

PUBLIC RECORD**Dates:** 26/04/2021 - 29/04/2021

Medical Practitioner's name: Dr Victor LABOR

GMC reference number: 3621439

Primary medical qualification: State Exam Med 1984 Wilhelm Pieck
Universität Rostock

Type of case	Outcome on facts	Outcome on impairment
New - Misconduct	No facts found proved	Not impaired

Summary of outcome

No action (warning not considered)

Tribunal:

Legally Qualified Chair	Mrs Laura Paul
Lay Tribunal Member:	Mr Martyn Green
Medical Tribunal Member:	Dr John Smith

Tribunal Clerk:	Mr Matthew Rowbotham
-----------------	----------------------

Attendance and Representation:

Medical Practitioner:	Present and represented
Medical Practitioner's Representative:	Mr Tony Haycroft, Counsel, instructed by Radcliffes Le Brasseur
GMC Representative:	Ms Chloe Hudson, Counsel

Attendance of Press / Public

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

Overarching Objective

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

Determination on Facts - 29/04/2021

Background

1. Dr Labor qualified with a State Exam Med in 1984 from Wilhelm Pieck Universität in Rostock. Prior to the events which are the subject of the hearing Dr Labor worked as a full-time or locum General Practitioner ('GP') across Yorkshire. At the time of the events Dr Labor was practising as a GP at Eastmoor Health Centre and Almshouses surgery (also referred to as the Trinity Medical Centre) ('the surgeries').
2. The Allegation that has led to Dr Labor's hearing is that he acted in a sexually motivated way during consultations, meetings, and telephone calls with Patient A between 2005 and October 2016, and that Dr Labor knew Patient A was vulnerable due to her mental health and the breakdown of her marriage.
3. The initial concerns were raised with the GMC by Patient A in October 2018

The Outcome of Applications Made during the Facts Stage

4. On behalf of the GMC, Ms Hudson made an application under Rule 34(1) of the General Medical Council ('GMC') (Fitness to Practise) Rules 2004, as amended ('the Rules') to admit further evidence in the form of a witness statement. The Application was opposed by Mr Haycroft on behalf of Dr Labor. The Tribunal determined to grant Ms Hudson's application. Its full determination can be found at Annex A

5. On behalf of the GMC, Ms Hudson made applications under Rule 34(1) of the Rules to admit further evidence in the form of correspondence between Dr Labor and NHS England North; a witness statement from a member of the GMC and an email from Patient A’s counsellor. Under the same Rule, Mr Haycroft made an application to admit evidence in the form of a witness statement from Dr Labor and Dr Labor’s CV. Neither party opposed the applications. The Tribunal determined to admit this evidence as it was fair and relevant to do so.

The Allegation and the Doctor’s Response

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

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

1. Between 2005 and 6 October 2016 you treated Patient A at Eastmoor Health Centre and during one or more consultations, you:
 - a. asked Patient A:
 - i. about her sex life;
 - ii. to stay with you at your caravan in Lincolnshire;
 - iii. about having a threesome;
 - iv. if she wanted to go to a hotel with you;
 - b. told Patient A that you would:
 - i. buy her a drink if you saw her out socially;
 - ii. take her to a soul bar in Blackpool;
 - c. kissed the back of Patient A’s head;
 - d. touched Patient A’s bottom;
 - e. lifted Patient A’s top up at the side and grabbed her stomach under her clothing;
 - f. put your arms on the consultation room door, preventing Patient A from leaving.

To be determined

2. On one or more occasion, between 2005 and 6 October 2016, you telephoned Patient A when there was no clinical need for you to do so and asked her if she wanted to go to a hotel with you.

To be determined

3. In or around 2011, you attended Patient A's home address when there was no clinical need for you to do so and you:
 - a. asked Patient A if she had ever:
 - i. had a threesome;
 - ii. slept with a woman;
 - b. trapped Patient A between your legs when she tried to walk past you;
 - c. kissed Patient A on the top of the head.

To be determined

4. On a date between around May 2015 and October 2016, whilst working at Almshouses Surgery, you asked Patient A to come to see you when there was no clinical need for her to do so.

To be determined

5. When Patient A attended your consultation room at Almshouses Surgery as set out at paragraph 4, you:
 - a. pulled the chair she was sitting on towards you;
 - b. held Patient A between your legs;
 - c. groped Patient A's breast(s);
 - d. attempted to kiss Patient A on the lips.

To be determined

6. Your conduct as described at paragraphs 1-5 was sexually motivated.

To be determined

7. At all material times you knew that that Patient A was vulnerable due to:
- a. the breakdown of her marriage;
 - b. her mental health.

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

7. In light of Dr Labor's response to the Allegation made against him, the Tribunal is required to determine the entirety of the Allegation.

Evidence

8. The Tribunal received evidence on behalf of the GMC in the form of witness statements from:
- Patient A dated 18 August 2019 and 14 March 2020, who also gave live evidence at the hearing;
 - Ms B, relative of Patient A, dated 26 September 2020;
 - Ms C, a paralegal at the GMC, dated 19 April 2021.
9. Dr Labor provided his own witness statement dated 15 April 2021 and gave live evidence at the hearing.

Documentary Evidence

10. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included, but was not limited to, correspondence from Patient A to the GMC; Patient A's medical records; correspondence between Dr Labor and NHS England North; an email from Patient A's counsellor; and Dr Labor's CV.

The Tribunal's Approach

11. 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 Labor 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. The Tribunal was mindful that it had been presented with two contradictory versions of events, that of Patient A and Dr Labor. It found that it must therefore evaluate the evidence for its reliability and consistency in order to reach its findings.
12. The case of *Lawrance v GMC [2015] EWHC 586 (Admin)* held that whilst the civil standard applies, where there is a particularly serious offence alleged, the decision makers must be aware of the need for cogent evidence.
13. In *Casey v GMC [2011] NIQB 95*, LJ Givan set out, in paragraph 11, that:

'In a case which turns on which of two contradictory witnesses a tribunal should believe a careful examination of important inconsistencies is necessary in evaluating reliability and credibility. While a witness who has presented contradictory evidence may ultimately be accepted as telling the truth on some one or more issues, a tribunal faced with such a witness should, in fairness to the party whose evidence is rejected, explain why the evidence of the witness who has given seriously conflicting and inconsistent evidence is to be preferred to the other witness. The evidential difficulty arising from serious inconsistencies and from making serious and ultimately unfounded allegations (evidenced by their abandonment and withdrawal) is one which the tribunal must demonstrably appreciate and rationally deal with.'

14. In paragraph 16 of *Casey* LJ Girvan adopted the approach of the House of Lords in *Re Doherty*:

'[16] ...Lord Carswell in Re Doherty [2008] UKHL 37 makes clear that certain circumstances call for heightened examination of the evidence. Situations which call for heightened examination include the inherent unlikelihood of the occurrence taking place, the seriousness of the allegation to be proved and the serious consequences which could follow an acceptance of the proof.'

15. In relation to the allegation that Dr Labor’s behaviour was sexually motivated, the Tribunal was mindful of the case of *Bassam v General Medical Council [2018] EWHC 505 (Admin)* in which Mr Justice Mostyn said that

‘13...the issue, indeed, the only issue for the Tribunal, in terms of its primary determination, was the state of mind of the appellant. It was alleged that this appellant did what he did and said what he said with a sexual motive. This, the appellant vehemently denied.

14. A sexual motive means that the conduct was done either in pursuit of sexual gratification or in pursuit of a future sexual relationship.’

16. The Tribunal also had regard to the case of *Arunkalaivanan v General Medical Council [2014] EWHC 873* which does not seek to define sexual motivation, but which discussed the approach to resolving the disputed question of sexual motivation and it was said, in relation to the legal assessor’s advice:

‘...the legal assessor’s advice to the panel as to how to approach this question was appropriate. He identified that there was no direct evidence of motive but that it may be possible to prove sexual motivation by way of inference. He advised that the Panel would have to be satisfied on a balance of probabilities that sexual motivation should be inferred from all the circumstances and made specific reference to the character evidence being relevant in that exercise.’

The Tribunal’s Analysis of the Evidence and Findings

17. The Tribunal first considered the evidence of Patient A. It found that Patient A had given inconsistent and vague evidence. As examples:
18. The Tribunal noted that Patient A, in an email to the GMC dated 7 November 2018, had stated that she *‘did not have any specific dates’* when the alleged misconduct occurred, but that they had *‘happened within the 5 year rule’*. This indicated to the Tribunal that the alleged incidents would have occurred between 2018 and 2013. However, in her live witness evidence, Patient A said that that some incidents occurred when her eldest child (XXX) was in primary school, which would have been before 2011. In addition, the Tribunal noted that there were no dates given for any of the incidents detailed in Patient A’s witness statement.

19. In an email to the GMC, dated 7 November 2018, Patient A explained that *'my concerns were mentioned to my therapist and it was then that I realised that I had been naive [sic] when all the propositions took place.'* However, in Patient A's witness statement, she stated *'I did not tell anyone about what had happened with [Dr Labor] until I was talking to my new doctor at the Practice, Dr D.'* In her live witness evidence, Patient A then said that she told her friend Ms E everything from the beginning. The Tribunal found that this evidence was inconsistent, as it is unclear to whom Patient A first disclosed the alleged misconduct.
20. The Tribunal noted that in Patient A's complaint to NHS England it appears that she had not detailed the incident alleged in Paragraph 5(c) of the Allegation, the groping of her breast(s). The Tribunal found this concerning, as it considered this allegation to be one of the most serious and Patient A was unable to provide a satisfactory explanation at the hearing about why this would have been omitted.
21. The Tribunal was mindful that Patient A was a frequent visitor to the surgeries. It considered that Patient A would have had numerous consultations with many healthcare professionals over the course of the alleged misconduct. The Tribunal was concerned that Patient A had not taken the opportunity to disclose the alleged misconduct to any of them, at any time.
22. The Tribunal also found it difficult to accept that Patient A would continue to see Dr Labor, on several occasions, after the alleged incidents and act in a friendly manner around him.
23. An example of Patient A meeting Dr Labor is outlined in Dr Labor's witness statement, and Patient A agreed in her oral evidence that the meeting took place:

'I [Dr Labor] recall seeing Patient A a few weeks after my consultation with her at Trinity. I think that this was probably June 2016 but I cannot be certain. I was in Wakefield City centre one afternoon and I bumped into Patient A who was with her parents. I recall that she introduced me to her parents.'

24. The Tribunal noted in Patient A's witness statement another time when the two met in a clothes store after the alleged incident at the Almshouses surgery.

'I remember saying something like 'Oh my god, what are you doing here?' and he [Dr Labor] said 'shopping for nighties for my mum'. I remember that he asked me where they might be in the shop and I showed him, but then I left him there.'

The Tribunal had regard to Dr Labor's explanation that this meeting occurred in March 2017, XXX. The Tribunal was mindful that this meeting therefore occurred after the alleged misconduct, in which Patient A described feeling "dirty" and "disgusting" afterwards, and so it was difficult for the Tribunal to accept that she would approach him in Primark and act in a friendly manner towards him.

25. Given Patient A's vague and inconsistent evidence, the Tribunal could attach little weight or credibility to Patient A's recollection of events.
26. The Tribunal next assessed the evidence of Ms B, Patient A's relative. The Tribunal was mindful that it had admitted the witness statement of Ms B as hearsay evidence. Submissions from the GMC under the Rule 34(1) application were that it would provide details of contemporaneous conversations and knowledge of the relationship between Patient A and Dr Labor, as well as background information regarding Patient A's vulnerability. However, in her live witness evidence, Patient A told the Tribunal that she did not tell Ms B about the more intimate allegations until after she had made her complaint to the GMC in October 2018. The Tribunal noted that this is inconsistent with Ms B's witness statement, where Ms B stated that *'I believe that the incident at the new surgery [paragraph 4 and 5 of the Allegation] happened around a week or so before she told me'*. Given the wording of the Allegation, this would have been between around May 2015 and November 2016. The Tribunal reminded itself that it could not test Ms B's evidence, as Ms B was unable to give live witness evidence. Due to this, and the inconsistency between Patient A and Ms B, The Tribunal found it could not place any weight on Ms B's evidence.
27. The Tribunal considered Dr Labor's evidence. The Tribunal was mindful that Dr Labor does not have to prove anything, yet he had provided a witness statement and given live evidence.
28. In Dr Labor's evidence, he discussed being friendly with Patient A, and was challenged under cross-examination about his recollection of Patient A's life events. This included being called by his first name by Patient A, recalling that Patient A was divorced and that

a close relative had applied for university. The Tribunal was mindful that Patient A was a frequent visitor to the surgeries, and she had a significant number of consultations with Dr Labor. It considered that a longstanding GP in this position would, over time, gain knowledge of a patient's life, beyond their medical issues. It found that it would not be unusual for Dr Labor to have recalled these facts about Patient A. In addition, it found that whilst Dr Labor had been friendly with Patient A, it did not follow that this would be a prelude to a personal relationship.

29. The Tribunal found that Dr Labor was able to give consistent evidence, anchored around key dates, such as XXX and the date in May 2016 when the meeting took place at the Almshouses Surgery. Overall, the Tribunal found Dr Labor to be a credible witness.
30. The Tribunal was mindful that it should consider each paragraph of the Allegation separately. However, given the inconsistent, vague and uncorroborated evidence put forward by the GMC, it found that it could not give any weight to the GMC's submission. Therefore, whilst the Tribunal was mindful of the wording of each paragraph of the Allegation, in particular paragraphs 4 and 7 detailed below, it did not see any value in assessing each paragraph separately as it had not seen any cogent evidence to find them proved.
31. The Tribunal noted the wording of paragraph 4 of the Allegation. Given the evidence it had heard, the Tribunal accepted that Patient A did meet Dr Labor to have this conversation. However, the Tribunal found that it was Patient A who had asked Dr Labor for a '*personal, non-medical*' discussion, and not Dr Labor asking Patient A. She wanted to talk to him about rumours she had heard about him leaving the practice.
32. With regards to paragraph 7 of the Allegation, the Tribunal could see no medical evidence that Patient A was vulnerable at the time of the events, nor had it been provided with a definition of the term 'vulnerable'. The Tribunal had been provided with copies of Patient A's extensive medical records dating from 2004 to 2021, which do not corroborate the allegation contained within paragraph 7.
33. The Tribunal therefore found that, on the balance of probabilities, it could not find any of the paragraphs of the Allegation proven.

The Tribunal's Overall Determination on the Facts

34. The Tribunal has determined the facts as follows:

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

1. Between 2005 and 6 October 2016 you treated Patient A at Eastmoor Health Centre and during one or more consultations, you:
 - a. asked Patient A:
 - i. about her sex life;
 - ii. to stay with you at your caravan in Lincolnshire;
 - iii. about having a threesome;
 - iv. if she wanted to go to a hotel with you;
 - b. told Patient A that you would:
 - i. buy her a drink if you saw her out socially;
 - ii. take her to a soul bar in Blackpool;
 - c. kissed the back of Patient A's head;
 - d. touched Patient A's bottom;
 - e. lifted Patient A's top up at the side and grabbed her stomach under her clothing;
 - f. put your arms on the consultation room door, preventing Patient A from leaving.

Not proved

2. On one or more occasion, between 2005 and 6 October 2016, you telephoned Patient A when there was no clinical need for you to do so and asked her if she wanted to go to a hotel with you.

Not proved

3. In or around 2011, you attended Patient A's home address when there was no clinical need for you to do so and you:
 - a. asked Patient A if she had ever:
 - i. had a threesome;
 - ii. slept with a woman;
 - b. trapped Patient A between your legs when she tried to walk past you;
 - c. kissed Patient A on the top of the head.

Not proved

4. On a date between around May 2015 and October 2016, whilst working at Almshouses Surgery, you asked Patient A to come to see you when there was no clinical need for her to do so.

Not proved

5. When Patient A attended your consultation room at Almshouses Surgery as set out at paragraph 4, you:
 - a. pulled the chair she was sitting on towards you;
 - b. held Patient A between your legs;
 - c. groped Patient A's breast(s);
 - d. attempted to kiss Patient A on the lips.

Not proved

6. Your conduct as described at paragraphs 1-5 was sexually motivated.

Not proved

7. At all material times you knew that that Patient A was vulnerable due to:

- a. the breakdown of her marriage;
- b. her mental health.

Not proved

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

35. As the facts have been found not proved, it therefore follows that Dr Labor's fitness to practise is not impaired.

36. XXX.

Confirmed

Date 29 April 2021

Mrs Laura Paul, Chair

ANNEX A – 27/04/2021

Admission of Further Evidence

1. On behalf of the GMC, Ms Chloe Hudson made an application under Rule 34(1) of the Rules to admit further evidence in the form of a witness statement made by a relative of Patient A, 'Ms B', dated 26 September 2020. In support of the GMC's application, Ms Hudson submitted a witness statement, dated 19 April 2021, and telephone note, dated 12 April 2021, from Ms C, a GMC staff member, who assisted Ms B in making her witness statement.

Submissions

On behalf of the GMC

2. In her skeleton argument, Ms Hudson stated that Mr Justice Spencer confirmed the approach to hearsay evidence in regulatory proceedings in the case of *El Karout -v- The Nursing and Midwifery Council [2019] EWHC 28 (Admin)*. She provided a copy of that authority and in her skeleton argument at paragraph 8, she set out the relevant principles for considering the admissibility of evidence:

8.1 *The admission of the statement of the absent witness should not be regarded as a routine matter. The FTP rules require the Tribunal to consider the issues of fairness before admitting the evidence.*

8.2 *The fact that the absence of the witness can be reflected in the weight to be attached to their evidence is a factor to weigh in the balance, but it will not always be a sufficient answer to the objection to admissibility.*

8.3 *The existence or otherwise of a good and cogent reasons for the non-attendance of the witness is an important factor. However, the absence of a good reason does not automatically result in the exclusion of the evidence.*

8.4 *Where such evidence is the sole or decisive evidence in relation to the charges, the decision whether or not to admit it requires the Tribunal to make a careful assessment, weighing up the competing factors. To do so the Tribunal must consider the issues in the case, the other evidence which is to be called and the potential consequences of admitting the evidence. The Tribunal must be satisfied that the*

evidence is demonstrably reliable, or alternatively there must be some means of testing its reliability.

3. Ms Hudson explained that Ms B is unable to give live evidence due to her personal circumstances. She has caring responsibilities for her father-in-law who suffers from ill-health, she provides support for her mother-in-law, her dog had recently passed away, and she is undergoing renovations to her home. She explained that extensive efforts had been made for Ms B to attend the hearing but the circumstances regarding her father-in-law's health had worsened in the last two weeks. Ms Hudson said that just because she cannot be present, it does not mean that her evidence should not be admitted. There are cogent reasons why Ms B cannot attend.
4. She stated that Ms B's evidence is not the sole or decisive evidence in this case, and that evidence will come from Patient A. However, the information contained within Ms B's witness statement is relevant to the Allegation. She can provide background evidence about conversations she had at the time with Patient A which are contemporaneous in nature, and she can provide an understanding of Patient A's relationship with Dr Labor.
5. Ms Hudson submitted that Ms B completed the statement by way of a formal process, and that she knew the purpose and importance of the evidence she was giving, as detailed in the evidence of Ms C.
6. Ms Hudson submitted that the Tribunal should admit this evidence, as it would allow it the opportunity to understand all the evidence available in the case. Ms Hudson also stated that once the evidence was admitted, the Tribunal could determine what weight it could be given when making its findings of fact.

On behalf of Dr Labor

7. Mr Tony Haycroft submitted that Ms B is able to give evidence in person, but she prefers, or has chosen, not to do so. He stated that no medical evidence had been provided to support her claim that she is unable to attend. He submitted that the reasons she has given for not attending are neither good nor cogent.
8. Mr Haycroft submitted that he would wish to cross-examine Ms B, citing *Carmarthenshire County Council v Y [2017] 4 WLR 136*:

The general rule is that oral evidence given under cross-examination is the gold standard because it reflects the long-established common law consensus that the best way of assessing the reliability of evidence is by confronting the witness.

9. Mr Haycroft submitted that Ms B's statement is not the sole or decisive evidence in this case, and it was of limited relevance. This was because Patient A had made a complaint to Ms B, but that Ms B had no knowledge of the actual facts of Patient A's complaint.
10. In addition, Mr Haycroft submitted that some of the details in Ms B's witness statement prompted Patient A to remember a further incident with Dr Labor, after she had been alerted to it by the GMC. He submitted that this amounted to Patient A being coached or prompted, which should never have happened.
11. Mr Haycroft also stated that during the taking of Ms B's witness statement via the telephone, the GMC notetaker should have kept a record of their notes, and that these should be disclosed to Dr Labor before the hearing. Mr Haycroft said that, as at 23 April 2021, this hadn't happened, despite making enquiries. He stated that this was unfair, as it is not clear how the preparation of Ms B's statement unfolded. Mr Haycroft said that it would be unclear as to which parts of the witness statement were Ms B's own words, and which were the result of a discussion or question with the GMC notetaker. He submitted that the GMC had not followed their own protocol in the preparation of the witness statement.
12. Mr Haycroft said that Ms B's witness statement may assist the Tribunal in assessing the vulnerability of Patient A, in relation to paragraph 7 of the Allegation. However, he said that Ms B would only be able to give an opinion, and that this opinion cannot be tested. In addition, Mr Haycroft submitted that Patient A's vulnerability could be tested via Patient A herself and via her medical records.
13. Mr Haycroft concluded by submitting that Ms B's witness statement is untested evidence originating from a complaint, and that has very limited weight. Mr Haycroft cautioned that because it is written down, Ms B's statement may assume an apparent importance that it lacks, and therefore it would be unfair for it to be admitted.

Tribunal's Decision

14. In reaching its decision the Tribunal bore in mind the fundamental principle of the right to a fair hearing. The Tribunal acknowledged that the concept of fairness encompasses fairness to both Dr Labor and the GMC, and whether Ms B's witness statement was relevant to the matters before it.

15. The Tribunal had regard to the questions of fairness and relevance, in order with Rule 34(1) of the Rules:

"The Committee or a 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."

16. In reaching its decision, the Tribunal had regard to the principles referred to in Ms Hudson's submissions above.

17. The Tribunal had regard to the reasons Ms B gave for being unable to give live evidence. It considered that Ms B has four different personal stressors occurring at the same time and close to the start of the hearing. Whilst the Tribunal acknowledged that none of these meant that Ms B was unable to give live witness evidence in a practical sense, it considered that this was a subjective matter and found that these personal circumstances could affect the ability of a witness to participate in a hearing. It accepted Ms B's reasons for not being available to give live witness evidence at this hearing were cogent. It also noted that Ms B had engaged with the GMC throughout the process and that her witness statement had been signed as a 'statement of truth'.

18. The Tribunal acknowledged that if Ms B's witness statement were admitted, Dr Labor would not have the opportunity to test the evidence in cross-examination of Ms B. The Tribunal was mindful, however, that Ms B's witness statement is not the sole or decisive evidence in this case for the GMC. That evidence will come from Patient A, who is attending as a live witness and who can be cross-examined. It noted, however, that Ms B's witness statement may assist it with both assessing the level of Patient A's claimed vulnerability at the time of the events, with regards to paragraph 7 of the Allegation, and potentially corroborating areas of concern and credibility in Patient A and Dr Labor's evidence. The Tribunal noted that both parties agreed that Ms B's witness statement was

relevant to the findings of fact in this case. It acknowledged Mr Haycroft's submission that its relevance is limited.

19. The Tribunal reminded itself that if Ms B's witness statement were to be admitted, it could then decide what weight to place on it when reaching its findings on facts. It considered that the witness statement is evidence that potentially goes to the heart of the issues in this case, and as such it is fair and relevant for it to be admitted.
20. Therefore, given that the Tribunal had found the evidence both fair and relevant to admit, and that it could exercise its own judgement and can assess what weight, if any, to place on it, the Tribunal determined to grant the GMC's application for the admission of further evidence.