidence of a sexual motivation could be the behaviour itself and where there is no plausible alternative explanation other than that the behaviour is sexually motivated then the Tribunal may well find that it was (see *Haris v GMC* [2021] EWCA Civ 763).

#### Good character

46. The Tribunal was advised that, before an inference of sexual motivation can properly be drawn, the Tribunal has to be able safely to exclude, as less than probable, other possible explanations for that conduct. The Tribunal was reminded that Dr Shabaz Khalander has no previous convictions and no previous regulatory findings against him and was, therefore, a man of good character. His good character was a positive feature which meant that he was less likely to have acted in the manner alleged. However, the significance of his previous good character ought not to be overstated and should not detract from the primary focus on the evidence directly relevant to the alleged wrongdoing.

#### Sexual Harassment

47. It is also alleged that Dr Shabaz Khalander's conduct toward Ms A constituted sexual harassment. The LQC advised that sexual harassment is defined under s26(2) of the Equality

Act 2010, and the wording of that definition has in effect been set out in paragraph 2.a. of the Allegation:

*‘s.26(2)[A person] harasses [another] if they engage in unwanted conduct of a sexual nature, and the conduct has the purpose or effect of*  
*(i) violating [the other person’s] dignity, or*  
*(ii) creating an intimidating, hostile, degrading, humiliating or offensive environment for the [other person]’*

48. The words *‘intimidating, hostile, degrading, humiliating or offensive environment’* are an important control to prevent trivial acts causing minor upset being caught by the concept of harassment. Whether behaviour is of a sexual nature will ultimately be a question of fact. Whilst some behaviour will be unambiguously sexual other behaviour may be open to multiple interpretations. The context will be key.

49. In deciding whether Dr Shabaz Khalander’s conduct should be regarded as having the effect of violating Ms A’s dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for her, s.26(4) of the Equality Act 2010 requires the Tribunal to take into account the following factors:

- (a) the perception of Ms A;
- (b) the other circumstances of the case;
- (c) whether it is reasonable for the conduct to have that effect.

50. Section 26(4) creates a subjective and an objective test. The perception of Ms A is the subjective test. This requires a Tribunal to look at whether Ms A perceived that her dignity had been violated or an adverse environment created. The objective test was whether it was reasonable for the conduct to have that effect.

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

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

#### Paragraph 1

52. The Tribunal considered that, whilst Dr Shabaz Khalander has made no formal admission to this part of the Allegation, there is no real dispute between the parties as to the fact of Dr Shabaz Khalander touching Ms A’s thigh. Nor is there any dispute between the parties as to that touching being inappropriate. There is some dispute between the parties as

to the nature of the touching, and whether Dr Shabaz Khalander put his hand between Ms A's thighs.

53. The Tribunal considered the written evidence adduced by the GMC and subjected Ms A's oral evidence to critical scrutiny against that written evidence.

54. The Tribunal reminded itself that Ms A had reported the matter orally and in writing on the day of the incident, on 31 May 2022, thereby providing a contemporaneous account of matters. She had then provided a longer, more detailed account the following day leading to an internal interview by the Trust. She has provided two witness statements for these proceedings and has given oral evidence and been questioned on her evidence.

55. The Tribunal found that Ms A has been consistent in her various accounts, from the first report to the Trust, to her subsequent statements to the GMC and her oral evidence before the Tribunal. She was capable of describing, in very detailed terms, what had happened to her. Her oral account in response to numerous questions from the Tribunal was largely consistent with her written accounts. Whilst there was some inconsistency across her reporting in relation to how long Dr Shabaz Khalander had touched her between her legs before she moved away, the Tribunal accepted that it was often difficult for a witness to estimate time and made allowances given Ms A's discomfort and shock at the relevant time.

56. The Tribunal then carefully considered the various accounts given by Dr Shabaz Khalander in relation to the incident. It reminded itself that he has not prepared a witness statement for these proceedings and has not given oral evidence. It follows that the accounts which cast light on his position in relation to the Allegation are hearsay accounts.

57. Ms A reports that Dr Shabaz Khalander approached her in the locker room and said, '*I think what I did earlier was inappropriate touching*'. The Tribunal noted that this appears to be the earliest account of an admission by him of the fact of touching Ms A's thigh and of an acceptance that the touching was inappropriate.

58. In Dr Shabaz Khalander's first account of the matter to the Trust in a meeting on 1 June 2022, he accepted that he had touched Ms A on the top of her thigh but not that he had put his hand between her thighs. Dr Shabaz Khalander told senior colleagues at the meeting that he did so whilst pointing to something on the computer screen. The Tribunal noted Ms A's account that the only records available to review were within a paper folder that was open on the desk in front of the doctor.

59. In a later account to the Trust in a meeting on 16 August 2022, Dr Shabaz Khalander is reported as having again accepted the fact of his having touched Ms A's thigh,

*'He said he realised what he had done was not right and he was shocked.'*

60. There is also a record that, at the August 2022 meeting,

*'SK stated he met with [Dr F] and [Ms H] on 1st June 2022 and confirmed that he had touched [Ms A] inappropriately and said that he now realised he should not have done this.'*

61. The Tribunal also took into account Dr Shabaz Khalander's Rule 7 response to the GMC, dated 18 February 2025, in which he acknowledges the inappropriateness of the touching:

*'I realised it very late by the end of the shift as it was rolling in my mind to confirm the incident which took place was inappropriate touch for which i [sic] apologised to the doctor.'*

62. The Tribunal found that, whilst there were inconsistencies in the accounts which Dr Shabaz Khalander is reported as having provided, he has consistently accepted that he touched Ms A's thigh. Further, whilst he has given varying accounts for his motivation in doing so, he has consistently acknowledged that his actions were inappropriate.

63. Whilst not essential for the purposes of finding the allegation set out at paragraph 1 proved, the Tribunal felt that the question of the nature of the touching that took place should be determined, in order to assist its consideration of the allegations set out in paragraph 2.

64. The Tribunal took into account that Ms A gave evidence under affirmation and was questioned on her evidence. Ms A stated that Dr Shabaz Khalander rubbed his own thigh for around a minute before placing his right hand on the upper area of her left thigh and rubbing it back and forth approximately five times. He rubbed his hand on her upper thigh, close to but not in contact with the groin. He then pushed his hand between her thighs with some force, due to her legs being crossed. His hand, up to his wrist, was between her thighs for

between five and ten seconds before Ms A pushed her chair back from the desk bringing the touching to an end.

65. Dr Shabaz Khalander has consistently acknowledged having placed a hand on Ms A's thigh, but has not accepted that he put his hand between her thighs. The Tribunal noted that at the meeting on 1 June 2022, he had demonstrated the manner of the alleged inappropriate touching of Ms A by touching the thigh of a female staff member present at that meeting.

66. The Tribunal found Ms A's account to be compelling in its detail and consistency. Dr Shabaz Khalander has provided no written statement for these proceedings and his accounts of the incident have been varied and inconsistent. The Tribunal found that Ms A's account of the nature of the touching that had taken place was credible.

67. The Tribunal reminded itself that Dr Shabaz Khalander is of positive good character and that the burden of proof lies with the GMC, however, the Tribunal decided that Ms A's account should be preferred to that of Dr Shabaz Khalander in the dispute as to the nature of the touching of Ms A's thigh.

68. The Tribunal was satisfied on all the evidence before it that Dr Shabaz Khalander touched Ms A in the manner she alleged. He has accepted that his actions were inappropriate. The Tribunal was in no doubt that, by any objective measure, to touch Ms A on the thigh in the manner described by her was inappropriate.

69. Accordingly, the Tribunal found paragraph 1 of the Allegation proved.

#### Paragraph 2(a)

70. Having found that Dr Shabaz Khalander had inappropriately touched Ms A's thigh, the Tribunal went on to determine whether his actions constituted sexual harassment as defined in Section 26(2) of the Equality Act 2010, in that he engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms A, or creating an intimidating, hostile, degrading, humiliating or offensive environment for Ms A.

71. The Tribunal first considered whether the nature of Dr Shabaz Khalander's touching of Ms A's thigh was sexual. It reminded itself that while Dr Shabaz Khalander has accepted that the touching was inappropriate, he has not accepted that it was sexual.

72. The Tribunal reminded itself of the advice it had received that whether behaviour is of a sexual nature will ultimately be a question of fact. Whilst some behaviour will be unambiguously sexual; other behaviour may be open to multiple interpretations; the context will be key.

73. The Tribunal reminded itself, that Ms A had given a detailed account of the nature of the touching. She had given evidence under affirmation and had been questioned on her evidence. The Tribunal has accepted Ms A's account that Dr Shabaz Khalander placed his hand between her thighs in the manner alleged by her.

74. The Tribunal, having accepted Ms A's account, reminded itself that the context of the touching was a professional encounter between a junior doctor and a more senior doctor, in the workplace. The Tribunal accepted Ms A's evidence that there was nothing about the context of the incident nor Ms A's conduct which could reasonably have led Dr Shabaz Khalander to conclude that his touching was consensual. The Tribunal was of the view that the action of touching a person between the legs is inherently sexual and invasive. Further, Ms A had clearly perceived his actions as sexual and had been left feeling upset and intimidated by his behaviour.

75. The Tribunal was in no doubt that Dr Shabaz Khalander's behaviour was objectively sexual and concluded that this was '*unwanted conduct of a sexual nature*' under Section 26(2) of the Equality Act 2010.

76. The Tribunal went on to consider whether that conduct '*had the purpose or effect of violating the dignity of Ms A, or creating an intimidating, hostile, degrading, humiliating or offensive environment for Ms A.*' It reminded itself that it was sufficient for it to find that his actions had the alleged '*effect*' whether or not that was Dr Shabaz Khalander's purpose.

77. The Tribunal had regard to the evidence of Ms A. It noted that her immediate response to his conduct was to avoid Dr Shabaz Khalander. She was clear in her evidence that she had not gone to him for further support during her shift, and that she had not wanted further contact with him. She described to the Tribunal feeling like he was watching her for the rest of the shift. The Tribunal was of the view that it was objectively reasonable for Ms A to have sought to avoid him.

78. The Tribunal accepted that Dr Shabaz Khalander had violated Ms A's dignity. It considered that touching her upper area of her thigh, close to but not in contact with the

groin in the manner he did, was a gross intrusion of her dignity and personal integrity. It noted that Ms A confirmed that her legs were crossed and describes that he used firm force to insert his hand between them. Further, her account of feeling trapped between the filing cabinet and his legs added to the intrusion and humiliation.

79. The Tribunal accepted that Dr Shabaz Khalander's actions had created an intimidating, hostile, degrading and humiliating environment for Ms A. The Tribunal took into consideration the exchange between the two of them that took place in the locker room, which provided evidence of her state of mind and her fear and feelings of intimidation.

80. The Tribunal further had regard to the long-term impact of Dr Shabaz Khalander's conduct on Ms A's mental health and her descriptions of feeling distrustful of male colleagues and feeling unsafe at work. The Tribunal was satisfied that this provided sufficient evidence of a hostile work environment for Ms A, created by that incident.

81. The Tribunal has found that Dr Shabaz Khalander's actions at Paragraph 1 constituted sexual harassment as defined in Section 26(2) of the Equality Act 2010. The Tribunal has therefore found paragraph 2(a) of the Allegation proved.

#### Paragraph 2(b)

82. Having determined that Dr Shabaz Khalander had '*engaged in unwanted conduct of a sexual nature*' within the definition of sexual harassment under Section 26(2) of the Equality Act 2010, the Tribunal went on to consider whether his actions in touching Ms A's thigh, as alleged at paragraph 1, were sexually motivated.

83. The Tribunal reminded itself of the advice it had received that a finding of sexual motivation requires a finding that the actions were carried out for Dr Shabaz Khalander's sexual gratification and/or with the intention of pursuing a sexual relationship. However, the Tribunal should not become distracted by notions of sexual gratification but rather should make a deduction from all the facts and circumstances of the case and look at the material in the round. The best evidence of a sexual motivation may be the behaviour itself and where there is no plausible alternative explanation other than that the behaviour is sexually motivated then the Tribunal may well find that it was.

84. The Tribunal carefully considered whether Dr Shabaz Khalander had provided any other plausible explanations for his actions. It noted that whilst he has given differing accounts for his motivation, he has consistently denied a sexual motivation.

85. The Tribunal had regard to Dr Shabaz Khalander's account at his initial meeting with the Trust on 1 June 2022 that he had placed his hand on Ms A's thigh while leaning forward to point to something on the computer screen. The Tribunal did not accept this account from him. The Tribunal found Ms A's evidence on the matter to be reliable. Further the touching she described is inconsistent with the accidental touching he described in his early account.

86. The Tribunal noted that Dr Shabaz Khalander's next account on 16 August 2022 during the Trust investigation, appears to be that, at the time of events, he was XXX to act as he did. He also stated that he thought his conduct was invited but realised afterwards that his actions were inappropriate and had sought to apologise to Ms A. Dr Shabaz Khalander describes having been in a '[XXX] state' and stated in his Rule 7 response that he had trouble remembering the events.

87. The Tribunal had careful regard to any evidence before it relating to XXX at the time of events. It noted that Ms A described him as appearing not to listen to what she was telling him about the patient and that he had appeared 'dazed and a bit confused' when she had pushed her chair back to get away from him. It further noted that he had behaved unusually the following day, in demonstrating the alleged inappropriate touching of Ms A by touching the thigh of a female staff member present at the meeting.

88. The Tribunal accepted that XXX. However, it noted that the XXX evidence before it was limited, and all the documentary evidence post-dated the incident. There is evidence that, in the weeks following the incident, he was XXX.

89. A further differing account was given to Professor C, as follows:

*'he put his hand on Ms A's thigh because he got "carried away" in the situation, not because [XXX]. He referred to this as consensual, telling me, "My understanding was that she wanted it. She liked me. I don't know if [XXX] or something else". He also indicated that it was "instinct". He does not appear to have had any clear idea of what would happen next. He said he apologised because he thought he needed to.'*

90. The notion that Ms A had wanted or somehow invited the touching from Dr Shabaz Khalander had arisen in accounts he has previously given of what happened. It was first mentioned in the locker room when Dr Shabaz Khalander said that there had been a 'misunderstanding' or 'miscommunication', indicating that Ms A had invited his actions. He

raised this again in the meeting of 16 August 2022, where he is reported as saying that he had believed that Ms A wanted him to touch her thigh, but was unable to explain what she had said or done that had led him to believe this. He is reported as saying that there was a lot going on in his mind at the time. He had been feeling very stressed and XXX. He told the interviewer that XXX, he would not have touched Ms A inappropriately.

91. The Tribunal noted that Dr Shabaz Khalander had given three explanations for those actions which he admits: that the touching was accidental; that he was XXX to touch Ms A; and that he believed that Ms A wanted him to touch her. The Tribunal carefully considered whether it could accept any of the explanations given by Dr Shabaz Khalander. In circumstances where Dr Shabaz Khalander did not attend the hearing to give oral evidence, the Tribunal has been unable to explore the inconsistency between these three accounts with him. Therefore, the Tribunal was unable to give any of the accounts much weight. The Tribunal considered that it was more likely than not that Dr Shabaz Khalander had retrospectively sought to explain why he touched Ms A's thigh in the way that he did. The Tribunal has already rejected his account that he did not put his hand between Ms A's thighs and has already determined that his actions were sexual in nature.

92. The Tribunal took account of the Legally Qualified Chair's advice that where there is no other plausible or innocent explanation for a doctor's actions, a Tribunal is entitled to conclude that they could only have been sexually motivated. The Tribunal reminded itself that Dr Shabaz Khalander is a man of good character but, notwithstanding that, concluded that in the absence of any other plausible explanation, his actions in touching Ms A's thigh in the way she described was sexually motivated.

93. The Tribunal has found that Dr Shabaz Khalander's actions at paragraph 1 were sexually motivated. The Tribunal has therefore found paragraph 2(b) of the Allegation proved.

#### Paragraph 2(c)

94. The Tribunal then considered whether Dr Shabaz Khalander's actions were an abuse of his more senior position. The GMC advanced no positive case in relation to this allegation and did not seek to define what constitutes '*abuse of a more senior position*'.

95. The Tribunal considered, giving it its ordinary meaning, that an abuse of senior position involves misusing seniority for personal gain or to further personal interests.

96. The Tribunal accepted that, as a matter of fact, Dr Shabaz Khlander was a senior colleague to whom Ms A had come to ask for advice in relation to a patient. It found that his actions were opportunistic, rather than premeditated.

97. There was nothing before the Tribunal that indicated that Dr Shabaz Khlander would have behaved differently had Ms A been a peer or senior colleague, rather than a junior colleague. The Tribunal did not consider that it could draw an inference of an abuse of seniority on the facts before it.

98. The Tribunal was not satisfied that the GMC had proved its case in relation to paragraph 2(c) of the Allegation.

99. Accordingly, the Tribunal has found paragraph 2(c) of the Allegation not proved.

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

100. The Tribunal has determined the facts as follows:

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

1. On 31 May 2022, whilst working at Southend Hospital, you inappropriately touched the thigh of your colleague, [Ms A]. **Determined and found proved.**
2. Your action as set out at paragraph 1:
  - 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 [Ms A], or creating an intimidating, hostile, degrading, humiliating or offensive environment for [Ms A]; **Determined and found proved.**
  - b. was sexually motivated; **Determined and found proved.**
  - c. was an abuse of your more senior position. **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 - 11/12/2025

1. The Tribunal exercised its powers under Rule 41 of the Rules to sit in private when matters heard as evidence were confidential. This determination will be handed down in private but as this case concerns Dr Shabaz Khalander's alleged misconduct a redacted version will be published at the close of the hearing.
2. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Shabaz Khalander's fitness to practise is impaired by reason of misconduct.

### Submissions

#### Submissions on behalf of the GMC

3. Ms Barbour submitted that the Tribunal should find impairment on the ground of misconduct in this case. Throughout her submissions, she referred the Tribunal to the principles set out in *Good Medical Practice* (2013) ('GMP'), relevant caselaw and to the *MPTS Guidance for Tribunals* ('the MPTS Guidance') (*Section one: Guidance introduction > Protecting the public in specific case types > Case type 1: sexual misconduct and Case type 4: discrimination; and Section three: MPT Hearings > Part B > Stage two: Impairment > Steps 2(a) to (e)*).
4. Ms Barbour referred to the documents submitted by Dr Shabaz Khalander in advance of the hearing, including his appraisal documents, feedback from colleagues, professional references and evidence of Continuing Professional Development ('CPD') courses he had undertaken between 2019 and 2023. She submitted that the documents, including the various professional references, could only be afforded limited weight as there is nothing within those documents which deals with the facts found by the Tribunal. She submitted that there is no reflection of any meaningful type and nothing demonstrative of any insight. Further, she submitted that there was an absence of any evidence of remediation such as the development of an understanding of appropriate professional boundaries or the impact of his actions on Ms A.
5. Ms Barbour submitted that the facts found proved amount to misconduct given the circumstances of the case. She reminded the Tribunal of its finding that Dr Shabaz Khalander's actions were sexually motivated and amounted to sexual harassment. She submitted that staff working in the NHS should be able to attend work safe in the knowledge that there are strict boundaries in place; they are entitled to feel safe at work,

notwithstanding the challenging environment. She submitted that, given the challenging environment, those working as doctors have an even greater obligation to ensure that their behaviour is appropriate and does not cause any unnecessary distress to their colleagues.

6. Ms Barbour submitted that the finding of sexual harassment is extremely serious, not only because of the effect it has on the individual victim, but also the effect it has on colleagues and patients. She reminded the Tribunal of the evidence of Ms A, the significant impact of Dr Shabaz Khalander's actions upon her and her mental health, and the continuing impact on her relationship with male colleagues. She submitted that for all of those reasons, any reasonable practitioner would be appalled by Dr Shabaz Khalander's behaviour and would consider the behaviour to be deplorable.

7. Ms Barbour submitted that Dr Shabaz Khalander had breached paragraphs 1 and 65 of GMP (which are set out later in this written decision). She stated that his first concern had been his own sexual motivation, and there had been a failure to maintain a proper professional boundary with a colleague. She stated that sexually harassing a colleague and behaving in a sexually motivated way towards a colleague is conduct which falls very far short of conduct which would justify the public's trust in the profession. She submitted that a basic tenet of the profession is that doctors will abide by the requirements imposed on them by their regulator, and Dr Shabaz Khalander had breached that tenet. She submitted that this supports the conclusion that Dr Shabaz Khalander's actions were sufficiently serious as to amount to misconduct.

8. Turning to the MPTS Guidance, Ms Barbour submitted that, for the reasons she had already outlined, the Tribunal could be satisfied, under Step 2(a) of the MPTS Guidance, that there is a legal basis for it to consider the question of impairment. She submitted that the ground of misconduct was plainly established.

9. Ms Barbour stated that the Tribunal is required to work through Step 2 of the MPTS Guidance. She said that the Tribunal must assess where on the spectrum of seriousness the allegation lies, and therefore what the starting point for assessing risk is. She reminded the Tribunal of the factors it should consider, as set out in Steps 2(b) to (e). She submitted that the Tribunal was entitled to find that Dr Shabaz Khalander presents a risk to members of the public, to the need to uphold proper professional standards and to confidence in the medical profession. She submitted that confidence in the medical profession would be undermined if a finding of impairment were not made.

10. Ms Barbour submitted that factual allegations of the type found proved in this case would usually mean that the starting point was at the higher end of the spectrum of seriousness. Seriousness can then be increased by certain features, a non-exhaustive list of which are set out at Step 2(b) in the MPTS Guidance. Turning to those features, she submitted that, in the current case, relevant features may include predatory behaviour, undermining collaborative working and putting the doctor's own interests above those of the patient. She submitted that the starting point for the Tribunal's assessment of seriousness in this case should be at the high end of the spectrum and that these were aggravating features.

11. Ms Barbour stated that, moving to Step 2(c) of the MPTS Guidance, the Tribunal must have regard to any context that is known about Dr Shabaz Khalander and/or his working environment. There are three types of relevant context: working environment context, role and experience, and personal context.

12. Ms Barbour reminded the Tribunal of the issues raised by Dr Shabaz Khalander of being overworked and tired. She submitted that there was nothing extraordinary about his circumstances at work. As regards his role and experience, she reminded the Tribunal that he was the senior doctor on the shift.

13. Turning to the personal context of XXX, Ms Barbour reminded the Tribunal that he had not raised any issues about XXX until after the incident giving rise to the allegation. Further, the Tribunal has found that there was limited evidence about XXX. She reminded the Tribunal of paragraph 70 of the MPTS Guidance under Step 2(d), which states that for personal context to be relevant to the MPT's assessment of current and ongoing risk to public protection, there must be a direct link between it and Dr Shabaz Khalander's behaviour, performance, XXX. She submitted that the Tribunal had already discounted any direct link between XXX and his sexually motivated conduct.

14. Ms Barbour submitted that, moving to Step 2(d) of the MPTS Guidance, the Tribunal must also take into account Dr Shabaz Khalander's response to the allegation, attaching the appropriate weight to the documents he has produced for the Tribunal. She submitted that Dr Shabaz Khalander has only partially accepted the allegation. Although he has acknowledged that touching Ms A's thigh in the way that he accepts he did was inappropriate, he has not accepted that his actions were sexually motivated. His assertion that he acted due to XXX means that he has not accepted responsibility or culpability.

15. Looking at the question of insight and remediation Ms Barbour submitted that Dr Shabaz Khalander has not provided anything meaningful by way of reflection. She submitted that sexual misconduct is difficult to remediate but is remediable. She stated that there has been no remediation by him, and the conduct is therefore likely to be repeated. She stated that Dr Shabaz Khalander does not appear to have a full and mature understanding of what happened, the impact of his conduct, or how he ought to have behaved differently. She stated there has only been a partial apology to Ms A, which indicated a woeful lack of empathy. She submitted that, at the time of his apology in the locker room, it could be that Dr Shabaz Khalander was acting in a self-seeking way and attempting to ameliorate his position, given his continued denial of these matters.

16. Ms Barbour reminded the Tribunal that it should have regard to any documents provided by Dr Shabaz Khalander in relation to keeping his knowledge and skills up to date. It should also take into account the testimonials he has provided. She submitted that there was nothing to suggest that he was otherwise not an adequate practitioner but that this would often be the case; what was relevant here was his misconduct.

17. Ms Barbour submitted that, for all of the reasons set out, Dr Shabaz Khalander poses a current and ongoing risk to public protection, and the only appropriate conclusion is that there is a high risk. She submitted that Dr Shabaz Khalander's fitness to practise remains impaired today, but, in any event, the nature and seriousness of his misconduct is such that a finding of current impairment would be required in order to maintain public confidence in the profession. She submitted that a finding would also be necessary to send a clear message to the public and members of the profession about what is not acceptable conduct for a doctor.

18. Ms Barbour reminded the Tribunal that sexual harassment is a type of discrimination that is established in law, and the Tribunal should take into account both the sexual misconduct section and the discrimination section of the General Introduction to the MPTS Guidance. She also reminded the Tribunal of the guidance in relation to sexual misconduct type cases that a single incident of sexual misconduct can have significant harmful impact and pose a high level of risk to public protection. She stated that the Tribunal had heard evidence about the ongoing, serious effect Dr Shabaz Khalander's conduct has had on Ms A and said that his misconduct was at the very high end of the spectrum, both in terms of seriousness of the behaviour and the seriousness of the risk, and his fitness to practise should be found impaired.

### The relevant legal principles

19. 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.

20. 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 legal basis advanced by the GMC is misconduct. 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.

21. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts found proved are sufficiently serious as to amount to misconduct and then whether as a result of that misconduct, the doctor's fitness to practise is currently impaired in that he poses a current and ongoing risk to public protection requiring restrictive action.

22. Paragraph 11 of *Part B: stage two - impairment* of the new *MPT Hearings Guidance* provides a description as to what may constitute misconduct.

23. The Tribunal was further reminded that misconduct has been defined by the Privy Council in the case of *Roylance v GMC (No.2)* [2000] 1 AC 311 as '*a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.*' In that case, the Privy Council went on to say that '*The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a medical practitioner in the particular circumstances.*'

24. The relevant standards to be applied to the current case are set out in the 2013 version of *Good Medical Practice*. The Tribunal should ask itself how far short of those standards the doctor's conduct has fallen.

25. As to seriousness, this must be given its proper weight: it is conduct which would be regarded as deplorable by fellow practitioners (*Nandi v GMC* [2004] EWHC 2317 (Admin) at paragraph 31, approved by *Meadow v GMC* [2007] QB 462 at paragraph 200).

26. The Tribunal had regard to the MPTS Guidance. To assess whether Dr Shabaz Khalander 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 relevant context known about Dr Shabaz Khalander and/or his working environment, and
- how Dr Shabaz Khalander has responded to the allegations.

### The Tribunal's determination on impairment

#### Misconduct

27. The Tribunal first considered whether the facts found proved constituted a sufficiently serious departure from the standards of conduct reasonably expected of Dr Shabaz Khalander, as a registered medical practitioner, so as to amount to misconduct. It reminded itself that it has found that Dr Shabaz Khalander's conduct towards Ms A was sexually motivated and that it amounted to conduct which meets the definition of harassment related to sex under section 26(2) of the Equality Act 2010.

28. The Tribunal had regard to *Good Medical Practice ('GMP') (2013 edition)* and the paragraphs relevant to this case. The Tribunal was of the view that Dr Shabaz Khalander's behaviour towards Ms A was a clear departure from the principles contained in paragraphs 1, 36, and 65 of GMP:

*'1 Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.*

...

*36 You must treat colleagues fairly and with respect.*

...

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

29. The Tribunal accepted that not every breach of GMP will amount to misconduct. Nor does a finding that Dr Shabaz Khalander's conduct meets the definition of harassment related to sex under section 26(2) of the Equality Act 2010 inevitably lead to a finding of misconduct. However, the Tribunal considered that on any view, unwanted conduct of a sexual nature towards a junior colleague in the workplace, can only be viewed as falling far short of the standards expected of a medical practitioner and conduct which would be viewed as deplorable by fellow practitioners.

30. The Tribunal was in no doubt that Dr Shabaz Khalander's conduct was sufficiently serious as to amount to a finding of misconduct.

### Impairment

#### **Is there a legal basis for considering impairment?**

31. Having found that the facts found proved amount to misconduct, the Tribunal went on to consider whether, as a result of that misconduct, Dr Shabaz Khalander's fitness to practice is currently impaired. The Tribunal was satisfied, having found Dr Shabaz Khalander's actions amounted to misconduct, that there was a legal basis for a finding of impairment.

32. The Tribunal had regard to paragraph 6 of the MPTS Guidance which states,

**'6** *Where there is a legal basis for considering a doctor's fitness to practise, to assess whether that doctor poses any current and ongoing risk to public protection, an MPT will consider:*

- *the seriousness of the facts found proved,*
- *any relevant context known about the doctor and/or their working environment, and*
- *how the doctor has responded to the allegation(s).'*

33. The Tribunal considered each of these three steps in turn (Steps 2(b) to 2(d) in the MPTS Guidance).

#### **Where on the spectrum of seriousness does the allegation lie?**

34. The Tribunal reminded itself that a finding of impairment requires a finding that Dr Shabaz Khalander poses a current and ongoing risk to public protection.

35. In order to assess whether Dr Shabaz Khalander poses such a risk, and the extent of that risk, the Tribunal first considered where on the spectrum of seriousness the allegation lies.

36. The Tribunal reminded itself once again of the nature of the misconduct. Dr Shabaz Khalander inappropriately touched Ms A's thigh, and that conduct was sexually motivated and met the definition of sexual harassment. The Tribunal took into account that this was a single incident on a single date and that it should be viewed in that context. However, it acknowledged that all allegations of sexual misconduct are serious and that even a single incident of sexual misconduct can have a significant harmful impact and pose a high level of risk to public protection.

37. The Tribunal had regard to paragraph 31 of the MPTS Guidance (*Section three: MPT Hearings > Part B > Stage two: Impairment*) which suggests that 'sexual assault, indecency or sexual harassment' are allegations that are likely to fall at the higher end of the spectrum of seriousness. The Tribunal decided that the starting point for assessing seriousness in this case, having regard to the nature of the facts it has found proved, must be at the higher end of the spectrum of seriousness.

38. The Tribunal next considered whether there were any features which increase the seriousness of the allegation such that it moves up the spectrum of seriousness. It had regard to the non-exhaustive list of such features set out at paragraph 36 of the MPTS Guidance and considered that the following applied:

'36.....

***Predatory behaviour***

*Predatory behaviour is characterised by the doctor taking, or attempting to take, advantage of an opportunity to exploit a person or situation. It can involve premeditation or be opportunistic.*

*A doctor may behave in a predatory way inside or outside their working life.*

...

***Undermining collaborative working***

*How doctors treat their colleagues, and how they work together in the interests of patients, is essential for good healthcare. Behaviour that undermines colleagues or is otherwise obstructive to effective team working, can directly or indirectly have a negative impact on patient safety. However, a doctor who raises a concern to comply with their professional duty to raise concerns in the public interest should not be regarded as having behaved in a way that undermines collaborative working, even where their doing so has had a negative impact on colleagues or team working.*

*Behaviour that undermines collaborative working can only arise in a doctor's working life.*

***Putting their own interests before those of patients***

*This occurs when a doctor puts their personal interests above those of a patient in a way that could compromise their judgment, decisions or actions. It includes where a doctor has asked for, accepted, or offered inducements or gifts, that may be seen to affect their behaviour at work, including clinical decision making. It also arises where they are not honest in their financial or commercial dealings, do not declare conflicts of interests and/or allow any interests to affect the way they prescribe, treat, refer or commission services for patients. Where a doctor puts their personal beliefs above the delivery of safe care to patients without making other suitable arrangements for treatment, this also amounts to putting their own interests above those of patients.*

*This type of behaviour can only arise inside a doctor's working life.'*

39. The Tribunal found that Dr Shabaz Khalander's behaviour was predatory only within the narrow definition set out at paragraph 36 of the MPTS guidance. The Tribunal found that Dr Shabaz Khalander had acted opportunistically in that he had exploited an opportunity to touch Ms A inappropriately, when she had come to him for advice and support. He had moved close to her trapping her legs between his legs and a filing cabinet, within the doctor's station where his actions could not be seen. The Tribunal considered that his actions in trapping Ms A were an aggravating feature of the misconduct.

40. The Tribunal also considered that Dr Shabaz Khalander's actions undermined collaborative working leading to a direct risk to patient safety. Ms A had gone to Dr Shabaz Khalander for advice about a paediatric patient, and he had failed to pay attention to the needs of the patient. As a result of his actions, she felt she could no longer go to him for support for the remainder of the shift. Her evidence was that she had been distracted for the rest of the shift. She told the Tribunal that she was concerned as to whether the patient had received the right treatment and care. The Tribunal considered that this also amounted to Dr Shabaz Khalander putting his own interests before those of his patients. He had put his sexual interests ahead of his duties as a doctor.

41. The Tribunal reminded itself that starting point fell at the higher end of the spectrum of seriousness. The Tribunal has found that there are features which increase the seriousness of Dr Shabaz Khalander's unwanted sexually motivated touching of Ms A, which amounted to sexual harassment. It follows that the allegation must rest at the high end of the spectrum of seriousness in assessing the current and ongoing risk which Dr Shabaz Khalander poses to public protection.

**What is the impact of any relevant context known about Dr Shabaz Khalander and/or his working environment?**

42. The Tribunal next considered whether there was any relevant context known about Dr Shabaz Khalander and/or his working environment which impacted his behaviour at the material time and which, therefore, may have an impact on the assessment of whether he poses a current and ongoing risk to one or more parts of public protection. The Tribunal reminded itself that relevant context can be negative or positive and can therefore increase or decrease the level of risk.

43. Paragraph 45 of the MPTS Guidance states that there are three types of relevant context: working environment, role and experience, and personal context.

44. The Tribunal had regard to the evidence before it about Dr Shabaz Khalander's working environment at the material time. It took into account that he has reported that at the time he was feeling overworked, burnt out and stressed. He was working a shift pattern which he had found difficult and which was causing sleep issues, albeit that he had not worked during the two days prior to the incident. He described in his Rule 7 response how *'the burden of covid was very much overwhelming and very stressful'*.

45. The Tribunal acknowledged that Dr Shabaz Khalander was working in the Emergency Department at the Hospital, which is generally a busy and stressful environment. However, the Tribunal could find nothing in the evidence to show that there was anything exceptional about his working environment which could reduce the seriousness of his risk to one or more parts of public protection. The Tribunal could find no direct link between the workplace stress he described and his sexual misconduct and sexual harassment of Ms A.

46. The Tribunal next considered whether Dr Shabaz Khalander's role and experience was material to its assessment of risk. It noted that, at the relevant time he was an experienced doctor, working as a specialty doctor at the Hospital. The Tribunal reminded itself of the guidance Paragraph 65 of the MPTS Guidance under the heading '*Assessing the impact of role and experience*' that a doctor in a senior or leading role is more likely to be capable of influencing others and having an impact on workplace culture and that where they behave inappropriately, their departure from the professional standards expected of them has an additional impact. The Tribunal acknowledged that, as a matter of fact, Dr Shabaz Khalander was senior to Ms A. However, the Tribunal has concluded at the fact-finding stage that his conduct did not constitute an abuse of his more senior position. The Tribunal concluded that his role and experience had no bearing on the extent of his current and ongoing risk to the three parts of public protection. The Tribunal considered that any doctor, regardless of role or experience, should be expected to know that sexual misconduct in any form is wrong.

47. The Tribunal also took into consideration the personal context advanced by Dr Shabaz Khalander. It noted that he had advanced XXX as a reason for his actions. In interview with Professor C in November 2025, he is reported as saying that XXX. The Tribunal, in its determination on the facts, noted that the XXX evidence before it was limited, and all the documentary evidence post-dated the incident. Further, the Tribunal noted that at the relevant time he had not XXX. The Tribunal has rejected any direct link between XXX and his misconduct. The Tribunal, therefore, did not consider that this was a matter to which it could give weight in its assessment of his current and ongoing risk to public protection.

48. The Tribunal further noted that Dr Shabaz Khalander has also alluded to some personal difficulties within his marriage at the time of the misconduct. The Tribunal did not consider this personal context to be relevant to the Tribunal's assessment of current and ongoing risk to public protection. He has not at any stage advanced a direct causal link between the state of his marriage and his sexual misconduct.

49. Overall, the Tribunal did not consider that in this case, there was any relevant contextual feature which would impact its assessment of the level of risk posed by Dr Shabaz Khalander to public protection.

#### How has Dr Shabaz Khalander responded to the allegation?

50. The Tribunal next considered Dr Shabaz Khalander's response to the allegation. It had regard to all the evidence and considered whether, and to what extent, Dr Shabaz Khalander has:

- shown insight into his own behaviour, and whether that insight is genuine;
- taken steps which have reduced the risk of his behaving in a similar way again; and
- kept his knowledge and skills up to date.

#### Insight

51. The Tribunal assessed the extent of Dr Shabaz Khalander's insight into his misconduct. It had regard to paragraph 81 of the MPTS Guidance under Step 2(d) which states:

**'81** *To demonstrate insight, and insight which is genuine, the doctor will need to show they understand what happened and accept how they could have acted differently. This involves showing, where relevant, that they have:*

- *considered the allegation, understanding what went wrong and accept they should have acted differently*
- *fully understood the impact or potential impact of their behaviour, performance, or health condition*
- *empathy for any individual affected, for example by apologising*
- *taken, or are taking, steps to remediate and to identify how they will act differently in the future to avoid similar issues arising*
- *sought appropriate support for a health condition and are seeking and/or following treatment and advice and/or are engaging with local support and any steps put in place to manage any risks to patients*
- *complied with the professional duty of candour*
- *co-operated with earlier investigations into the allegation (if they had the opportunity to do so) and engaged with the GMC's investigation, and/or*
- *self-referred to their employer and/or the GMC.'*

52. The Tribunal acknowledged that Dr Shabaz Khalander cooperated with the investigation by the Trust and that he has cooperated with these regulatory proceedings. He has set out his response to the allegation in emails, provided documentary evidence to

support his case, and engaged fully with Professor C's assessment of his fitness to participate in the hearing. The Tribunal considered the circumstances of Dr Shabaz Khalander's non-attendance at the hearing and determined not to draw a negative inference from this. However, because Dr Shabaz Khalander had not attended, the Tribunal was unable to test the extent of his insight in oral evidence.

53. The Tribunal took into account Dr Shabaz Khalander's partial acceptance of the allegation. It noted that, on the day of the incident, he acknowledged that he had inappropriately touched Ms A and apologised to her. Throughout the Trust's investigation and during the GMC investigation he has consistently accepted that he touched Ms A on the thigh and that to do so was inappropriate. However, he has not accepted the full extent of his misconduct. He has not accepted that he put his hand between Ms A's thighs or that any of his conduct was sexually motivated.

54. Dr Shabaz Khalander has accepted that he should have acted differently but has not, in the view of the Tribunal, demonstrated an understanding of the reasons behind his conduct. He has instead sought to minimise the seriousness of his misconduct. He has tried to distance himself from it by first suggesting that there had been a misunderstanding with Ms A. He had then suggested that he had accidentally touched her while looking at the patient's notes, and later that his actions had been as a result of stress and XXX.

55. The Tribunal had regard to Dr Shabaz Khalander's email of 13 October 2025 which is headed '*Reflections and learning from the serious incident*'. It found his reflections to be disordered and difficult to follow. Notably absent from his written reflections, was any mention of the harm done to Ms A, the resulting risk to patients, and the damage to public confidence in the profession as a result of his misconduct.

56. The Tribunal acknowledged that Dr Shabaz Khalander has the right to advance a robust defence to an allegation. However, in the view of the Tribunal, this did not preclude him from providing some evidence of insight or acknowledging the harm done to Ms A.

57. The Tribunal concluded that there are significant deficits in Dr Shabaz Khalander's insight into the seriousness of his misconduct and its impact on Ms A, colleagues and the wider profession. Whilst the Tribunal did not consider that these deficits increased the level of current and ongoing risk posed by Dr Shabaz Khalander, the absence of insight meant that there had been no reduction in that risk.

### Remediation

58. The Tribunal carefully considered whether Dr Shabaz Khalander has provided any evidence that he has remedied his misconduct. The Tribunal acknowledged that sexual misconduct and sexual harassment are difficult to remediate. However, the Tribunal considered that there are steps that a practitioner can take and strategies that they can develop to demonstrate a reduction in the risk that they will behave in a similar way in future.

59. The Tribunal reviewed documentation provided by Dr Shabaz Khalander. It found that whilst he has provided evidence of CPD relevant to his chosen specialty in emergency medicine, he has provided no evidence of any courses or learning he has undertaken which are directly relevant to his behaviour towards Ms A. There is no evidence, for example, that he has undertaken any learning or reflection on the importance of maintaining professional boundaries. The Tribunal could find no evidence that he had undertaken any meaningful remediation since the incident took place in May 2022. It was, therefore, not reassured that he would be highly unlikely to act in a similar way in future or that there has been any reduction in the current and ongoing risk which he poses to public protection.

### Keeping knowledge and skills up to date

60. The Tribunal noted that there was no complaint about Dr Shabaz Khalander's clinical practice. The Tribunal had regard to paragraphs 124 and 125 of the MPTS Guidance under Step 2(d) which state,

*'124 Where a doctor has not been working for a period since the circumstances giving rise to the allegation arose, either at all or in a specific speciality, the MPT may consider that this creates a risk that the doctor's knowledge and skills have deteriorated. It's therefore important that the doctor can evidence they have taken steps to mitigate this risk.'*

*125 Where the doctor can show that their knowledge and skills are up to date despite any break from practice, this will not usually directly impact on the assessment of current and ongoing risk to public protection because being competent in all aspects of their work and able to provide a good standard of practice and care is a key requirement of the professional standards.'*

61. The Tribunal reviewed the appraisal and feedback documentation and the evidence of CPD provided by Dr Shabaz Khalander. It noted that, at the time of the incident giving rise to

the allegation, Dr Shabaz Khalander was working at specialty doctor level. He was involved in teaching emergency medicine for which he regularly received positive reports, and his annual appraisal documentation from 2019 to 2023 indicates that he was performing at an adequate level. He was undertaking CPD relevant to his specialty in emergency medicine and he has provided evidence of reflection by him on that CPD.

62. The Tribunal noted that Dr Shabaz Khalander's most recent appraisal report, for the year ending 31 March 2023 indicates that he was, at that time, up to date with life support courses relevant to his work in the emergency department. He was compliant with most mandatory training modules and was said to be working actively to complete those that were pending or expired. His appraiser stated,

*'Dr Khalander is well-engaged in his professional development. He has provided evidence of reflective practice and has done comprehensive reflection on various CPD activities that he undertook in the last one year. He successfully completed a course on point-of-care ultrasound. He is working towards his FRCEM exams. He is highly involved in departmental teaching and training activities.'*

63. There had been no complaints about Dr Shabaz Khalander's clinical practice in the appraisal period, and the Tribunal was satisfied that at the time of his most recent appraisal, the evidence supported the view that Dr Shabaz Khalander was committed to keeping his skills up to date. He had also contributed departmentally by conducting a significant audit measuring the quality indicators of patients reattending the emergency department.

64. The Tribunal had limited information as to what Dr Shabaz Khalander has been doing professionally since he ceased working at the Hospital in or around June 2023. In his interview with Professor C in November 2025, he is reported as saying that he had worked as a 'cloud physician' for about 45 days in late 2023 but 'he found the job difficult and there were complaints about his behaviour'. He has otherwise made further (unsuccessful) attempts to pass the Fellowship of the Royal College of Emergency Medicine (FRCEM) Final SBA examination, which the Tribunal considered provided some evidence of Dr Shabaz Khalander's commitment to keeping his skills up to date and progressing in his chosen specialty.

65. The Tribunal took into account that Dr Shabaz Khalander was a doctor of some years' experience at the time of the incident giving rise to the allegation. There was nothing before the Tribunal that would indicate that he has failed to keep his knowledge and skills up to date

such that this creates a current and ongoing risk to public protection. However, in the context of the Tribunal's findings that Dr Shabaz Khalander touched Ms A's thigh inappropriately and that his actions were sexual motivated and amounted to sexual harassment, the Tribunal considered that the fact that his knowledge and skills appear to be up to date did not directly impact on the Tribunal's assessment of current and ongoing risk to public protection.

66. Overall, the Tribunal concluded that Dr Shabaz Khalander's response to the allegation did not reduce the level of risk he poses to public protection.

**Tribunal's decision as to whether Dr Shabaz Khalander poses any current and ongoing risk to public protection which may require restrictive action in response and its finding on impairment**

67. The Tribunal next had to consider, overall, whether Dr Shabaz Khalander poses any current and ongoing risk to public protection which may require restrictive action on his registration, and make its decision on impairment.

68. The Tribunal reviewed its conclusions at Steps 2(a) to (d) above. It has found that Dr Shabaz Khalander's misconduct, which involved inappropriately touching Ms A's thigh for his own sexual gratification, lies at the high end of the spectrum of seriousness. The Tribunal has considered the known contextual factors relating to Dr Shabaz Khalander and has taken into account his response to the allegation. However, the Tribunal has concluded that neither the contextual factors it has identified, nor Dr Shabaz Khalander's response to the allegation, has decreased the current and ongoing risk which he presents to public protection.

69. The Tribunal had regard to the General Introduction section of the MPTS Guidance, and specifically the sections headed '*Case Type 1: sexual misconduct*' and '*Case Type 4: discrimination*'. Paragraph 63 of the General Introduction sets out how the three parts of public protection might be engaged in a sexual misconduct case. Paragraph 137 likewise sets out how the three parts of public protection might be engaged in a discrimination case, in similar terms.

70. The Tribunal considered that all three parts of public protection are engaged in the current case:

**Protecting, promoting and maintaining the health, safety and wellbeing of the public**

71. The Tribunal has found that Dr Shabaz Khalander's sexual misconduct caused lasting harm to Ms A's emotional wellbeing which has affected her sense of safety in the workplace

and her interactions with male colleagues. Further, the misconduct created a risk to patient safety in that there is evidence that it led to a breakdown in communication between Ms A and Dr Shabaz Khalander and in the collaborative working needed to deliver safe patient care. Ms A actively avoided him for the remainder of the shift and did not feel able to go to him for further support.

72. The Tribunal accepts that this appears to have been an isolated incident and that there is evidence from colleague feedback surveys to demonstrate that Dr Shabaz Khalander otherwise enjoyed good working relationships with junior colleagues. Further, there is no evidence that he has ever behaved in a similar way toward patients. However, in the absence of any meaningful insight by Dr Shabaz Khalander into his misconduct or steps taken to remedy it, the Tribunal was not reassured that he would be highly unlikely to act in a similar way in future. Accordingly, the Tribunal considers that he poses a current and ongoing risk to the health, safety and wellbeing of the public and that a finding of impairment is required on public safety grounds.

Promoting and maintaining public confidence in the profession

73. As to the second part of the overarching objective, public confidence in the profession, the Tribunal was in no doubt that Dr Shabaz Khalander's misconduct brings the medical profession into disrepute and that he has breached fundamental tenets of the medical profession, including the requirement to respect colleagues. The public must have confidence that doctors will behave professionally and appropriately and that they will not put their own sexual gratification before the interests of effective patient care. Healthcare colleagues are entitled to feel safe and be free from sexual harassment in their place of work. The Tribunal considered that the public would be rightly appalled by a doctor sexually harassing a junior colleague in the workplace. The Tribunal concluded the misconduct was of such a serious nature that a finding of impairment is necessary to maintain public confidence in the profession.

Promoting and maintaining professional standards and conduct (upholding professional standards)

74. As to the third part of public protection, upholding professional standards, the Tribunal reminded itself of its earlier conclusion that Dr Shabaz Khalander's conduct represented a serious departure from the standards of conduct expected of medical practitioners. The Tribunal considered that a finding of impairment is required to send a clear signal to Dr Shabaz Khalander, the profession, and the public of the unacceptability of his conduct.

75. In all the circumstances, the Tribunal concluded that the current and ongoing risk posed by Dr Shabaz Khalander to public protection is high, and that a finding of impairment is necessary, by reference to all three parts of public protection.

76. The Tribunal has therefore determined that Dr Shabaz Khalander's fitness to practise is impaired by reason of misconduct.

#### **Determination on Sanction - 27/01/2026**

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 Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration were confidential.

#### **The Outcome of Applications made during the Sanction Stage**

2. At the close of the impairment stage, the Tribunal identified that it had insufficient time remaining in the listing to consider sanction. Having identified dates that it could reconvene, the Tribunal exercised its powers under section 41A (1) of the Medical Act (1983) to impose an Interim Order of suspension for a period of six months. The Tribunal's decision is attached as Annex C.

3. The Tribunal, heard submissions from Ms Barbour, Counsel, on behalf of the GMC, in relation to service of notice for this reconvened hearing. It was provided with a copy of the MPTS Notice of Hearing which was sent to Dr Shabaz Khalander by email on 12 December 2025 and an email from him confirming receipt the following day. Accordingly, the Tribunal was of the view that Dr Shabaz Khalander had been properly served with notice pursuant to Rules 15 and 40 of the Rules. The Tribunal also formed the view that it should proceed in Dr Shabaz Khalander's absence, for the reasons it had previously given in Annex A.

#### **Submissions**

4. On behalf of the GMC, Ms Barbour submitted that the only appropriate and proportionate sanction is Dr Shabaz Khalander's erasure from the medical register. Throughout her submissions, she referred the Tribunal to the relevant paragraphs of the

MPTS Guidance (*Section three: MPT Hearings > Part C: stage three – sanction > Step 3: decide on sanction*), and the Tribunal’s determination at the impairment stage, particularly its finding that the current and ongoing risk posed to public protection is high, and that all three parts of the public protection test are engaged.

5. Ms Barbour reminded the Tribunal that, following the adjournment of the proceedings in December, Dr Shabaz Khalander has now had the opportunity to review and reflect upon the determinations of the Tribunal. She stated that he had, however, chosen neither to engage nor to provide any further information to the Tribunal. She submitted that the Tribunal should take this into account when considering its updated assessment of the current and ongoing risk to public protection posed by Dr Shabaz Khalander and submitted that, if anything, the position is worse than it was a month ago.

6. Ms Barbour submitted that there can be no public interest in facilitating Dr Shabaz Khalander’s return to safe practice. She reminded the Tribunal of its finding that he has demonstrated no insight and submitted that the Tribunal could have no confidence that he would be able to return to safe practice given the decisions the Tribunal had made. She submitted that the Tribunal must weigh into the balance the interests of Dr Shabaz Khalander, including the impact on his career, but that the case law is clear that the need to protect the public always outweighs the interests of any individual medical practitioner.

7. Ms Barbour stated that the Tribunal ought to consider the available sanctions in ascending order, starting with the least restrictive and working up. She directed the Tribunal to the sanction’s bandings table in the MPTS Guidance. She reminded the Tribunal that this is a case where the Tribunal has found that the level of current and ongoing risk is already at the upper end of the spectrum. She noted that the sanctions bandings in cases of sexual misconduct where there is a higher level of risk to public protection point to a sanction ranging from a 12-month suspension order to erasure. In cases of discrimination, the suggested sanction is one of suspension of nine months to erasure. She said that there are a number of aggravating features that point the direction of sanction towards erasure.

8. Whilst submitting that erasure is the appropriate and proportionate sanction, Ms Barbour acknowledged that the Tribunal must consider the available sanctions from the least serious up. She, therefore, addressed the Tribunal on each of the lesser sanctions in turn.

9. Ms Barbour submitted that for the Tribunal to take no action would be inappropriate because there were no exceptional circumstances to justify that course.

10. With regard to conditions, Ms Barbour submitted that an order of conditions would not address the Tribunal's specific findings about the current and ongoing risk to public protection; nor could any conditions be formulated that would be workable in the sense that they would be capable of returning the doctor to safe practice. She stated that Dr Shabaz Khalander's misconduct was too serious to be appropriately addressed by an order of conditions.

11. Ms Barbour addressed the Tribunal on suspension. She referred the Tribunal to its findings at the impairment stage in relation to seriousness and the current and ongoing risk to public protection. She reminded the Tribunal that it had found that Dr Shabaz Khalander's misconduct fell at the high end of the spectrum, and that there were a number of aggravating features. It had further found that the risk posed by Dr Shabaz Khalander was high. Ms Barbour submitted that Dr Shabaz Khalander's misconduct revealed deep seated problems of a type, which are almost incapable of remediation. She submitted that he had demonstrated little to no remediation and that there was no realistic prospect of him now gaining insight or remedying his misconduct.

12. Ms Barbour reminded the Tribunal that it had found impairment on all three parts of the public protection test. It had found that Dr Shabaz Khalander presents a current and ongoing risk to public safety. Ms Barbour submitted that a suspension order would be inadequate to address that risk. Furthermore, she submitted that suspension would be insufficient to maintain public confidence in the profession or to maintain proper professional standards.

13. Ms Barbour submitted that the only appropriate sanction was one of erasure. She submitted that the level of current and ongoing risk that Dr Shabaz Khalander poses to public protection is so significant that he should not be allowed to practise. She stated that erasure would also have a deterrent effect as it would send a signal to Dr Shabaz Khalander, the profession and the public about what is regarded as behaviour unbecoming a registered doctor, which is of particular importance in cases of sexual misconduct and sexual discrimination at work.

14. Ms Barbour said that when the Tribunal has applied the sanction bandings to reach a provisional view on what sanction is appropriate, before finalising their decision it must consider if there is any additional evidence that may be relevant to deciding what sanction is proportionate. It should also remind itself of its decision on how the case engaged one or

more of the three parts of public protection with reference to their decision on impairment, the general guidance and specific case types section in the introduction.

15. In closing, Ms Barbour submitted on behalf of the GMC that the current and ongoing risk posed to public protection is high, that all three parts of the public protection test are engaged, and that erasure is the only proportionate response to protect the public.

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

16. The Tribunal accepted legal advice and the procedure to be adopted under the MPTS Guidance (*Section three: MPT Hearings > Part C: stage three – sanction > Step 3: decide on sanction*). It has borne in mind that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest, although it may have a punitive effect.

17. In making its decision on sanction, the Tribunal has reviewed its decision on facts and impairment and has considered the level of current and ongoing risk Dr Shabaz Khlander poses to public protection. It has referred to the sanctions banding for cases involving sexual misconduct and discrimination as set out in Part C of the Guidance for MPT hearings. It has also considered the impact of any specific sanction type, where applicable, and any references or testimonials provided.

18. The Tribunal had regard to paragraph 62 of the relevant section of the MPTS Guidance, which sets out the sanctions bandings for specific types of cases. The Tribunal also bore in mind its findings at the impairment stage that Dr Shabaz Khlander's conduct was at the higher end of the spectrum of seriousness and that he poses a high level of current and ongoing risk to public protection. It noted that the suggested sanction in sexual misconduct cases under the sanctions bandings is one of 12 months' suspension to erasure; in cases of discrimination the suggested sanction is one of nine months' suspension to erasure.

19. The Tribunal reminded itself that the sanctions bandings are intended to provide a guide, and that there may be evidence relevant to the individual circumstances of the case that indicates a sanction which is more or less restrictive than that suggested in the bandings.

20. The Tribunal considered each of the available sanctions in turn, starting with the least restrictive.

## No action

21. The Tribunal first considered whether to conclude the case by taking no action. It reminded itself of the nature of Dr Shabaz Khalander's misconduct which involved inappropriately touching the thigh of a junior colleague in the workplace for his own sexual gratification. It reminded itself that it had found that his conduct met the definition of sexual harassment. The Tribunal determined that there were no exceptional circumstances which would warrant it taking no action in the context of the facts found proved and the Tribunal's determination on impairment. It reminded itself that it had found that Dr Shabaz Khalander poses a current and ongoing risk to all three parts of the public protection test and concluded that a sanction which did not restrict his registration would be wholly insufficient. The Tribunal further considered that to take no action would neither maintain public confidence in the profession nor promote proper professional standards and conduct. It reminded itself of its finding at the impairment stage that the public would be rightly appalled by a doctor sexually harassing a junior colleague in the workplace.

## Conditions

22. The Tribunal next considered whether to impose conditions on Dr Shabaz Khalander's registration. As a starting point, the Tribunal noted that the sanctions bandings for sexual misconduct and discrimination case types do not indicate that conditions would be an appropriate and proportionate sanction in cases involving sexual misconduct and discrimination where a high level of risk to public protection has been identified.

23. The Tribunal had regard to paragraphs 17 to 30 of the relevant section of the MPTS Guidance which provide an indication of cases where conditions are likely to be suitable. It bore in mind that any conditions imposed must be appropriate, proportionate, workable and measurable. The Tribunal had regard to the guidance that, for conditions to be appropriate, they must address the specific findings about the current and ongoing risk to public protection posed by the doctor. It reminded itself of its earlier finding that Dr Shabaz Khalander had breached fundamental tenets of the profession and had put his own sexual gratification before safe patient care. The Tribunal considered that this was not conduct which could properly be addressed by conditions on his registration. The Tribunal concluded that it was not possible to formulate conditions to address the risks associated with Dr Shabaz Khalander's sexual misconduct and sexual harassment.

24. The Tribunal concluded that the imposition of conditions would be insufficient to protect the public or to satisfy the wider public interest.

### Suspension

25. The Tribunal then went on to consider whether imposing a period of suspension on Dr Shabaz Khalander's registration would be the appropriate and proportionate outcome. The Tribunal reminded itself that the purpose of suspension is to remove a doctor from practice to manage the current and ongoing risk they pose to public protection with the aim they should be able to return safely to unrestricted practice in the future. Suspension can have a deterrent effect and be used to send a signal to the individual doctor, the profession and public about what is regarded as behaviour unbecoming a registered doctor.

26. The Tribunal bore in mind that the sanctions banding table at paragraph 62 of the relevant section of the MPTS Guidance indicates that a lengthy period of suspension or erasure may be the appropriate and proportionate outcome in cases involving sexual misconduct and/or discrimination.

27. The Tribunal further noted paragraph 45 of the relevant section of the MPTS Guidance, which provides:

**'45** *Suspension may be proportionate in cases where some, or all, of the following factors are present:*

*a conditions are not appropriate, measurable and/or workable*

*b the level of current and ongoing risk to public protection is such that it cannot be safely managed with conditions and suspension is necessary to stop the doctor from working and putting patients at risk while they gain insight into any deficiencies and remediate, or undergo medical treatment, and/or*

*c the level of current and ongoing risk to public protection is such that, although patient safety is not an issue, suspension is needed to maintain public confidence in the profession and/or maintain professional standards.*

28. The Tribunal reminded itself again of its finding at the impairment stage that Dr Shabaz Khalander's sexual misconduct lay at the high end of the spectrum of seriousness. It

reminded itself that Dr Shabaz Khalander's actions had caused lasting harm to Ms A's emotional wellbeing and had created a risk to patient safety through a breakdown in the collaborative working needed to deliver safe patient care. The Tribunal has found that his sexual misconduct has brought the medical profession into disrepute, that he has breached fundamental tenets of the medical profession, and that he has fallen far short of the standards of conduct expected of medical practitioners.

29. Set against this, the Tribunal reminded itself that this was an isolated incident and that there was no evidence that Dr Shabaz Khalander has ever behaved in a similar way before or since May 2022. The Tribunal concluded that, on that basis, it was not inevitable that the finding of misconduct and impairment must lead to a decision to erase his name from the medical register.

30. However, the Tribunal reminded itself that for suspension to be the appropriate and proportionate sanction, there must be a reasonable prospect of Dr Shabaz Khalander's safe return to unrestricted practice. It reminded itself of its earlier finding that Dr Shabaz Khalander's response to the allegation had not decreased the current and ongoing risk which he presents to public protection. The Tribunal has found that while Dr Shabaz Khalander has accepted that he should have acted differently, he has not demonstrated an understanding of the reasons behind his actions, the seriousness of his misconduct, and its impact on Ms A, colleagues and the wider profession. The Tribunal has further concluded that there is no evidence that Dr Shabaz Khalander has undertaken any meaningful remediation since the incident took place in May 2022. Further, having had the benefit of several weeks since notification of the Tribunal's impairment decision in December 2025 to consider his actions and take remedial steps, there is no evidence that he has taken the opportunity to do so. While there is some evidence that he has kept his clinical skills and knowledge up to date, the Tribunal has found that this has no direct impact on its assessment of current and ongoing risk to public protection. The panel concluded that, without evidence of any meaningful insight and remediation, there was no realistic prospect that Dr Shabaz Khalander could return to safe practice as a medical practitioner.

31. The Tribunal had regard to the two professional references and appraisal documentation provided by Dr Shabaz Khalander at an earlier stage. It was evident on the face of the references that the referees were unaware that he had been the subject of disciplinary proceedings by the Trust or that he was now before this Tribunal. Further, there was very limited evidence within the appraisal documentation of any discussion of the

allegation of sexual misconduct. The Tribunal concluded that it could give little weight to this evidence in its decision as to the appropriate sanction.

32. The Tribunal concluded, based on all of the above, that a period of suspension would be insufficient to uphold the three elements of the overarching objective of public protection.

### Erasure

33. The Tribunal, having concluded that a suspension order would be insufficient to protect the public, determined that the appropriate and proportionate sanction is erasure.

34. The Tribunal had regard to the paragraphs 55 to 57 of the relevant section of the MPTS Guidance, which provide:

**‘55** *Erasure is action available for those cases where a doctor’s behaviour, performance, or the impact that a health condition is having on their ability to practise safely and effectively, is incompatible with continued registration at this point in time. It means the level of current and ongoing risk the doctor poses to public protection is so significant that they should not be allowed to practise.*

**56** *Erasure takes away a doctor’s registration which means they are no longer entitled to practise in the UK at all, or anywhere else where they are required to hold GMC registration. It is used to protect the public in the most serious cases. It also has a deterrent effect as it sends a signal to the individual doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor.*

**57** *Erasure may be the proportionate response where:*

*a conditions are not appropriate, measurable and/or workable and suspension is not sufficient to protect the public*

*b the doctor’s behaviour or performance is such that it caused serious harm, and the risk of harm recurring cannot be mitigated sufficiently through putting conditions or suspension in place*

*c the doctor has shown a persistent lack of insight into the seriousness of the allegation about their behaviour or performance and the potential or actual consequences, and/or*

*d the seriousness of the facts found proven and/or impact of any relevant context that increased the current and ongoing risk to public protection mean the effect of the doctor continuing to hold registration is such that it will undermine public confidence in the profession.'*

35. The Tribunal concluded that Dr Shabaz Khalander's behaviour is fundamentally incompatible with his continued registration as a doctor and that the level of current and ongoing risk he poses to public protection is so significant that he should not be allowed to practise. Dr Shabaz Khalander's sexual misconduct and sexual harassment of Ms A in her place of work undermines patients' and the public's trust and confidence in the medical profession and inevitably brings the profession as a whole into disrepute. His actions fall far short of proper professional standards and conduct for medical practitioners and his lack of insight into the seriousness of his behaviour and the impact this had on Ms A, colleagues and the wider profession, coupled with his failure to remediate in any meaningful way, mean that erasure is the only sanction proportionate to the current and ongoing risk he poses to all three parts of the overarching objective of public protection.

36. The Tribunal acknowledged that this sanction will have a significant impact on Dr Shabaz Khalander in financial, reputational and career terms. It will prohibit him from working as a doctor in the United Kingdom or anywhere else where he is required to hold GMC registration. However, it concluded that the interests of Dr Shabaz Khalander are outweighed by the need to protect the public, including the need to maintain the reputation of the profession as a whole.

37. The Tribunal therefore directs that Dr Shabaz Khalander's name be erased from the medical register.

#### **Determination on Immediate Order - 27/01/2026**

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 Practise) Rules 2004,

as amended (the Rules), to sit in private when the matters under consideration were confidential.

2. Having determined that Dr Shabaz Khalander's name should be erased from the medical register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether his registration should be subject to an immediate order.

### Submissions

3. On behalf of the GMC, Ms Emma Gilsenan submitted that an immediate order of suspension should be imposed in this case due to the Tribunal's determinations which found sexual motivation and sexual harassment. She reminded the Tribunal of its decisions on impairment and sanction and submitted that the public would expect the Tribunal to impose an immediate order. She submitted that an immediate order is necessary to protect members of the public and is otherwise in the public interest.

### The Tribunal's Determination

4. The Tribunal reminded itself that it had determined that Dr Shabaz Khalander's behaviour, which involved sexual misconduct and sexual harassment, is fundamentally incompatible with his continued registration as a doctor and that the level of current and ongoing risk he poses to public protection is so significant that he should not be allowed to practise. On that basis, the Tribunal determined that it would be incompatible with its earlier decisions if Dr Shabaz Khalander were permitted to remain in practice pending the substantive decision of erasure coming into effect. The Tribunal concluded that an immediate order is necessary both for the protection of the public and otherwise in the public interest.

5. The Tribunal therefore determined to impose an immediate order of suspension.

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

7. The interim order currently in place on Dr Shabaz Khalander's registration will be revoked when the immediate order takes effect.

8. That concludes this case.

ANNEX A – 09/12/2025

**Service and Proceeding in Absence**

1. Parts of this hearing were heard in private in accordance with Rule 41 of the Rules. This determination will be handed down in private due to the confidential nature of matters heard as evidence. However, as this case concerns Dr Shabaz Khalander’s alleged misconduct, a redacted version will be published at the close of the hearing.
2. Dr Shabaz Khalander was neither present nor legally represented at this hearing.
3. Prior to the hearing, Dr Shabaz Khalander had indicated that he intended to attend the hearing without representation. On Day 1 of the hearing, the hearing was due to commence virtually at 9:30am. Dr Shabaz Khalander did not sign in to the hearing link. MPTS Staff attempted to contact Dr Shabaz Khalander by telephone and sent an email asking him to sign in. The telephone call was unanswered. The Tribunal decided to delay the start time for 15 minutes to allow further contact attempts. MPTS staff attempted two further telephone calls, which were unanswered.
4. The hearing commenced at 9:45am, and after a short delay for the Tribunal to receive a copy of a service bundle from the GMC. Ms Barbour was invited to make submissions on service of notice of the hearing and proceeding in absence.
5. The Tribunal was provided with a copy of a service bundle from the GMC. This included a Notice of Allegation letter to Dr Shabaz Khalander via email, on 15 August 2025 at 4:19pm, enclosing a copy of the hearing bundle. It also included a Notice of Hearing letter from the MPTS sent via email on 16 October 2025 at 3:56pm.

**Submissions**

6. On behalf of the GMC, Ms Barbour took the Tribunal through the service bundle and highlighted that both the Notice of Allegation and the Notice of Hearing were sent to Dr Shabaz Khalander via email, his preferred method of communication. She submitted that the Notice of Hearing contained the information required under Rule 15 of the Rules. It stated that the hearing would be held virtually; it would commence on 1 December 2025; and that it was expected to last eight days, with a planned non-sitting day on 5 December 2025. The MPTS letter also requested confirmation from Dr Shabaz Khalander as to whether he would

be attending and provided information about the support available in relation to the hearing. Dr Shabaz Khalander acknowledged receipt of the email on 17 October 2025.

7. Ms Barbour submitted that Dr Shabaz Khalander had indicated at a pre-hearing meeting on 4 September 2025 that he intended to attend the hearing. At that meeting, he had discussed the practicalities of attending the hearing and had been told of the date. She submitted that Dr Shabaz Khalander had acknowledged receipt of the MPTS Notice of Hearing and so the Tribunal could be confident that he was aware of the hearing.

8. Ms Barbour invited the Tribunal to conclude that service had been effected in accordance with the Rules.

### Proceeding in Absence

9. Ms Barbour submitted that, if the Tribunal found that service had been properly effected, it should go on to consider whether it would be appropriate to proceed in Dr Shabaz Khalander's absence.

10. Ms Barbour pointed the Tribunal to documents within the service bundle, which demonstrated that Dr Shabaz Khalander had been in contact with the GMC as recently as 22 November 2025 regarding the bundle.

11. Ms Barbour directed the Tribunal to a report produced by Professor C in November 2025, following a virtual meeting with Dr Shabaz Khalander 19 November 2025 for the purpose of assessing his fitness to participate in proceedings and whether any adjustments were needed to facilitate his participation. Professor C, in his subsequent report of 22 November 2025, states:

*'In terms of the Tribunal, he told me he has not sought legal representation but he has had advice from a lawyer friend of his father's. That said, he was unsure whether or not he will attend as he does not have "a good feeling" about the hearing and the thought of "going through the experience" makes him uneasy; he is considering just waiting for the result.'*

12. Ms Barbour stated that the report from Professor C is also relevant as it confirms that there is no XXX reason that would preclude Dr Shabaz Khalander from attending the hearing.

13. Ms Barbour directed the Tribunal to consider the Guidance, and relevant caselaw, and reminded it that it must carefully consider whether it is appropriate to proceed in Dr Shabaz

Khalander's absence, balancing the overarching objectives of MPT proceedings and the protection of the public with fairness to Dr Shabaz Khalander.

14. Ms Barbour submitted that the overwhelming suggestion was that Dr Shabaz Khalander had voluntarily absented himself from these proceedings, and it would be improper to delay when he has chosen so to do. As recently as a couple of weeks ago, he had stated considering not attending the hearing because he did not have 'a good feeling' and had indicated that he might just wait to see what the outcome was. She therefore invited the Tribunal to proceed in Dr Shabaz Khalander's absence.

### The Relevant Legal Principles

15. In considering service, the Tribunal had regard to Rule 15 and Rule 40 of the Rules with regard to the form and content of the Notice of Allegation from the GMC and Notice of Hearing from the MPTS which must be served on the practitioner and the time limits for service of notice. It reminded itself that, under Rule 40, notice can be served by post or electronic means and must comply with para 8 of schedule 4 of Medical Act.

16. The Tribunal reminded itself that service can be to the practitioner's registered address or last known address and that S30(5) Medical Act 1983 provides that the doctor should ensure the address provided to the GMC is up to date. The case of *GMC v Adeogba* [2016] EWCA Civ 162 makes clear that, in terms of service, the GMC's only obligation is to communicate using the address provided by the practitioner, as it appears in the register.

17. In considering whether to proceed in the absence of Dr Shabaz Khalander, the Tribunal was reminded of Rule 31 of Rules, which provides that:

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

18. The Tribunal had regard to the criminal case of *R v Jones* [2002] UKHL 5, which sets out the factors that should be taken into account when determining whether to proceed in the absence of the practitioner including:

- the nature and circumstances of the Respondent's/Appellant's absence and, in particular, whether the behaviour may be deliberate and voluntary and thus a waiver of the right to appear;
- whether an adjournment might result in the Respondent/Appellant attending the proceedings at a later date; the likely length of any such adjournment;
- whether the Respondent/Appellant, despite being absent, wished to be represented at the hearing or has waived that right;
- the extent to which any representative would be able to receive instructions from, and present the case on behalf of, the absent Respondent/Appellant;
- the extent of the disadvantage to the Respondent/Appellant in not being able to give evidence having regard to the nature of the case;
- the general public interest;
- and, in particular, the interest of any victims or witnesses that a hearing should take place within a reasonable time of the events to which it relates; the effect of delay on the memories of witnesses.

19. The Tribunal had regard to the legal authority of *General Medical Council v Adeogba* [2016] EWCA Civ 162, and the principles derived from that case, including:

- There was a difference between a criminal trial and the decision under Rule 31. The latter decision must also be guided by the context provided by the main statutory objective of the GMC, namely the protection, promotion and maintenance of the health and safety of the public as set out in the Medical Act;
- In that regard, the fair, economical, expeditious and efficient disposal of allegations made against medical practitioners is of very real importance;
- It would be contrary to the GMC's overarching objective if the practitioner could deliberately frustrate the process by non-engagement; and
- Whenever a practitioner does not attend there will be prejudice to him or her, especially when their input is crucial but that does not outweigh other factors.

20. The Tribunal reminded itself that it must be guided by the context of the GMC's overarching objective. If the Tribunal were concerned that there may be XXX grounds as to why Dr Shabaz Khalander had not attended, it would normally be expected to have been provided with XXX evidence to that effect. In the current case the Tribunal had an expert report stating that the doctor was fit to participate in the hearing.

21. The Tribunal reminded itself that fairness to the practitioner is a prime consideration but is not determinative. Fairness to the GMC and the public interest must also be taken into account. If the Tribunal decides that the hearing should continue in the absence of the practitioner, it must ensure that it is as fair as the circumstances permit, taking reasonable steps to test and to expose weaknesses in the GMC's case and to raise such points on behalf of the practitioner as the evidence permits.

### The Tribunal's Determination

#### Service

22. The Tribunal considered the Notice of Allegation and Notice of Hearing and all the evidence within the service bundle. The Tribunal was satisfied that the Notice of Hearing contained the information required under Rule 15 of the Rules and that it has been served on Dr Shabaz Khalander, in accordance with Rule 40(2) of the Rules, by email to an email address, that he had notified to the Registrar as an address for communications.

23. Accordingly, the Tribunal was satisfied that Dr Shabaz Khalander had been served with Notice of today's hearing in accordance with the Rules.

#### Proceeding in Dr Shabaz Khalander's Absence

24. The Tribunal went on to consider whether it would be appropriate to proceed in Dr Shabaz Khalander's absence. It reminded itself that this was a matter for its discretion and that such discretion was to be exercised with care and caution.

25. The Tribunal noted that the letters sent to Dr Shabaz Khalander informed him of the date and venue of the hearing, his right to attend it, and to be legally represented. He was also informed that the hearing could proceed in his absence if he did not attend. Dr Shabaz Khalander had acknowledged correspondence sent to him and was in contact with the GMC as recently as 22 November 2025. It also noted the evidence of Professor C, in which Dr Shabaz Khalander had stated that he was considering not attending the hearing as he did not have a '*good feeling*' about the outcome. The Tribunal concluded, from the information before it, that Dr Shabaz Khalander had voluntarily absented himself from this hearing.

26. The Tribunal considered whether an adjournment would result in Dr Shabaz Khalander attending the hearing. Setting aside that there had been no application for an adjournment, there was no evidence before the Tribunal that an adjournment would result in

his attendance. Therefore, there would be no useful purpose in adjourning today's proceedings so that Dr Shabaz Khalander may attend a future sitting.

27. The Tribunal also considered whether a decision to proceed in Dr Shabaz Khalander's absence may result in disadvantage or prejudice to him. The Tribunal acknowledged that it had limited evidence before it as to Dr Shabaz Khalander's position on the Allegation. However, the Tribunal was of the view that any potential prejudice to the doctor did not outweigh the public interest in this case. Dr Shabaz Khalander had had the opportunity to provide a witness statement for these proceedings but had not done so. The Tribunal reminded itself that part of its role was to ensure a fair hearing notwithstanding Dr Shabaz Khalander's absence. It determined that it would take reasonable steps to test and to expose weaknesses in the GMC's case and to raise such points on behalf of the doctor, in his absence, as the evidence permits.

28. Having considered each of the relevant factors, the Tribunal determined that it is fair, just, and in both the public and Dr Shabaz Khalander's interest to proceed with the hearing in his absence.

#### **ANNEX B – 09/12/2025**

##### **Application to admit a document as hearsay evidence under Rule 34**

1. Parts of this hearing were heard in private in accordance with Rule 41 of the Rules. This determination will be handed down in private due to the confidential nature of matters heard as evidence. However, as this case concerns Dr Shabaz Khalander's alleged misconduct a redacted version will be published at the close of the hearing.

2. At the outset of the hearing, Ms Barbour, on behalf of the GMC, made an application under Rule 34(1) for the medical report of Professor C, dated 22 November 2025, to be admitted as hearsay evidence for the main hearing.

##### **Submissions**

3. On behalf of the GMC, Ms Barbour told the Tribunal that the report of Professor C had been produced to provide the GMC with assurance that Dr Shabaz Khalander was fit to attend a hearing. She stated that during the course of the meeting, Dr Shabaz Khalander had provided an account to him which is inconsistent with his previous account and goes to his state of mind at the time of the alleged touching.

4. Ms Barbour submitted that, during the course of the Trust’s investigation Dr Shabaz Khalander denied that he was acting in a sexually motivated way and said that he acted as he did due to XXX. In interview with Professor C, he had given a different account. He had said that he put his hand on Ms A’s thigh because he got “carried away” in the situation and not because XXX.

5. Ms Barbour directed the Tribunal to the case of *R. v Elleray* [2003] 2 Cr App R 11, which related to the admissibility of statements made by a defendant to a probation officer in a criminal trial. Ms Barbour submitted that the case supports the view that it is appropriate to adduce evidence of an inconsistent account and which provides helpful guidance on ensuring fairness. She submitted that Professor C’s report is important material, both in terms of determining the facts, but also in providing information about Dr Shabaz Khalander’s health and well-being.

6. Ms Barbour stated that Dr Shabaz Khalander had been informed that anything discussed in the meeting with Professor C was liable to be included in a report that would be seen by the GMC and by the Tribunal. She stated that Dr Shabaz Khalander had indicated his understanding of this and the associated lack of confidentiality. She submitted that this goes to the question of whether or not it is fair to rely on the report.

7. Ms Barbour submitted that, in the circumstances, the report was relevant to proceedings and that it would be fair to admit it.

### **The Relevant Legal Principles**

8. The test for admitting evidence in hearings, is set out in Rule 34(1):

*‘The Tribunal may admit any evidence they consider fair and relevant to the case before them, whether or not such evidence would be admissible in a court of law’.*

9. The Tribunal should first consider whether the evidence in question was relevant to any question to be determined by the Tribunal. If deemed relevant, the Tribunal should then consider whether it would be fair to Dr Shabaz Khalander to allow the GMC to rely on the additional evidence. The additional documents should only be admitted if that could be done without injustice to either party.

10. The Tribunal also took into account the principles set out in *Thorneycroft v NMC* [2014] EWHC 1565 (Admin):

1. Whether the statements were the sole and decisive evidence in support of the charges;
2. The nature and extent of the challenge to the contents of the statements;
3. Whether there was any suggestion that the witnesses had reasons to fabricate their allegations;
4. The seriousness of the charge, taking into account the impact which adverse findings might have on Registrant's career;
5. Whether there was a good reason for the non-attendance of the witnesses;
6. Whether the Respondent had taken reasonable steps to secure the attendance of the witness;
7. The fact that Registrant did not have prior notice that the witness statements were to be read.

11. The Tribunal was referred to the case of *El Karout v Nursing and Midwifery Council* [2019] EWHC 19 (Admin) in which it was said that the nature and quality of the hearsay evidence will be a key factor in assessing the fairness of admission. The better the quality of the evidence the more likely it will be that admission will be fair. Relevant considerations will include why and how it was recorded.

12. In respect of the case of *Ellery*, the Legally Qualified Chair advised that that was a criminal case where the rules on admissibility were different. The Tribunal has a broader discretion to admit evidence than a criminal court. However, it was right to say that the court could have refused to admit the evidence of the probation officer in that case but determined that sufficient judicial protection existed to prevent unfairness in unusual situations.

### **The Tribunal's Determination**

13. The Tribunal was of the view that Professor C's report was relevant to the substantive Allegation before it. While the primary reason for the report was to assess Dr Shabaz Khlander's fitness to participate in the hearing, Dr Shabaz Khlander had given explanations about the central area of dispute, namely whether his conduct in touching Ms A's thigh was sexually motivated.

14. The Tribunal next considered whether it would be fair to admit the evidence report into the evidence for the hearing.

15. The Tribunal recognised that the statement in question was hearsay, as a reproduction of a statement made by Dr Shabaz Khalander in the course of an interview with Professor C. It provided the Tribunal with a further inconsistent account of his state of mind at the time of the alleged incident on 31 May 2022.

16. In considering fairness to Dr Shabaz Khalander, the Tribunal took into account that he had been warned clearly that his answers could be disclosed to the GMC and the Tribunal. It accepted that the interview was for a different purpose but that questions were answered in the knowledge that it could be disclosed.

17. Turning to the principles in *Thorneycroft*, the Tribunal took into account that this was not the sole and decisive piece of evidence in relation to the Allegation. Further, there was no evidence that the document was fabricated. In considering the nature and quality of the evidence, it reminded itself that it was produced by an independent medical expert who acknowledged his duty to the Tribunal.

18. The Tribunal took into consideration that Dr Shabaz Khalander is not in attendance at the hearing. However, it has already determined to proceed in his absence. It noted that Dr Shabaz Khalander had been given the opportunity to attend and present his evidence to the Tribunal but had chosen to absent himself.

19. The Tribunal reminded itself of its overarching objective to protect the public.

20. The Tribunal determined, in all the circumstances, that it would be fair to admit the report as evidence in respect of the Allegation. It will determine in due course what weight to attach to the report.

21. The Tribunal therefore determined to grant Ms Barbour's application under Rule 34(1).

ANNEX C – 11/12/2025

Interim Order – Suspension – 6 months

1. Dr Shabaz Khalander was not present at the hearing and was not represented. The Tribunal had determined at the outset of the hearing that service had been effected and to proceed in his absence.
2. This determination will be handed down in private under Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 ('the Rules').
3. Dr Shabaz Khalander, a clinical specialist in Emergency Medicine, is currently the subject of a fitness to practise proceedings by the GMC. He qualified in 2011 in India. He moved to the UK in 2019 and commenced work at Southend University Hospital (the 'Hospital') in April of that year. At the time of the events giving rise to the Allegation, Dr Shabaz Khalander was practising as a clinical specialist in the Emergency Department at the Hospital. His employment at the Hospital ceased in June 2023. He is not currently practising in the UK.
4. A Medical Practitioners Tribunal commenced on 1 December 2025 to consider the Allegation against Dr Shabaz Khalander. At the facts stage, the Tribunal found proved that whilst working at the Hospital, Dr Shabaz Khalander inappropriately touched the thigh of his colleague, Ms A, that his actions constituted sexual harassment as defined in Section 26(2) of the Equality Act 2010, in that he engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms A, or creating an intimidating, hostile, degrading, humiliating or offensive environment for Ms A; and that his actions were sexually motivated.
5. The Tribunal went on to find Dr Shabaz Khalander's fitness to practise is impaired by reason of misconduct and that there was a high risk to public protection. It found he had limited insight, that he had not undertaken any meaningful remediation and that contextual matters did not reduce the risk. On that basis, the Tribunal was unable to conclude that Dr Shabaz Khalander was highly unlikely to repeat the misconduct found.
6. The Tribunal then, mindful that it would not have sufficient time to conclude the case, of its own volition invited submissions from the GMC as to whether an interim order is necessary in the circumstances of this case. For this purpose, the Tribunal determined to sit as an Interim Orders Tribunal (IOT). The role of an IOT is to consider whether a doctor's registration should be restricted on an interim basis, either by imposing conditions on their

registration or by suspension. In accordance with section 41A (1) of the Act, the Tribunal will make an order if it is satisfied that it is necessary for the protection of members of the public or is otherwise in the public interest or it is in the interests of the doctor.

7. The Tribunal has taken account all of the information presented to it including the submissions made by Ms Laura Barbour, Counsel, on behalf of the GMC, and the relevant paragraphs of Guidance for MPTS Tribunals ('the MPTS Guidance') (*Section two: Interim orders tribunal hearings*).

8. Ms Barbour submitted that an interim order is necessary in the circumstances of this case, given the seriousness of the proven allegations and the Tribunal's assessment of the high risk to public protection in this case. She reminded the Tribunal that these are proven allegations, and as such the weight of the evidence has been properly tested. She submitted that both limbs of the test are met in this case. She submitted that an interim suspension order is the proportionate order; an interim order of conditions would not be appropriate or workable, as conditions could not be formulated that would be sufficient to address the identified risk.

9. In terms of the length of any interim order, Ms Barbour submitted that the period should take into account when the Tribunal is next available to reconvene plus three months, in case for any unforeseen reason the Tribunal is unable to reconvene.

10. The Tribunal had regard to paragraphs 86 to 102 of the Guidance for MPTS Tribunals (*Section two: Interim orders tribunal hearings < considering interim orders in specific case types*). In particular, paragraphs 92(a) and 94 state:

**'92** *An interim order is likely to be needed if there is information to suggest a doctor has:*

*a displayed sexual behaviour towards a patient or colleague, including any acts, words or behaviour designed to arouse or gratify sexual impulses and desires, or with the effect or purpose of causing offence, embarrassment, humiliation, distress or to exert power.*

...

94 *Whilst a range of behaviour can amount to sexual misconduct, the nature of the departure from the professional standards usually indicates a starting point of a high level of seriousness. Given the impact these cases will usually have on public confidence, the risk to the public interest may require consideration to be given to an interim order of suspension. This is particularly the case where the doctor has been charged by the police in connection with a serious criminal offence.'*

11. The Tribunal has assessed the risk arising from its findings on facts and impairment. It has considered the nature and seriousness of the facts found proved, the identified risks to public protection, and the likelihood of repetition between now and the conclusion of the substantive case.

12. The Tribunal has determined that, based on the information before it today, there are concerns regarding Dr Shabaz Khalander's fitness to practise which indicate there is a real and immediate risk to colleagues, giving rise to a real risk of patient harm, which means an interim order is necessary for the protection of the public, and which indicates it is also in the public interest to impose an interim order.

13. After balancing the risk to the protection of the public and the public interest against the adverse consequences that an interim order would have on Dr Shabaz Khalander, in both financial and reputational terms, the Tribunal has decided, in accordance with Section 41A of the Medical Act 1983, as amended, that an interim order is necessary. The Tribunal has determined to impose an interim order of suspension for a period of six months to guard against such a risk.

14. In reaching its decision, the Tribunal has considered that the facts found proved fall at the higher end of the spectrum of seriousness. The Tribunal also considered the aggravating features, identified in its determination on impairment, which increase the risk. In all the circumstances, the Tribunal was satisfied that a reasonable and properly informed member of the public would be surprised and alarmed if Dr Shabaz Khalander was permitted to practise without restriction pending the Tribunal's final determination on sanction.

15. Whilst the Tribunal notes that the order will remove Dr Shabaz Khalander's ability to practise medicine on an interim basis, it is satisfied that the interim order imposed is the proportionate response because, after considering the individual circumstances of this case, it determined that the risks it has identified in its consideration on impairment, meant that it

would be inappropriate for Dr Shabaz Khalander to be permitted to practise unrestricted before the Tribunal was able to conclude its considerations on sanction. The Tribunal was mindful that Dr Shabaz Khalander does not currently have a licence to practise in the UK, but that, if he chooses to return to the UK, he may work in medical fields that do not require a licence and that an interim order is therefore necessary to protect the public and the public interest.

16. The Tribunal decided on the period of six months to guard against any risk to public protection pending the Tribunal's final determination on sanction. It has taken into account that the hearing is expected to reconvene on 7 and 27 January 2026. It considered that six months was appropriate in the event that the hearing is unable to reconvene as planned.

17. The order will take effect from today and will be reviewed within six months.

18. Notification of this decision will be served upon Dr Shabaz Khalander in accordance with the Medical Act 1983, as amended.