

PUBLIC RECORD

Dates: 01/07/2024 - 12/07/2024 & 29/07/2024

Medical Practitioner's name: Dr Shabari Girish SHANMUGASUNDARAM
GMC reference number: 7516733
Primary medical qualification: MBBS 2013 Tamil Nadu Dr. M.G.R. Medical University – Chettinad Hospital and Research Institute

| Type of case | Outcome on facts | Outcome on impairment |
|------------------|-----------------------|---|
| New - Misconduct | No facts found proved | Consideration of impairment not reached |

Summary of outcome

Case concluded

Tribunal:

| | |
|--------------------------|---------------------|
| Legally Qualified Chair | Mr Damian Cooper |
| Lay Tribunal Member: | Dr Nigel Westwood |
| Medical Tribunal Member: | Dr Jeffrey Phillips |
| | |
| Tribunal Clerk: | Mr Andrew Ormsby |

Attendance and Representation:

| | |
|--|--|
| Medical Practitioner: | Present, represented |
| Medical Practitioner's Representative: | Ms Rachel Cooper, Counsel, instructed by Clifford Johnston & Co |
| GMC Representative: | Mr Robin Kitching, Counsel (01/07/2024 - 12/07/2024) Mr Ciaran Rankin, Counsel (29/07/2024) |

Attendance of Press / Public

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

Overarching Objective

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

Determination on Facts - 29/07/2024

Background

1. Dr Shanmugasundaram qualified in 2013 at Tamil Nadu Dr M.G.R. Medical University – Chettinad Hospital and Research Institute in Chennai, India. In 2013 Dr Shanmugasundaram travelled to the UK as a post-graduate student and attended the University of Buckingham. He completed a Clinical MD in Internal Medicine in 2015. Dr Shanmugasundaram registered with the GMC in 2016.
2. Between 2016 and 2017 Dr Shanmugasundaram was employed at the emergency department at the Darlington Memorial Hospital, County Durham and Darlington NHS Foundation Trust.
3. At the time of the alleged events Dr Shanmugasundaram was employed as a Specialty Trainee at the Accident and Emergency Department at Broomfield Hospital, Chelmsford, Mid and South Essex NHS Foundation Trust (the Hospital).
4. Since August 2021 Dr Shanmugasundaram has worked as a senior clinical fellow in the Emergency Department at Colchester General Hospital, Colchester, East Suffolk and North Essex NHS Foundation Trust.
5. It is alleged that Dr Shanmugasundaram compelled Ms A, XXX, to take XXX, to discharge herself from hospital against medical advice, and withheld from her a GP letter addressed to her.
6. It is also alleged that Dr Shanmugasundaram behaved violently towards Ms A.

7. Further, it is alleged that Dr Shanmugasundaram trapped Ms A in XXX, refused to provide food for Ms A, withheld money from her and, without her consent, accessed Ms A's medical records and distributed details of her medical records.
8. Ms A referred Dr Shanmugasundaram to the GMC on 26 July 2020.
9. The police interviewed Dr Shanmugasundaram on 27 March 2021, and, on 23 February 2022, notified the doctor that they intended to take no further action.

The Outcome of Applications Made during the Facts Stage

10. At the outset of the hearing, Mr Kitching applied on behalf of the GMC to make an amendment to the stem of paragraph 6 to replace the words '*February 2020*' with '*2019*'. The amendment was not opposed by Ms Cooper on behalf of Dr Shanmugasundaram. The Tribunal was satisfied that the amendment could be made without injustice and granted the application.
11. The Tribunal granted the GMC's application, made pursuant to Rule 17(6) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), to amend the Allegation. The Tribunal's full decision on the application is included at Annex A.
12. The Tribunal refused Ms Cooper's application, on behalf of Dr Shanmugasundaram, made pursuant to Rule 17(2)(g) of the Rules, that the hearing should not proceed on the basis of there being no case to answer. Ms Cooper had submitted that the GMC had adduced insufficient evidence upon which it could properly find that Allegation proved should the hearing proceed to the facts stage. The Tribunal's full decision on the application is included at Annex B.

Further background

13. XXX
14. The GMC relied principally on the evidence of Ms A, XXX.
15. Ms A provided two GMC statements and a statement to the police.
16. XXX

17. XXX

18. XXX. Ms A alleged that Dr Shanmugasundaram XXX began to treat her badly, both emotionally and physically. The GMC alleges that Dr Shanmugasundaram immediately told Ms A that she should not XXX. He purportedly told Ms A that XXXX, in order to ensure that XXX, told her to take XXX. The GMC claimed that this was an early sign of controlling conduct towards Ms A.

19. Ms A described how Dr Shanmugasundaram's XXX became apparent to her and that he assured her that he would XXX. The GMC asserted that Dr Shanmugasundaram's XXX lay at the heart of many of the violent instances of the Allegation.

20. The GMC claimed that Dr Shanmugasundaram's alleged insistence on Ms A discharging herself from hospital was an example of his controlling behaviour.

21. In January 2019 Ms A became ill XXX, and this led to a visit to the hospital, which she attended with Dr Shanmugasundaram. Whilst she was there, Ms A was under the care of Dr Shanmugasundaram's supervising consultant. She was sent for a CT scan. She had blood tests and was given advice that she should remain in hospital overnight so that she could have XXX the following day. The GMC alleges that, when told about this, Dr Shanmugasundaram made it clear that he did not want Ms A to remain in hospital overnight. Ms A claimed that she had little option but to comply with his demands and signed a self-discharge form and left the hospital.

22. The GMC also alleged that, around February 2019, Dr Shanmugasundaram started to become physically violent towards Ms A. Ms A described how Dr Shanmugasundaram's conduct towards her had allegedly escalated from verbal to physical abuse and, on or around 14 February, he behaved violently towards Ms A. She alleged that Dr Shanmugasundaram had insisted that Ms A buy him XXX and that, during the course of this argument, Dr Shanmugasundaram slapped her.

23. Ms A alleged that she went to her GP to discuss side-effects that she had been suffering from as a result of XXX. She alleged that the GP follow-up letter was withheld from her by Dr Shanmugasundaram.

24. On or around 18 April 2019, an incident that the GMC referred to as the ‘XXX incident’, allegedly represented an escalation of Dr Shanmugasundaram’s physical abuse of Ms A. It was alleged that around this time Dr Shanmugasundaram was working long hours and that one of the ways that he tried to cope with stress was to XXX. It is alleged that during Easter of 2019, Dr Shanmugasundaram and Ms A XXX and the issue of XXX arose again and Dr Shanmugasundaram was violent towards Ms A.

25. Ms A also claimed tht Dr Shanmugasundaram hit her with XXX. At the time of the alleged incident XXXX and Dr Shanmugasundaram was allegedly annoyed that Ms A had not XXX. It was alleged that Dr Shanmugasundaram hit Ms A with XXX.

26. The GMC alleged that Dr Shanmugasundaram was frequently violent towards Ms A XXX.

27. The GMC alleged that an incident referred to as the ‘e-portfolio incident’ took place in May 2019 and was a further incident of violence. It was alleged that Dr Shanmugasundaram had been reading his e-portfolio and had noticed a criticism made of him by a senior colleague and subsequently took his anger out on Ms A. The GMC claimed that Dr Shanmugasundaram would not allow Ms A to attend hospital in case his alleged violent conduct was discovered. Ms A alleged that the following day Dr Shanmugasundaram XXX to alleviate Ms A’s pain.

28. Ms A further alleged that Dr Shanmugasundaram choked and strangled her during the course of arguments XXX.

29. Ms A alleged that, around June 2019, Dr Shanmugasundaram stopped communicating with her and began to tell Ms A that she could not leave XXX.

30. XXX

31. Ms A also claimed that, in early 2020, she had discovered that her medical records had been accessed by Dr Shanmugasundaram.

32. XXX

The Allegation and the Doctor’s Response

33. The Allegation made against Dr Shanmugasundaram is as follows:

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

1. Between 30 October 2018 and July 2019, you compelled Ms A to take XXX.
To be determined
2. On a date in January 2019, you told Ms A to discharge herself from hospital against medical advice. **To be determined**
3. On a date in February 2019, you withheld a letter from Ms A’s GP from her.
To be determined
4. You behaved violently towards Ms A in that:
 - a. on or around 14 February 2019 you slapped her face
To be determined
 - b. on or around 18 April 2019 you:
 - i. slapped her face on one or more occasions; **To be determined**
 - ii. punched her on her nose; **To be determined**
 - iii. strangled her. **To be determined**
 - c. during the last weekend of April 2019, you hit her with XXX. **To be determined**
 - d. between March and June 2019, you, on one or more occasion:
 - i. slapped her; **To be determined**
 - ii. punched her; **To be determined**
 - iii. headbutted her **Amended under Rule 17(6)**
To be determined
 - e. on a date in May 2019, when she tried to leave XXX you
 - i. dragged her back ~~XXX~~ by the hair; **Amended under Rule 17(6)**
To be determined
 - ii. threw her XXX **To be determined**
 - f. on a date in May 2019, other than those referred to in paragraphs 4(d) and 4(e) you:
 - i. punched her; **To be determined**

- ii. threw her across the room; **To be determined**
 - iii. ~~headbutted her;~~ **Withdrawn**
 - iv. pushed her XXX; **To be determined**
 - v. punched or kicked her in the stomach. **To be determined**
- g. on a date in May 2019 other than those referred to in paragraphs 4(d), 4(e) and 4(f), you strangled her. **To be determined**
5. On one or more occasion in June 2019 you:
- a. ~~XXX trapped~~ Ms A XXX; **Amended under Rule 17(6) To be determined**
 - b. refused to provide food for Ms A; **To be determined**
 - c. withheld money from Ms A to prevent her from buying food.
To be determined
6. On a date in ~~February 2020~~ 2019, without Ms A's consent you:
- Amended under Rule 17(6)**
- a. accessed Ms A's medical records; **To be determined**
 - b. took a photograph or photographs of Ms A's blood test report;
To be determined
 - c. distributed some or all of those photographs to another or others.
To be determined

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

Witness Evidence

34. The Tribunal received evidence on behalf of the GMC from the following witnesses:
- Ms A, XXX, who gave oral evidence in person at the hearing; and
 - Ms B, Ms A's friend, who gave oral evidence via video call.
35. The Tribunal also received evidence on behalf of the GMC in the form of witness statements:

- Ms A, dated 7 November 2022, and supplemental witness statement dated 19 May 2023; and
- Ms B, dated 6 December 2022, and supplemental witness statement dated 13 June 2023.

36. Dr Shanmugasundaram provided his own witness statement dated 27 April 2024 and also gave oral evidence at the hearing. In addition, the Tribunal received evidence from the following witnesses on Dr Shanmugasundaram's behalf:

- Ms C, XXX, provided a witness statement dated 24 April 2024 and gave oral evidence via video call.

37. The Tribunal also received evidence on behalf of Dr Shanmugasundaram in the form of testimonials from the following witnesses who were not called to give oral evidence:

- Dr E, Substantive Consultant in Emergency Medicine, dated 22 April 2024;
- Dr F, Locum NHS Consultant, dated 24 April 2024; and
- Dr G, Emergency Medicine Consultant and Clinical Lead for Emergency Care at Broomfield Hospital, dated 29 April 2024.

Documentary Evidence

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

- Police statement of Ms A, dated 19 January 2021, unsigned;
- Photograph of Ms A's medical records, undated and without personal identifying information on them;
- Email exchange between Ms A and NHSE England, regarding access to her medical records, various dates;
- Photographs of alleged injuries to Ms A, undated;
- WhatsApp messages and photographs sent by Ms A, 27 May 2020 - 29 May 2020;
- Record of police interview with Dr Shanmugasundaram, dated 27 March 2021;
- Rule 7 response provided by Dr Shanmugasundaram, 18 September 2023;
- XXX;
- XXX; and

- XXX.

The Tribunal's Approach

39. In reaching its decision on facts, the Tribunal has borne in mind that the burden of proof rests on the GMC and it is for the GMC to prove the Allegation. Dr Shanmugasundaram does not need to prove anything. The standard of proof is that applicable to civil proceedings, namely the balance of probabilities, i.e., whether it is more likely than not that the events occurred as alleged.

40. The Tribunal also took into account, and accepted, the advice of the Legally Qualified Chair which included a direction on the good character of Dr Shanmugasundaram. The GMC accepted that such a direction was appropriate to the case.

The Tribunal's Analysis of the Evidence and Findings

Findings on the facts

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

Paragraph 1 of the Allegation

42. The Tribunal considered whether, between 30 October 2018 and July 2019, Dr Shanmugasundaram compelled Ms A to take XXX.

43. The Tribunal noted that, on the evidence provided by both parties, Ms A was not compelled to take XXX for the entirety of the period, namely from 30 October 2018 to July 2019; the dispute was whether Ms A was compelled to do so for some portion of that period. The parties were in agreement that Ms A stopped taking XXX around February 2019.

44. The Tribunal took account of the evidence put forward by the GMC, namely Ms A's statements and her oral evidence. It also considered Dr Shanmugasundaram's evidence, and that provided by Ms C in both her witness statement and oral evidence.

45. XXX

46. XXX

47. Dr Shanmugasundaram asserted that Ms A had obtained XXX from Dr H, XXX. Dr Shanmugasundaram disputed Ms A's evidence XXX.

48. XXX

49. XXX

50. It also noted that Dr Shanmugasundaram's claim that Ms A XXX, was also plausible.

51. XXX

52. Given the contradictory evidence from both Ms A and Dr Shanmugasundaram, the Tribunal considered carefully what corroborative evidence it had before it. Ms A's account had differed between her witness statement and oral evidence and was not supported by other corroborative evidence. Dr Shanmugasundaram's rebuttals had been plausible and consistent, and his evidence was supported by the account given by Ms C.

53. In the circumstances, the Tribunal did not consider that it was more likely than not, that between 30 October 2018 and July 2019, Dr Shanmugasundaram compelled Ms A to take XXX.

54. Accordingly, the Tribunal determined that paragraph 1 of the Allegation was not proved.

Paragraph 2 of the Allegation

55. The Tribunal considered whether, on a date in January 2019, Dr Shanmugasundaram told Ms A to discharge herself from hospital against medical advice.

56. The Tribunal noted that Dr Shanmugasundaram disputed this allegation and denied that he had told Ms A to discharge herself from hospital against medical advice.

57. The Tribunal took account of Ms A's supplemental witness statement, dated 18 May 2023, in particular:

'I visited the XXX Hospital in XXX with Shabari after I had XXX. When we arrived at the Hospital one of the doctors who was a close friend of Shabari and his Consultant, took a medical history from him and did a quick central nervous system examination in front of Shabari and then sent me for a CT scan. I also had some blood tests done and was advised to stay in overnight so that I could have a XXX done the following day. However, shortly afterwards Shabari brought me a form to sign and told me that we were leaving. The form was a consent form, which confirmed that I was discharging myself against medical advice. Shabari made me sign the form and we left the Hospital the same day.'

58. The Tribunal also noted Dr Shanmugasundaram's witness statement, dated 27 April 2024:

'XXX, I accompanied Ms A to the Accident and Emergency department ('A&E') at XXX Hospital. I cannot recall the date, but it was around January 2019. XXX. Ms A was on her phone but, when she saw me, she stated that he had a headache and collapsed on the floor. The time was around 18.00 hours.

XXX.

Whilst in A&E, Ms A was seen by [Dr I] who examined her in private. She had a Computed Tomography of the head ('CT scan'), and blood tests. Ms A was advised that her CT scan was normal but that she may need a XXX to rule out a XXX, and that she needed to be admitted overnight under the care of the medical team.

Ms A decided that she did not want to go ahead with the above procedure and, against medical advice, discharged herself from hospital. I found this incident embarrassing. Despite XXX, and the fact that I worked at the hospital, she went against medical advice. XXX.'

59. Further, the Tribunal bore in mind the oral evidence it had received in relation to this allegation, and noted Dr Shanmugasundaram's assertion that he had, some time later, formed the view that Ms A may have been feigning ill health.

60. The Tribunal noted that Dr Shanmugasundaram had arranged the transportation of Ms A to hospital and considered that it could be seen as inconsistent for Dr

Shanmugasundaram to tell Ms A to discharge herself from hospital, against medical advice, if he had been the one to instigate her attendance at A&E and her transport to hospital.

61. The Tribunal acknowledged that Dr Shanmugasundaram had consistently denied having told Ms A to leave hospital as was evidenced by the account he gave to the police.

62. The Tribunal also considered that Dr Shanmugasundaram's assertion that Ms A discharged herself from hospital before the invasive procedure of XXX was plausible. However, it also noted that Ms A, as a doctor, would have known the gravity of the procedure and the importance of it being done.

63. The Tribunal was mindful that the evidence before it concerning this allegation comprised only the two different accounts given by Ms A and Dr Shanmugasundaram. The Tribunal could not be satisfied on the balance of probabilities that on a date in January 2019, Dr Shanmugasundaram told Ms A to discharge herself from hospital against medical advice. It was accepted by both parties that Dr Shanmugasundaram had suggested the visit to A&E in light of Ms A's symptoms and had arranged for a friend to transport them there. It was the department in which Dr Shanmugasundaram worked and the consultant was his supervisor. The Tribunal considered it more likely that Ms A had made the decision to discharge herself from hospital when the prospect of an invasive procedure became clear.

64. Accordingly, the Tribunal determined that paragraph 2 of the Allegation was not proved.

Paragraph 3 of the Allegation

65. The Tribunal considered whether on a date in February 2019, Dr Shanmugasundaram withheld a letter from Ms A's GP from her.

66. The Tribunal noted that Dr Shanmugasundaram disputed this allegation and, in his oral evidence, denied that he had withheld Ms A's GP letter.

67. The Tribunal took account of Ms A's oral evidence and her witness statement, dated 18 May 2023, in particular:

'A week or two later a letter was delivered XXX. It was a letter addressed to me from my GP, except Shabari took it and wouldn't let me see the content of the letter, so I never knew the outcome of my blood test.'

68. The Tribunal bore in mind Ms A's oral evidence during which she asserted that Dr Shanmugasundaram had opened and read the letter and said 'no' when she asked to see it. She additionally stated that he had said that it was her blood test. Ms A's account then changed and she said that she asked if she could have it, whereupon Dr Shanmugasundaram said nothing and put it away. Under cross-examination, Ms A had stated that she believed that if the letter had been important Dr Shanmugasundaram would have told her the contents of the letter. She said she subsequently did not make any attempts to find or access the letter.

69. The Tribunal considered that the evidence presented in Ms A's written statement, and her oral evidence, conveyed differing accounts of the alleged events in relation to this allegation.

70. In the circumstances, given the inconsistency of Ms A's evidence in relation to this allegation, and in the absence of any corroborating evidence on either side, the Tribunal was not persuaded that it was more likely than not that, on a date in February 2019, Dr Shanmugasundaram withheld a letter from Ms A's GP from her. The Tribunal concluded that the GMC had failed to discharge its burden of proof.

71. Accordingly, the Tribunal determined that paragraph 3 of the Allegation was not proved.

Paragraph 4 of the Allegation

72. Paragraph 4 of the Allegation concerned alleged acts of violence perpetrated against Ms A XXX.

73. Having considered all the evidence, it was clear to the Tribunal that an assessment of the reliability of the two primary witnesses in the case was necessary and appropriate to its decision making overall. That assessment should be undertaken in the context of whatever corroborative evidence existed in support of one position or the other.

74. In relation to the alleged acts of violence the Tribunal had received additional evidence in the form of the photographs Ms A sent by WhatsApp message to Ms B and the witness statement and oral testimony of Ms B herself. Otherwise, the evidence simply comprised opposing *he said/she said* evidence from the two primary witnesses. In the Tribunal's view, the evidence given by both parties was flawed in several ways.

Ms A

75. Mr Kitching had submitted that Ms A had given a compelling narrative of XXX steadily escalating XXX violence and controlling behaviour by Dr Shanmugasundaram XXX. He also highlighted the additional involvement of the role of XXX in his conduct.

76. The Tribunal was required to make decisions, on the balance of probabilities, about specific alleged acts of violence occurring on or about specific dates or within specific periods of time XXX. Such decisions required closer analysis of the evidence than mere reliance on a general narrative.

77. In that context, the Tribunal was concerned that the evidence of Ms A, on which the GMC sought primarily to rely, was at times vague and inconsistent. The Tribunal was particularly mindful of the distressing subject matter of the Allegation for Ms A and was alert to the issue Ms A had raised in her oral evidence that she had actively tried to forget the acts of violence and control.

78. Nevertheless, when Ms A was asked to explain the circumstances in which she had allegedly been assaulted, she was unable to do so with any certainty or clarity. The Tribunal did not expect her to be able to recall specific dates and times so long after the events. However, in the case of alleged violence of the gravity of headbutting, strangulation and punching on the nose, when such things apparently took place more than once, but were not a regular occurrence, it was surprising that no detail at all could be given of the circumstances in which even one of such assaults arose were carried out. In relation to other alleged acts of violence Ms A conceded in oral evidence that she had sometimes given a combined explanation of amalgamated events.

79. Further, when the alleged circumstances were included as part of the allegation, for example in relation to paragraph's 4(c) or 4(f)(iv), Ms A's explanations about those incidents was confused and contradictory. The Tribunal did bear in mind however, in making its

assessment, that Ms A's cross-examination was detailed and she was asked many questions, often in quick succession, about the same matter.

80. In relation to much of Ms A's other evidence, the Tribunal considered that there was a lack of specificity and there were often contradictions between her witness statements and her oral evidence. In relation to this, the Tribunal did bear in mind that having given her statement to the police remotely via video call, she had never been provided with a copy of the statement prepared by the police until she had received it from the GMC a few weeks before this hearing.

81. That said, for example in relation to paragraph 1 of the Allegation Ms A gave two alternative explanations as to where and, by whom, she was first told that she must take XXX.

82. In relation to paragraph 5 of the Allegation, Ms A stated that her bank card had been taken from her but was unable to explain how she was able to access money Ms B sent her via bank transfer.

83. Further, Ms B was told by Ms A that Dr Shanmugasundaram became short-tempered XXX, and when he had been frustrated XXX, and that violence would occur in that context, whereas her witness statements refer to violence being preceded by arguments relating to XXX.

84. Ms A had explained that some of the arguments (which she said led on to violence) had their origin in Dr Shanmugasundaram's demands that Ms A buy him XXX. The Tribunal found this to be implausible when the evidence of both parties was that Dr Shanmugasundaram had bought Ms A XXX.

85. Having considered Ms A's evidence overall, the Tribunal was concerned about the reliance it could place on her evidence alone. It went on to consider the other corroborative evidence available to it.

Ms B

86. The Tribunal noted that Ms B was able to give evidence in relation to the messages and phone calls she received from Ms A during the period Ms A lived in England, the photographs of Ms A's alleged injuries that she had exhibited to her GMC witness statement and the events she witnessed first-hand when Ms A and Mr D visited XXX.

87. Other than in relation to the XXX visit, the Tribunal noted that Ms B's evidence was wholly based on what she had been told by Ms A. However, Ms B's evidence was based upon the contemporaneous retelling by Ms A during the period Ms A lived in the UK, rather than it having been told later, for example in anticipation of proceedings such as these.

88. Ms B had been told by Ms A that she was a '*punching bag*' but had never personally observed or noted any injuries to Ms A. Further, she had not been able to refer to any specific instances of being told that Ms A had been slapped, kicked, headbutted or strangled. She also explained her perception of XXX, culminating in Ms A having asked for money to buy food and having sent her, on 27 May 2019, photographs of the alleged injuries Ms A had received at Dr Shanmugasundaram's hands. Ms B's witness statement explains that she believed the photographs all related to the period 23 to 27 May 2019, because she had received a message from Ms A on 23 May '*to say that everything was ok*'. Ms A's evidence however, was that the photographs related to the period beginning in February 2019.

89. Ms B explained to the Tribunal that, in anticipation of giving evidence, she had reviewed WhatsApp messages from Ms A that she had received during the period of time Ms A lived in the UK. However, the Tribunal had not been provided with the content of any of those messages, which apparently were still available to the witness.

90. XXX

91. XXX

92. The Tribunal had no cause to doubt that Ms B had given a genuine account of her recollection of the events of early 2019. The Tribunal was, however, mindful that the context of her evidence was that it was based on the information she was told by Ms A, albeit she was told it at the relevant time. The Tribunal was further of the view that by May 2019, and the XXX visit of Ms A and Dr Shanmugasundaram, Ms B's interpretation of the limited physical contact she saw between Ms A and Dr Shanmugasundaram, may have been influenced by what she had already been told. The Tribunal was of the view that Ms B's evidence was of limited corroborative value to it, particularly in the context of Ms A's own evidence.

Photographs

93. The Tribunal had seen a series of photographs, which Ms A asserted were of injuries she had sustained at the hands of Dr Shanmugasundaram. One photograph unequivocally showed a bump on Ms A's forehead. Another showed a mark on Ms A's neck, another a mark on her left cheek and another a graze on her nose. The Tribunal noted that none of the photographs was either time or date stamped. Although Ms A said that they had been sent to a friend XXX as they had occurred, and had been retrieved from that friend, the Tribunal had neither heard nor seen evidence from the friend.

94. In oral evidence, Ms A asserted that two distinct photographs, which apparently showed an identical mark on her left cheek, were separate injuries occurring on different dates some weeks apart. In relation to the same photograph, when asked about apparent skin discolouration on the side of her head adjacent to her left ear, Ms A did not explain it as bruising from a strike, until asked specifically by the Tribunal whether it was natural skin discolouration or may have been bruising.

95. Ms A attributed the bump on her forehead to being pushed XXX, her nose injury to a ring Dr Shanmugasundaram was wearing when he struck her and her neck mark to strangulation on one occasion. However, the inconsistencies it had outlined, the lack of any date and/or time information on the photographs and no information other than in oral evidence about Ms A's friend XXX gave the Tribunal concerns about the weight it could attach to the photographs in corroboration.

Dr Shanmugasundaram

96. The Tribunal considered the whole of Dr Shanmugasundaram's evidence and in doing so bore in mind that he was of previous good character. He had been consistent throughout in his denial of any violence towards Ms A. He had also been consistent in his explanation of why he had accessed and taken photographs of Ms A's blood results whilst omitting her patient-identification details. XXX.

97. However, there were several matters in Dr Shanmugasundaram's evidence that gave the Tribunal cause for concern. First was his account of XXX. Secondly, he claimed XXX.

98. XXX

99. XXX

100. In the Tribunal's view, Dr Shanmugasundaram's witness statement assertion that he XXX was not borne out by the documentary evidence, specifically XXX he had exhibited in his evidence. The Tribunal considered his explanation in oral evidence XXX to be contradictory and confused.

101. XXX. The Tribunal found implausible, in light of all the evidence, Dr Shanmugasundaram's account that XXX.

102. These matters collectively gave the Tribunal cause for concern about the reliability of Dr Shanmugasundaram's evidence to these proceedings. The Tribunal was mindful that Dr Shanmugasundaram did not have to prove his innocence of the Allegation; it was for the GMC to discharge the burden of proof.

Additional evidence

103. The Tribunal had received substantial evidence in relation to XXX. The Tribunal considered that this had provided contextual background to its decision making but in the main was of limited direct relevance to the specific allegations.

Paragraph 4(a) of the Allegation

104. The Tribunal considered whether Dr Shanmugasundaram behaved violently towards Ms A in that, on or around 14 February 2019, he slapped her face. The Tribunal noted that Dr Shanmugasundaram denied this allegation.

105. The Tribunal took account of Ms A's oral evidence and her witness statement, dated 18 May 2023, in particular:

'I remember on one occasion XXX on 14 February of 2019 XXX. Shabari kept on verbally abusing me and he suddenly got aggressive then assaulted me by slapping me on my cheek. XXX.'

106. The Tribunal noted Dr Shanmugasundaram's witness statement, dated 27 April 2024:

'I did not slap Ms A's face on or around 14 February 2019. XXX.'

107. The Tribunal also took account of Ms A's police statement, dated 19 January 2021:

‘Around February 2019 XXX however, that morning he became verbally abusive towards me. XXX. During this, he became extremely aggressive towards me and slapped me to the face. I believe that this occurred around 0830 HOURS’

108. The Tribunal noted that the account of the alleged incident given by Ms A in her police statement and witness statement were inconsistent in relation to the description of alleged events in the lead up to the alleged assault.

109. Further, in her oral evidence Ms A did not accept that there were differences between the police statement and her witness statement and maintained that she was describing a *‘combination of events’*.

110. The Tribunal considered that Ms A’s evidence had been weakened by her inconsistent accounts of the alleged incident

111. Given the inconsistency of Ms A’s evidence in relation to this allegation, and in the context of what it had already said about the evidence overall, the Tribunal was not satisfied that the evidence supported a finding that it was more likely than not Dr Shanmugasundaram behaved violently towards Ms A in that, on or around 14 February 2019, he slapped her face.

112. Accordingly, the Tribunal determined that paragraph 4(a) of the Allegation was not proved.

Paragraphs 4(b)(i), 4(b)(ii) and 4(b)(iii) of the Allegation

113. The Tribunal considered each element of paragraph 4(b) of the Allegation, which was that Dr Shanmugasundaram behaved violently towards Ms A in that on or around 18 April 2019, he:

- slapped her face on one or more occasions;
- punched her on her nose;
- strangled her.

114. Dr Shanmugasundaram denied this allegation and disputed Ms A’s evidence.

115. The Tribunal noted Ms A’s witness statement, dated 27 April 2024:

'XXX. When I refused to do so, he became violent towards me again; Shabari started to slap me on my cheek and punched me on my nose, I had nose bleed following it. Shabari also tried to strangle me, which lasted for approximately 30-40 seconds. I was scared for my life'

116. The Tribunal also considered Ms A's oral evidence and noted that she had been unable to provide specific details regarding the alleged assaults. As the Tribunal had previously said, it did not expect Ms A to recall specific dates and times, but some description, even limited, of the circumstances in serious assaults such as strangling or punching had arisen might have been reasonably possible to recall.

117. It also noted that, in her police statement, dated 19 January 2021, Ms A did not mention any incidents relating to strangulation or punching, rather than slapping, relating to April. Again, the Tribunal considered it reasonable to expect that if such more serious assaults had been mentioned to the police, they would have been referenced in the police statement.

118. The Tribunal noted that, in oral evidence, Ms A had stated that the '*strangulation incident*' had taken place in May 2019, but could not be sure, and could not recall any details. In particular she described the alleged strangulation incident to be a '*vague memory*' and was unsure whether it happened before, during, or after XXX.

119. Further, Ms A had asserted that she had '*combined events*' and could not recall the specific details of Dr Shanmugasundaram alleged violent behaviour towards her on or around 18 April 2019.

120. The Tribunal considered that Ms A's oral evidence regarding this specific allegation of violence on or around 18 April 2019 was vague. It bore in mind that witnesses may sometimes find it difficult to recall traumatic events. The Tribunal also noted that Dr Shanmugasundaram was of previous good character. Set in this context and that of its earlier remarks about Ms A's evidence, The Tribunal was not satisfied that the evidence supported a finding, on the balance of probabilities, that Dr Shanmugasundaram behaved violently towards Ms A in that on or around 18 April 2019 and slapped her face; punched her on the nose; or strangled her.

121. Accordingly, the Tribunal determined that paragraphs 4(b)(i), 4(b)(ii) and 4(b)(iii) of the Allegation were not proved.

Paragraphs 4(c) of the Allegation

122. The Tribunal considered whether Dr Shanmugasundaram behaved violently towards Ms A in that during the last weekend of April 2019, he hit her XXX.

123. The Tribunal noted that Dr Shanmugasundaram denied this allegation and disputed Ms A's evidence.

124. The Tribunal took account of Ms A's witness statement, dated 18 May 2023:

'During the last weekend of April 2019 Shabari hit me again. XXX. I attach and exhibit a photograph taken of the mark on my face as Exhibit SA6'

125. The Tribunal acknowledged that an undated photograph showing a mark on Ms A's face had been attached in support of this allegation.

126. The Tribunal noted that Ms A had claimed that Dr Shanmugasundaram had been XXX in the lead up to his alleged violent behaviour but could not give a specific date.

127. When asked in oral evidence to provide further details Ms A stated that these were things that she did not want to remember. The only specific detail she could give, when pressed, in oral evidence was that she had felt XXX on her cheek.

128. Ms A was unable to say whether she had been struck once or several times, how XXX or where they were when the strike had taken place (XXX). When asked whether the marks on her face indicated in photographic images were the result of having been hit by XXX Ms A's answers were vague.

129. The Tribunal also bore in mind, as it had already explained, that the photographic images that had been presented in support of the allegation by the GMC had not been time or date stamped. Nor had any evidence from WhatsApp messages (containing these images) to Ms A's friend XXX been presented. It considered that this had the effect of reducing the corroborative weight of the photographs as evidence.

130. In the circumstances, the Tribunal could not be satisfied that the evidence supported a finding that it was more likely than not Dr Shanmugasundaram behaved violently towards Ms A in that during the last weekend of April 2019 by hitting her XXX.

131. Accordingly, the Tribunal determined that paragraph 4(c) of the Allegation was not proved.

Paragraphs 4(d)(i), 4(d)(ii), and 4(d)(iii) of the Allegation

132. The Tribunal considered paragraph 4(d) of the Allegation, which alleged that Dr Shanmugasundaram behaved violently towards Ms A between March and June 2019, in that he, on one or more occasion:

- slapped her;
- punched her;
- headbutted her.

133. The Tribunal noted that Ms A had not provided specific details in relation to this allegation; the incidents were alleged to have occurred on various occasions during a four-month period in 2019.

134. The Tribunal has explained in its introductory paragraphs to paragraph 4 of the Allegation earlier in this determination, its views on Ms A's evidence and any supporting corroborative evidence where that existed. Given those views, and in the context of Dr Shanmugasundaram's previous good character, the Tribunal was of the view that the evidence on which the GMC sought to rely was not sufficiently reliable for it to find, on the balance of probabilities, that Dr Shanmugasundaram behaved violently towards Ms A between March and June 2019, in that he, on one or more occasion slapped her; punched her; or headbutted her.

135. Therefore, the Tribunal concluded that the GMC had failed to discharge its burden of proof. Accordingly, the Tribunal determined that paragraphs 4(d)(i), 4(d)(ii) and 4(d)(iii) of the Allegation were not proved.

Paragraphs 4(e)(i) and 4(e)(ii) of the Allegation

136. The Tribunal next considered paragraph 4(e) of the Allegation, which alleged that Dr Shanmugasundaram behaved violently towards Ms A in that, on a date in May 2019, when she tried to leave XXX:

- dragged her back by the hair;
- threw her XXX.

137. The Tribunal noted that Dr Shanmugasundaram denied this allegation and disputed Ms A's evidence.

138. The Tribunal noted Ms A's police statement, 19 January 2021:

'On one occasion in MAY 2019 I tried to leave XXX and he dragged me back XXX by my hair and threw me XXX'

139. However, it also noted that this alleged event was not referenced in Ms A's GMC witness statements.

140. The Tribunal noted that Ms B did not have knowledge of this incident, despite Ms A having been in regular contact with her around this time, and despite having allegedly discussed Dr Shanmugasundaram's behaviour.

141. The Tribunal considered that Ms A had been vague, when pressed in oral evidence, in relation to details of the alleged incident and had not been able to provide specific details. It also noted that, in her oral evidence, Ms A had asserted that she had been pulled back XXX rather than thrown XXX.

142. The Tribunal had explained in its introductory paragraphs to paragraph 4 of the Allegation earlier in this determination, its views on Ms A's evidence and any supporting corroborative evidence where that existed. Given those views, and in the context of Dr Shanmugasundaram's previous good character, the Tribunal was of the view that the evidence on which the GMC sought to rely was not sufficiently reliable for it to find, on the balance of probabilities that on a date in May 2019, when she tried to leave XXX Dr Shanmugasundaram dragged her back by the hair or threw her XXX.

143. Therefore, the Tribunal concluded that the GMC had failed to discharge its burden of proof. Accordingly, the Tribunal determined that paragraphs 4(e)(i) and 4(e)(ii) of the Allegation were not proved.

Paragraph 4(f) of the Allegation

144. The Tribunal then considered paragraph 4(f) of the Allegation, which alleged that on a date in May 2019, other than those referred to in paragraphs 4(d) and 4(e) Dr Shanmugasundaram:

- punched Ms A;
- threw her across the room;
- pushed her XXX;
- punched or kicked her in the stomach.

145. Dr Shanmugasundaram denied this allegation and disputed Ms A's evidence.

146. The Tribunal also noted the good character direction in relation to Dr Shanmugasundaram, which had been accepted by the GMC.

147. The Tribunal noted Ms A's witness statement, particularly the following:

'There was also another occasion in May 2019 when Shabari was violent towards me. On this occasion he was really angry because he had noticed in his e-portfolio that a comment had been made by a senior colleague that he relies upon his colleagues too much to finish his work for him. Shabari was very angry with this statement and took his anger out on me by hitting and punching me. He threw me across the room, and I hit my head on the table causing concussion. I then XXX, and he punched me in the stomach and threw me XXX

148. It also noted Ms A's supplemental statement, dated 19 May 2023:

'I explained that Shabari had been violent towards me in May 2019. This happened after Shabari had become annoyed when he had read feedback in his e-portfolio from his colleagues. On that occasion Shabari pushed me XXX, punched me in the stomach and beat me and I sustained swelling above my left eye.'

149. The Tribunal also took account of Ms A police statement:

‘On another occasion in May he was XXX and we had an argument regarding his work. He then head butted me, pushed me XXX and then kicked me in the stomach. This caused a swelling on my head and I have a photograph of this and will exhibit this’

150. The Tribunal considered each account of the alleged violent behaviour and noted differences between the accounts. It bore in mind that Ms A’s statement to the police had asserted that she was headbutted and then pushed XXX and that she subsequently had a swelling on the head. In her witness statement Ms A said that she had been kicked and punched by Dr Shanmugasundaram and then thrown across the room causing her to hit her head on a table causing a concussion, whereupon she sat at XXX and was pushed off.

151. The Tribunal also mindful of Ms A’s oral evidence and noted that her account of the incident had been vague, and she was unable to recall the sequence of events.

152. The Tribunal had explained in its introductory paragraphs to paragraph 4 of the Allegation earlier in this determination, its views on Ms A’s evidence and any supporting corroborative evidence where that existed. Given those views, and in the context of Dr Shanmugasundaram’s previous good character, the Tribunal was of the view that the evidence on which the GMC sought to rely was not sufficiently reliable for it to find that it was more likely than not that on a date in May 2019, other than those referred to in paragraphs 4(d) and 4(e) Dr Shanmugasundaram punched Ms A; threw her across the room; pushed her XXX; or punched or kicked her in the stomach.

153. Therefore, the Tribunal concluded that the GMC had failed to discharge its burden of proof. Accordingly, the Tribunal determined that paragraph 4(f) of the Allegation was not proved.

Paragraph 4(g) of the Allegation

154. The Tribunal next considered whether, on a date in May 2019 other than those referred to in paragraphs 4(d), 4(e) and 4(f), Dr Shanmugasundaram strangled Ms A.

155. Dr Shanmugasundaram denied this allegation and disputed Ms A’s evidence.

156. The Tribunal had explained in its introductory paragraphs to paragraph 4 of the Allegation earlier in this determination, its views on Ms A's evidence and any supporting corroborative evidence where that existed. Given those views, and in the context of Dr Shanmugasundaram's previous good character, the Tribunal was of the view that the evidence on which the GMC sought to rely was not sufficiently reliable for it to find, on the balance of probabilities that on a date in May 2019 other than those referred to in paragraphs 4(d), 4(e) and 4(f), Dr Shanmugasundaram strangled Ms A.

157. Therefore, the Tribunal concluded that the GMC had failed to discharge its burden of proof.

158. Accordingly, the Tribunal determined that paragraph 4(g) of the Allegation was not proved.

Paragraph 5(a) of the Allegation

159. The Tribunal considered whether, on one or more occasion in June 2019, Dr Shanmugasundaram trapped Ms A XXX.

160. Dr Shanmugasundaram denied this allegation and disputed Ms A's evidence.

161. The Tribunal also reminded itself of the good character direction in relation to Dr Shanmugasundaram, which had been accepted by the GMC.

162. The Tribunal noted that Ms A's police statement:

'XXX.'

163. It also took account of Ms A's witness statement:

'XXX'

164. The Tribunal also noted Dr Shanmugasundaram's witness statement:

'XXX.'

165. The Tribunal was also mindful of the video adduced by Dr Shanmugasundaram which showed how XXX.

166. The Tribunal was satisfied, on the evidence that XXX. The Tribunal was satisfied that Ms A would be able to leave XXX.

167. XXX

168. XXX

169. In the circumstances, the Tribunal was of the view that the evidence on which the GMC sought to rely was not sufficiently reliable for it to find, on the balance of probabilities that on one or more occasion in June 2019 Dr Shanmugasundaram trapped Ms A XXX.

170. Therefore, the Tribunal concluded that the GMC had failed to discharge its burden of proof. Accordingly, the Tribunal determined that paragraph 5(a) of the Allegation was not proved.

Paragraph 5(b) of the Allegation

171. The Tribunal considered whether, on one or more occasion in June 2019 Dr Shanmugasundaram refused to provide food for Ms A.

172. Dr Shanmugasundaram denied this allegation and disputed Ms A's evidence.

173. The Tribunal also reminded itself of the good character direction in relation to Dr Shanmugasundaram, which had been accepted by the GMC.

174. The Tribunal noted Ms A's police statement, in particular:

'In JUNE I was not XXX. For weeks he refused to buy any food meaning I was having to live off of Rice and masala and he would not give me any money to buy my own.'

175. The Tribunal also took account of Ms B's witness statement:

‘There was also another occasion when contacted me in June 2019 after Shabari had stopped giving her money to buy food. Although I cannot be certain, I think I may have sent her £25 so she could buy some food.’

176. In her oral evidence, Ms A asserted that there had been food XXX but that this was Dr Shanmugasundaram’s and he refused to share it. The Tribunal considered that this was an inconsistency in Ms A’s evidence.

177. The Tribunal had explained in its introductory paragraphs to paragraph 4 of the Allegation earlier in this determination, its views on Ms A’s evidence and any supporting corroborative evidence where that existed. Given those views, and in the context of Dr Shanmugasundaram’s previous good character, the Tribunal was of the view that the evidence on which the GMC sought to rely was not sufficiently reliable for it to find, on the balance of probabilities that, on one or more occasion in June 2019 Dr Shanmugasundaram refused to provide food for Ms A.

178. Therefore, the Tribunal concluded that the GMC had failed to discharge its burden of proof. Accordingly, the Tribunal determined that paragraph 5(b) of the Allegation was not proved.

Paragraph 5(c) of the Allegation

179. The Tribunal considered whether, on one or more occasion in June 2019 Dr Shanmugasundaram withheld money from Ms A to prevent her from buying food.

180. Dr Shanmugasundaram denied this allegation and disputed Ms A’s evidence.

181. The Tribunal noted Ms A’s oral evidence in which she had asserted that Dr Shanmugasundaram had withheld money from her which prevented her from buying food.

182. The Tribunal also took account of Ms B’s witness statement:

‘There was also another occasion when Ms A contacted me in June 2019 after Shabari had stopped giving her money to buy food. Although I cannot be certain, I think I may have sent her £25 so she could buy some food.’

183. Ms B did confirm in oral evidence that the transfer she made would have been by bank transfer. However, the Tribunal bore in mind that it had not received other evidence of the actual transfer of money, or how it was made, and whether the money had been used to buy food. It noted that this had not been explored in evidence.

184. It also considered that it would have been helped had it been provided with relevant WhatsApp messages between Ms A and Ms B.

185. XXX

186. The Tribunal had explained in its introductory paragraphs to paragraph 4 of the Allegation earlier in this determination, its views on Ms A's evidence and any supporting corroborative evidence where that existed. Given those views, and in the context of Dr Shanmugasundaram's previous good character, the Tribunal was of the view that the evidence on which the GMC sought to rely was not sufficiently reliable for it to find, on the balance of probabilities that on one or more occasion in June 2019 Dr Shanmugasundaram withheld money from Ms A to prevent her from buying food.

187. Therefore, the Tribunal concluded that the GMC had failed to discharge its burden of proof. Accordingly, the Tribunal determined that the entirety of paragraph 5(c) of the Allegation was not proved.

Paragraphs 6(a), (b) and (c) of the Allegation

188. The Tribunal considered whether in 2019, without Ms A's consent, Dr Shanmugasundaram:

- accessed Ms A's medical records;
- took a photograph or photographs of Ms A's blood test report;
- distributed some or all of those photographs to another or others.

189. Dr Shanmugasundaram admitted that he had accessed Ms A's medical records and had photographed Ms A's blood test report, but that he had not done so without her consent.

190. The Tribunal was mindful of Ms A's email to NHS England informing it that XXX. It noted that this email was sent on 14 February 2020 at 12:43 am:

‘Kindly make sure that

Mr. Shabari girish shanmugasundaram XXX cannot access my NHS profile in the data base as he is a doctor with gmc no 7516733 who was last know [sic] to work at Mid essex hospital broomfield might have accessed my medical records without my consent or my permission through his id or his colleagues [sic] id from mid essex hospital, broomfield and it has been brought to my attention now that my medical records which includes blood work up , ct images and doctors record has been photo copied by him.’

191. However, the Tribunal considered that this email, dated from February 2020, adduced as evidence by the GMC, neither supported nor undermined the allegation that Dr Shanmugasundaram had accessed Ms A’s medical records, in 2019, without her consent. The email is framed primarily as a notification that XXX, the trust should ensure that he would not be able to access her medical records on that basis. XXX.

192. The Tribunal noted that it had received no corroborative evidence that Dr Shanmugasundaram had accessed Ms A’s medical records without her consent in 2019.

193. The Tribunal noted Dr Shanmugasundaram’s witness statement:

‘Although I admit accessing and taking photographs of Ms A’s medical records, I did so with her consent and, in fact, she encouraged me to do so.

I did not distribute any of the photographs to any other person except Ms A.

After this incident, I disclosed what I had done to my clinical lead, [Dr H]. I met him on 9 February 2022, and we discussed the data breach. I reflected on my actions and accepted that it was not acceptable practice. This was a one-off breach which did not result in any disciplinary action.’

194. The Tribunal also noted that witness statement of Ms C:

‘My brother told me that Ms A had asked him to obtain some test results for her, which he then did and that he shared them with Ms A.’

195. The Tribunal examined the photographs of Ms A’s blood test results and noted that no patient details or other patient-identifiable information was included in the photographs. This correlated with Dr Shanmugasundaram’s assertion that he had deliberately omitted Ms

A's details and had sent them only to her. For the Tribunal this fact also undermined Ms A's claim that the records were disseminated widely to tarnish Ms A's reputation; the records were not identifiable as those of Ms A.

196. Further, the Tribunal received no evidence, other than that of Ms A, as to why Dr Shanmugasundaram might want to distribute Ms A's blood test results to others and how this might taint her.

197. The Tribunal considered that Dr Shanmugasundaram's explanation, namely that he had accessed and taken photographs of the blood test results for Ms A, with her encouragement and at her insistence, and that he had been careful to omit patient details from these photographs, was plausible. It was also not apparent to the Tribunal, nor was it explored in evidence, how those blood test results could have been used to tarnish Ms A's reputation, as she alleged.

198. The Tribunal noted the good character direction in relation to Dr Shanmugasundaram, which had been accepted by the GMC, and that Dr Shanmugasundaram had reported his access of the records to his clinical lead, although not until 2022.

199. In the circumstances, the Tribunal was not satisfied that it was more likely than not that in 2019, without Ms A's consent, Dr Shanmugasundaram accessed Ms A's medical records, took one or more photographs of Ms A's blood test report or distributed those photographs to another (other than Ms A) or others.

200. Consequently, the Tribunal determined that paragraphs 6(a), 6(b) and 6(c) of the Allegation were not proved.

The Tribunal's Overall Determination on the Facts

201. The Tribunal has determined the facts as follows:

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

1. Between 30 October 2018 and July 2019, you compelled Ms A to take XXX. **Not proved**
2. On a date in January 2019, you told Ms A to discharge herself from hospital against medical advice. **Not proved**

3. On a date in February 2019, you withheld a letter from Ms A's GP from her. **Not proved**
4. You behaved violently towards Ms A in that:
- a. on or around 14 February 2019 you slapped her face. **Not proved**
 - b. on or around 18 April 2019 you:
 - i. slapped her face on one or more occasions; **Not proved**
 - ii. punched her on her nose; **Not proved**
 - iii. strangled her. **Not proved**
 - c. during the last weekend of April 2019, you hit her with XXX. **Not proved**
 - d. between March and June 2019, you, on one or more occasion:
 - i. slapped her; **Not proved**
 - ii. punched her. **Not proved**
 - iii. headbutted her **Amended under Rule 17(6)**
Not proved
 - e. on a date in May 2019, when she tried to leave XXX you
 - i. dragged her back ~~XXX~~ by the hair; **Amended under Rule 17(6)**
Not proved
 - ii. threw her XXX **Not proved**
 - f. on a date in May 2019, other than those referred to in paragraphs 4(d) and 4(e) you:
 - i. punched her; **Not proved**
 - ii. threw her across the room; **Not proved**
 - iii. ~~headbutted her~~; **Withdrawn**
 - iv. pushed her XXX; **Not proved**
 - v. punched or kicked her in the stomach. **Not proved**
 - g. on a date in May 2019 other than those referred to in paragraphs 4(d), 4(e) and 4(f), you strangled her. **Not proved**
5. On one or more occasion in June 2019 you:

- a. ~~locked trapped~~ Ms A XXX; **Amended under Rule 17(6) Not proved**
 - b. refused to provide food for Ms A; **Not proved**
 - c. withheld money from Ms A to prevent her from buying food. **Not proved**
6. On a date in ~~February 2020~~ 2019, without Ms A's consent you:
Amended under Rule 17(6)
- a. accessed Ms A's medical records; **Not proved**
 - b. took a photograph or photographs of Ms A's blood test report; **Not proved**
 - c. distributed some or all of those photographs to another or others.' **Not proved**
202. Having found the entirety of the Allegation not proved, the Tribunal did not proceed to consider whether the doctor's fitness to practise was impaired.
203. That concludes this case.

ANNEX A – 29/07/2024

Application to amend the Allegation pursuant to Rule 17(6)

204. After Ms A had concluded her oral evidence, Mr Kitching, Counsel, on behalf of the GMC, made an application pursuant to Rule 17(6) of the General Medical Council (Fitness to Practise Rules) 2004, as amended ('the Rules'). The application was in respect of paragraphs 4(e)(i), 4(f)(iii), 4(d)(ii), and 5(a) of the Allegation.

Submissions

Submissions on behalf of the GMC

205. In relation Paragraph 4(e)(i) of the Allegation, to Mr Kitching submitted that this can be amended to remove the word 'XXX' without injustice to the doctor and that it would not materially affect the nature of this allegation. He stated that an allegation of this sort should not fail on the basis of whether Ms A had XXX at the point at which her hair was pulled.

206. Mr Kitching submitted that it made no real difference to the gravamen or the nature of the allegation. He stated that it was an amendment that could be made without injustice.

207. In relation to paragraph 4(f)(iii) of the Allegation, Mr Kitching stated that it was the evidence of Ms A that there had been no headbutt on this occasion and this allegation obviously related to a specific occasion. Mr Kitching therefore applied to have paragraph 4(f)(iii) struck from the allegation. This application was not opposed by Ms Cooper.

208. However, in relation to paragraph 4(d)(ii) Allegation, Mr Kitching submitted that there was evidence that Ms A had been headbutted on more than one occasion and applied to add the words '*headbutted her*' as paragraph 4(d)(iii). He submitted that the nature of the allegation was the same but did change the factual framework of the allegation and stated that he would accept that the Tribunal would have to take that into account. He further asserted that if the application were granted the doctor could still answer to the allegation of headbutting in the course of his evidence, and the doctor had not been deprived of any opportunity to gather other evidence.

209. In relation to paragraph 5(a) of the Allegation, Mr Kitching applied to replace the word 'locked' with the word 'trapped'. He stated that this would reflect the evidence of Ms A and asserted that if the application were granted there may be a question as to whether Ms A was in fact trapped XXX or not, based on her own account. Mr Kitching stated that this allegation could be amended without injustice to the doctor. Mr Kitching submitted that should the Tribunal be satisfied that XXX, then that would be an allegation of very similar gravamen to the original allegation. He submitted that an application of this sort ought not to fail simply on the basis of XXX.

Submissions on behalf of Dr Shanmugasundaram

210. In relation to 4(e)(i) of the Allegation, Ms Cooper submitted that whilst correcting the charges could certainly be done if an error became apparent or if the nature of the evidence is such that the way the allegation is drafted did not properly reflect that evidence, this was a case where much of these applications to amend are the result of the evidence being inconsistent or are efforts to explain a discrepancy or contradiction.

211. Ms Cooper further stated that this application, as a whole, may stray into preferring an account that is given to the Tribunal orally over what was stated in Ms A's witness statement. She stated that this is a topic that should be decided when considering whether or not the allegation itself is supportable rather than altering the charge after evidence is given, which might risk preferring an account at a certain point in the hearing.

212. Ms Cooper asked that the Tribunal consider whether the application was a clarification of the charges or whether it was the preferring of one account over another.

213. Ms Cooper stated that to change paragraph 4(e)(i) in the way proposed by the GMC was an 'not insignificant' alteration and stemmed from Ms A having altered the account that she has given which brought into question her credibility, rather than something to be corrected at this point.

214. In relation to 4(f)(iii) of the Allegation, deleting the words 'headbutted her', Ms Cooper stated that she had no objection and understood why the application had been made. However, in relation to amending 4(d)(ii) she stated that this was an amendment that was the result of Ms A's oral evidence, stating that she had been headbutted on multiple occasions and was not something that she could give further detail on. Ms Cooper submitted that, without being able to gain further specificity as to this allegation, other than what Ms A

had already said, it might well elevate the charge and make it more serious and that this had to be a matter for the Tribunal.

215. In relation to paragraph 5(a) of the Allegation, namely changing the word 'locked' to the word 'trapped', Ms Cooper stated that the word 'trapped' was too vague a term. Further, she submitted that, because this amendment was the result of Ms A's oral evidence, Dr Shanmugasundaram had not sought further evidence himself XXX. Ms Cooper stated that there were further elements that Dr Shanmugasundaram could have investigated had Ms A given the account in her witness statements that she had now given orally at the hearing. Therefore, Ms Cooper objected to the word 'trapped' being used to replace 'locked'.

The Tribunal's Approach

216. The Tribunal had regard to Rule 17(6) of the Rules:

*'Where, at any time, it appears to the Medical Practitioners Tribunal that—
(a) the allegation or the facts upon which it is based and of which the
practitioner has been notified under rule 15, should be amended; and (b) the
amendment can be made without injustice,'*

217. The Tribunal considered whether the amendments proposed could be made without any injustice.

The Tribunal's Decision

218. The Tribunal considered each of the amendments proposed by the GMC. In relation to paragraph 4(e)(i) it was of the view that the proposed amendment did not affect the gravamen of the allegation. The violence involved the alleged pulling of Ms A backwards by her hair. Whether in doing so XXX was a secondary consideration. The proposed amendment did not change the nature of the allegation and, in the Tribunal's view, it could be made without injustice.

219. In relation to paragraph 4(f)(iii), the Tribunal noted that Ms Cooper, on behalf of Dr Shanmugasundaram, did not object to the proposed withdrawal and shared the parties' view that the amendment could be made without injustice. In addition, the proposed inclusion of the words 'headbutted her' as a new paragraph 4(d)(iii) did not, in the Tribunal's view, change

the nature of the allegation. The allegation remained that Dr Shanmugasundaram had headbutted XXX.

220. Although the Tribunal noted that the amendment extended the period during which the headbutting was alleged (from *'a date in May 2019'* to *'between March and June 2019'*) the fundamental nature of the allegation was unchanged and Dr Shanmugasundaram had not been deprived of the opportunity to gather other evidence. The Tribunal was not satisfied that in permitting the amendment it was favouring the evidence of Ms A. All the evidence would be analysed in due course, after Dr Shanmugasundaram had had the opportunity to give his own account if he so wished. The Tribunal was satisfied that the amendment could be made without injustice.

221. In relation to the proposed amendment to paragraph 5(a), the Tribunal was satisfied that the gravamen of the allegation was not materially changed by the amendment. Further it was not satisfied that the amendment made the allegation too vague to form an appropriate head of charge.

222. During Ms A's oral evidence it became clear that XXX. In those circumstances, the Tribunal was not satisfied that Dr Shanmugasundaram had been deprived of any opportunity, in the face of either an allegation of locking or trapping Ms A in the premises, XXX. On balance, the Tribunal considered that the relevant amendments could be made without injustice.

223. Accordingly, the Tribunal granted the entirety of GMC's application to amend the Allegation.

ANNEX B – 08/07/2024

Application pursuant to Rule 17(2)(g)

1. At the close of the GMC's case Ms Cooper, Counsel, on behalf of Dr Shanmugasundaram, made an application pursuant to Rule 17(2)(g) of the General Medical Council (Fitness to Practise Rules) 2004, as amended ('the Rules'). The application was in respect of the evidence of Ms A as a whole and, in particular, in relation to paragraphs 1, 2, 3, 4(c) and 5(c) of the Allegation. Ms Cooper invited the Tribunal to determine that the GMC

had adduced insufficient evidence upon which it could properly find that Allegation proved should the hearing proceed to the facts stage.

Submissions

Submissions on behalf of Dr Shanmugasundaram

2. Ms Cooper submitted that, in relation to paragraphs 1 to 6 of the Allegation, the evidence was, of itself, insufficient to prove the charge. She stated that the nature of the evidence was so self-contradictory and/or weak that, even taken at its highest, it was insufficient to prove the charges.

3. In relation to paragraph 1 of the Allegation, Ms Cooper submitted that Ms A's assertion that Dr Shanmugasundaram XXX is wholly inconsistent with her evidence that Dr Shanmugasundaram withheld medical care from her, prevented her from visiting the GP, and was generally inconsiderate of her health. Ms Cooper also submitted that XXX

4. Further, Ms Cooper stated that Ms A gave two alternative explanations as to when, where and by whom, she was first told that she should take XXX.

5. In relation to paragraph 2 of the Allegation Ms Cooper submitted that Ms A's evidence was at odds with the suggestion that Dr Shanmugasundaram would insist that Ms A XXX rather than stay in hospital overnight. She stated that Ms A's evidence was undermined by her acceptance that it was XXX, Dr Shanmugasundaram, who had suggested that she should seek medical care.

6. In relation to paragraph 3 of the Allegation, Ms Cooper submitted that, at its highest, Ms A's evidence was that Dr Shanmugasundaram had opened a letter and told Ms A that it was her blood results. She stated that Ms A did not ask anything further and trusted that, if there was something important in the letter, Dr Shanmugasundaram would tell her. Further, Ms Cooper stated that Ms A did not think this was an abusive act and, accordingly, this was insufficient to prove the charge.

7. In relation to paragraph 4(c) of the Allegation, Ms Cooper submitted that Ms A had not been specific in relation to how Ms A had come to be hit XXX, how she was hit, and where she was hit. Ms Cooper further challenged the veracity of the images of Ms A's alleged facial injuries and asserted that the images were, evidentially, insufficient to rely upon.

8. In relation to paragraph 5(c) of the Allegation, Ms Cooper submitted that it was unclear how Ms A was said to have had access to no money XXX, Ms B had explained that she sent money to that bank account for Ms A.

9. Ms Cooper also stated that Ms B had recalled XXX. Further, she argued that Ms B's source for nearly all of her evidence was Ms A herself. She stated that this contradicted Ms A's evidence of having not had access to money.

10. In relation to the nature of Ms A's evidence, Ms Cooper submitted that it had, overall, been so repeatedly self-contradictory, vague, and implausible that, even taken at its highest, it was so inherently weak and unreliable that it could not be relied upon to prove any charge. In support of her assertions, Ms Cooper provided a list of examples of inconsistencies, naively implausible accounts and new matters she said had been raised by Ms A during her oral evidence.

Submissions on behalf of the GMC

11. Mr Kitching submitted that the defence submission was not well founded and there was evidence upon which this Tribunal could find all of these allegations proved at the appropriate time. Further, he submitted that the approach set out in the second limb of the defence application was one which ought to be treated with great caution by the Tribunal and asserted that the Tribunal should adopt the same approach in respect of all of the allegations i.e. by considering the evidence in respect of each separately, though not in isolation from the evidence as a whole, and apply the *Galbraith* test to each.

12. Mr Kitching submitted that the individual points made on behalf of Dr Shanmugasundaram varied in their validity but stated that the points asserted by Ms Cooper were not such as to fatally undermine Ms A's credibility.

13. Further, Mr Kitching stated that the question the Tribunal needed to ask itself at this stage was whether it could accept Ms A's evidence notwithstanding the points raised by the defence. He submitted that the answer to that question was clearly – yes, there is evidence upon which the Tribunal could conclude that the events set out in paragraphs 1 to 6 of the Allegation took place as alleged.

14. In relation to paragraph 1 of the Allegation, Mr Kitching stated that Ms A's evidence was not merely good enough to satisfy the low sufficiency of evidence threshold needed at this stage, it was compelling and formed part of a wider narrative of controlling behaviour and, later, violent behaviour by the doctor towards her.
15. In relation to paragraph 2 of the Allegation, regarding 'discharge against advice', Mr Kitching submitted that at the moment there was only one account as to how Ms A came to be discharged and that account comes from Ms A herself. Mr Kitching submitted that there was simply no evidence before the Tribunal to contradict Ms A's account.
16. In relation to paragraph 3 of the Allegation, regarding 'the withholding of the GP letter', Mr Kitching submitted that, on Ms A's account, Dr Shanmugasundaram did withhold the letter from her. Dr Shanmugasundaram opened it, read it and told Ms A that it was her blood test. Ms A did say that she thought Dr Shanmugasundaram would tell her if there was a problem, but she also said she asked to see the letter and Dr Shanmugasundaram had said no. Mr Kitching asserted that there was no evidence to contradict Ms A's account.
17. In relation to paragraph 4(c) of the Allegation, 'the XXX incident', Mr Kitching submitted that Ms A was clear about the circumstances of this alleged assault and that the point about the image of the alleged injury was insufficient to fatally undermine Ms A's account.
18. In relation to paragraph 5(c) of the Allegation, 'withholding money for food', Mr Kitching submitted that there was very good evidence of that this was taking place between late May 2019 and June 2019. Further, he stated that this was supported by the evidence of Ms B.
19. In relation to Ms A's evidence as a whole, Mr Kitching submitted that there were strengths and weaknesses to it and stated that those were matters for the Tribunal to consider at the end of Stage 1 of the hearing. He submitted that none of the matters raised by Ms Cooper in her application came anywhere close to demonstrating that Ms A's evidence was *'self-contradictory and out of reason and all common sense'*.
20. Further, Mr Kitching submitted that some of the points raised by Ms Cooper in her application might have some force, others did not, and, taken as a whole did not come close to fatally undermining Ms A's account.

The Tribunal's Approach

21. The Tribunal had regard to Rule 17(2)(g) of the Rules:

“the practitioner may make submissions as to whether sufficient evidence has been adduced to find some or all of the facts proved and whether the hearing should proceed no further as a result, and the Medical Practitioners Tribunal shall consider any such submissions and announce its decision as to whether they should be upheld”.

22. It reminded itself that, at this stage, its purpose was not to make findings of fact but to determine whether sufficient evidence, taken at its highest, had been presented by the GMC such that a Tribunal, correctly directed as to the law, could properly find the relevant paragraphs proved to the civil standard.

23. The Tribunal considered the submissions of both parties. It also took account of all of the evidence presented to date, both oral and documentary, in reaching its decision.

24. The Tribunal accepted the advice of the Legally Qualified Chair (LQC) and had particular regard to the case of *R v Galbraith* [1981] 1 WLR 1039, which sets out that:

(1) If there is no evidence that the crime alleged has been committed by the defendant, there is no difficulty. The judge will of course stop the case.

(2) The difficulty arises where there is some evidence but it is of a tenuous character; for example, because of inherent weakness or vagueness, or because it is inconsistent with other evidence.

(a) Where the judge comes to the conclusion that the prosecution evidence, taken at its highest, is such that a jury properly directed could not properly convict upon it, it is his duty, upon a submission being made, to stop the case.

(b) Where, however, the prosecution evidence is such that its strength or weakness depends on the view to be taken of a witness's reliability, or other matters which are generally speaking within the province of the jury and where on one possible view of the facts there is evidence upon which a jury could properly come to the conclusion that the defendant is guilty, then the judge should allow the matter to be tried by the jury. [...] There will always [...] be borderline cases. They can safely be left to the discretion of the judge.'

25. The Tribunal also had regard to the case of *R v Shippey* [1988] Crim LR 767 where Turner J held that the requirement to take the prosecution evidence at its highest did not mean “*picking out all the plums and leaving the duff behind*”. In this case it was held that the judge should assess the evidence and if the evidence of the witness upon whom the prosecution case depended was self-contradictory and out of reason and all common sense then such evidence was tenuous and suffered from inherent weakness

26. It further noted the case of *R (on the application of Dr Alan Tutin) v General Medical Council* [2009] EWHC 553 (Admin) which states:

‘a. in applying the principles set out in the cases of Galbraith and Shippey [R v Shippey [1988] Crim LR 767.], consider each allegation still in dispute separately.

b. consider

i. Whether there is any evidence before the Panel upon which it can find that matter proved. If there is no evidence of any particular fact, then it must conclude that there is no case to answer.

ii. Whether there is some evidence, but of such an unsatisfactory character that the Panel, properly directed as to the burden and standard of proof, could not find the matter proved? If so, the Panel must allow the submission of no case.

iii. Whether there is some evidence, the relative strength or weakness of which is dependent upon the Panel’s view of the reliability of a witness? In such circumstances the Panel should consider the issue of the strength and weakness of the evidence at this stage. Only where the Panel finds that the witness’ evidence is reliable in respect of the allegation in question and considers that the allegation is capable of being proved to the requisite standard should the Panel allow that allegation to remain to be considered at the conclusion of the evidence.’

The Tribunal’s Decision

‘Evidence as a whole’

27. The Tribunal considered Ms Cooper’s application in relation to the evidence as a whole. It considered specifically the various assertions Ms Cooper made in relation to:

- inconsistencies in Ms A’s oral evidence, and between it and her written statements;
- new matters raised by Ms A during her oral evidence; and
- naively implausible accounts given by Ms A in oral evidence.

28. The Tribunal also considered the submissions made by Ms Cooper in relation to the other sources of evidence to which the panel may have regard in determining whether it could cure the inherent weakness she said existed in Ms A’s evidence.

29. The Tribunal noted that Ms A was the source of Ms B’s knowledge of events, other than in relation to the evidence she gave arising from the XXX visit Ms A and Dr Shanmugasundaram made XXX.

30. However, having considered the specific issues raised and the evidence as a whole, the Tribunal considered that the evidence could not reasonably be described as so tenuous, inconsistent or self-contradictory, that it undermined Ms A’s reliability as a witness. It acknowledged that there were apparent inconsistencies, which it would have to analyse and decide upon, but it was of the view that the appropriate time for that analysis would be in its deliberations on the facts. There was sufficient evidence at this stage for it to undertake that analysis. In the Tribunal’s view, the evidence was not so insufficient that it could not safely be relied upon properly to find the Allegation proved by a Tribunal, correctly directed as to the law, at the appropriate stage.

31. It concluded that it was appropriate for the Tribunal to make an assessment in due course as to the probative weight of the evidence as a whole. In the Tribunal’s view the evidence fell squarely within the third limb of Galbraith, in that the Tribunal’s analysis of the strengths and weaknesses of the evidence depended upon its view of Ms A’s reliability, which it would determine at the end of the facts stage of the hearing.

32. The Tribunal therefore determined to refuse Ms Cooper’s application under Rule 17(2)(g) of the Rules in relation to Ms A’s evidence as a whole.

33. The Tribunal went on to consider the sufficiency of the evidence, and the submissions made, in relation to the five specific paragraphs of the Allegation identified by Ms Cooper.

Paragraph 1 of the Allegation - ‘the XXX

34. The Tribunal considered Ms Cooper’s application in relation to the allegation that between 30 October 2018 and July 2018 Dr Shanmugasundaram compelled Ms A to take XXX.

35. The Tribunal noted that all the evidence that it had received in respect of this allegation came from Ms A, with no comment from Ms B.

36. The Tribunal received evidence from Ms A claiming that she was pressured into taking XXX when she did not want to do so and that she took them because she felt she had no real option but to do so.

37. Ms A asserted that the reason for Dr Shanmugasundaram’s alleged behaviour was due to XXX.

38. The Tribunal noted that that there remained questions as to from whom Ms A first got XXX.

39. The Tribunal also took into account the question regarding when Ms A had stopped taking XXX.

40. The Tribunal also acknowledged that there some questions regarding possible inconsistencies regarding dates relating to this paragraph of the Allegation.

41. Further, the Tribunal acknowledged that, whilst Ms A was claiming to have been abused at the time that she also claimed that XXX may seem inconsistent, it considered that this did not make the evidence unreliable or insufficient.

42. In the circumstances, the Tribunal considered that the evidence could not be described as tenuous, or inconsistent with other evidence, such that it could not properly find paragraph 1 of the Allegation proved.

43. The Tribunal therefore determined that the evidence adduced by the GMC was such that it could, in due course, lead to a finding that paragraph 1 of the Allegation was proved. Accordingly, it refused Ms Cooper’s application under Rule 17(2)(g) of the Rules in relation to that paragraph.

Paragraph 2 of the Allegation – ‘discharge against advice’

44. The Tribunal considered Ms Cooper’s application in relation to the allegation that on a date in January 2019, Dr Shanmugasundaram told Ms A to discharge herself from hospital against medical advice.

45. Ms Cooper asserted that Ms A had accepted that it was [Dr Shanmugasundaram] who suggested that she seek medical care, and that he contacted a friend in order to arrange transport XXX. All of the evidence before the Tribunal at this stage had come from Ms A. There was sufficient evidence for the paragraph of the Allegation to be found proved, following a proper analysis of Ms A’s reliability at the appropriate time.

46. The Tribunal considered that it was for the Tribunal to make an assessment on this allegation and any possible alleged evidential inconsistencies in due course.

47. The Tribunal therefore determined that the evidence adduced by the GMC was such that it could lead to a finding that paragraph 2 of the Allegation was proved. Accordingly, it refused Ms Cooper’s application under Rule 17(2)(g) of the Rules in relation to that paragraph.

Paragraph 3 of the Allegation – ‘the withholding of the GP letter’

48. The Tribunal considered Ms Cooper’s application in relation to the allegation that on a date in February 2019 Dr Shanmugasundaram withheld a letter from Ms A’s GP from her.

49. The Tribunal received evidence from Ms A alleging that Dr Shanmugasundaram withheld the GP letter from her and that he read it and told her that it was her blood test.

50. The Tribunal considered that it had received no other evidence that undermined Ms A’s evidence in relation to this allegation. There was evidence available to it, on which it could find the Allegation proved at the appropriate time, following an assessment of Ms A’s reliability as a witness.

51. The Tribunal considered that it was for the Tribunal to make an assessment on this allegation and any possible alleged evidential inconsistencies in due course.

52. The Tribunal therefore determined that the evidence adduced by the GMC was such that it could lead to a finding that paragraph 3 of the Allegation was proved. Accordingly, it

refused Ms Cooper's application under Rule 17(2)(g) of the Rules in relation to that paragraph.

Paragraph 4(c) of the Allegation – 'the XXX incident'

53. The Tribunal considered Ms Cooper's application in relation to the allegation that Dr Shanmugasundaram behaved violently towards Ms A in that during the last weekend of April 2019 he hit her XXX.

54. The Tribunal received evidence from Ms A asserting that Dr Shanmugasundaram had been XXX to hit her on the face. Ms A had explained in oral evidence that she had felt XXX on her cheek after being struck.

55. The Tribunal considered that it had received no evidence before it that undermined the sufficiency of Ms A's evidence in relation to this allegation.

56. The Tribunal considered that it was for the Tribunal to make an assessment on this allegation and any possible alleged evidential inconsistencies in due course.

57. The Tribunal therefore determined that the evidence adduced by the GMC was such that it could lead to a finding that paragraph 4(c) of the Allegation was proved. Accordingly, it refused Ms Cooper's application under Rule 17(2)(g) of the Rules in relation to that paragraph.

Paragraph 5(c) of the Allegation – 'withholding money for food'

58. The Tribunal considered Ms Cooper's application in relation to the allegation that on one or more occasion in June 2019 Dr Shanmugasundaram withheld money from Ms A to prevent her buying food.

59. The Tribunal received evidence from Ms A asserting that Dr Shanmugasundaram had withheld money from her.

60. The Tribunal also received evidence from Ms B in relation to this allegation. She asserted that Ms A had asked her to transfer some money into her account for food and that Ms B had transferred £25.

61. XXX.

62. The Tribunal considered that it had received no evidence that undermined Ms A's evidence in relation to this allegation to the extent that this allegation could not be found proved by a properly directed tribunal at a later stage.

63. The Tribunal considered that it was for the Tribunal to make an assessment on this allegation and any possible alleged evidential inconsistencies in due course.

64. The Tribunal therefore determined that the evidence adduced by the GMC was such that it could lead to a finding that paragraph 5(c) of the Allegation was proved. Accordingly, it refused Ms Cooper's application under Rule 17(2)(g) of the Rules in relation to that paragraph.