PUBLIC RECORD

Dates: 21/07/2025 - 06/08/2025

Doctor:	Dr Rebecca Alia LOBO
GMC reference number:	7771694
Primary medical qualification:	MBBS 2009 D. Y. Patil University School of Medicine

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

Summary of outcome

Suspension, 6 months
Review hearing directed

Tribunal:

Legally Qualified Chair	Ms Amarjit Sagar
Lay Tribunal Member:	Mr James Riley
Registrant Tribunal Member:	Dr James Lucas

Tribunal Clerk:	Miss Racheal Gill

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Lee Gledhill, Counsel
GMC Representative:	Ms Colette Renton, Counsel

Attendance of Press / Public

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

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 - 29/06/2025

Background

1. Dr Lobo qualified with MBBS at D. Y. Patil University School of Medicine in India in 2009. Prior to the events which are the subject of the hearing, Dr Lobo worked in India for seven years as a Clinical Associate/Specialty doctor. She moved to the UK during the 2020 Covid Pandemic. At the time of the events Dr Lobo was practising as a Specialty doctor in the Emergency Department at East Suffolk & North Essex NHS Foundation Trust ('the Trust').

2. The matters that have led to Dr Lobo's hearing arise from her conduct involving three colleagues at the Trust – Dr A, Dr B and Ms C – between 2020 and 2024. The matters came to light when Dr Lobo was found to have accessed Dr A and Dr B's medical records whilst using another colleague's computer login details on the 'Evolve' digital system. Concerns about Dr Lobo's past behaviour towards Dr A and Dr B were subsequently raised during the Trust's investigation into whether Dr Lobo had inappropriately accessed their medical records. It is also alleged that between February 2020 and December 2023 whilst working at the Trust, Dr Lobo behaved inappropriately towards Dr A and Dr B on more than one occasion and that her conduct amounted to harassment of them.

3. The chronological order of events is as follows. Dr Lobo first met Dr A, a consultant, in early 2020 when she began working at the Trust as a Specialty doctor and they worked alongside each other regularly. It is accepted that when Dr Lobo first joined the Trust, she and Dr A had a normal professional working relationship, and he supported her with her training and education. Initially the WhatsApp message exchange between them would concern patients and other work-related matters. Over time however, Dr Lobo began to send Dr A more personal messages about her private life and sent messages to him in his native language XXX, insisting that they communicate with one another in that language. In December 2020, she repeatedly sent messages when Dr A had asked her to stop, and these

messages continued to be sent during non-working hours and late into the night. Between March 2020 and April 2021, Dr Lobo sent over 275 messages to Dr A.

4. In December 2020, Dr Lobo left gifts in the consultants' room for Dr A as Christmas presents, namely a large expensive high-quality leather bag and one of her own favourite dolls from her childhood. Dr A had found the gifts and considered it unusual and inappropriate for a consultant to be given expensive gifts like the leather bag or a personal gift like the doll. He felt uncomfortable receiving these gifts therefore did not take them home and left the gifts where he had found them. Dr A later messaged Dr Lobo via WhatsApp to thank her for the gifts. In response Dr Lobo sent him a series of messages stating that she didn't know what to buy Dr A; explaining that the doll she gave Dr A is *"not an ordinary doll… its my own doll that I gave you… so keep it with you.. its one of my favourite dolls";* that she hoped she did not embarrass the doctor and had not put her name on the card because she did not want people to gossip. After some time, Dr Lobo asked Dr A why he was not replying to her messages and Dr A then informed her that he would have to decline the gifts. He informed her that that it was not normal practice to be gifted such expensive gifts and he preferred to discuss matters in person, making a further request for her not to message him. Dr Lobo however continued to send a series of WhatsApp messages to justify the giving of the gifts. Dr Lobo sent 130 messages over a 2-day period to Dr A when he had asked her not to send any further messages. Dr A did not make a formal complaint however he did express concerns regarding Dr Lobo's messages and gifts to his colleagues at the Trust.

5. Between 2020 and 2023, Dr Lobo began initiating shift swaps so that she worked the same shifts as Dr A. She also offered to work a shift without payment so that she could work the same shift as Dr A. Dr Lobo would also follow Dr A around the department. Further, she would treat patients further down the waiting list in order to work near to Dr A. Dr A became aware that Dr Lobo had a pattern of changing shifts to work with him at the end of 2022. As a result, there was a discussion between consultants and the rota co-ordinator which resulted in an informal agreement of notification if Dr Lobo should try to swap her shifts.

Accessing of Dr A and Dr B's medical records

6. During the early hours of 9 July 2023, Ms C became aware that her Evolve login details were used by someone else on 8 July 2023 to access the medical records of Dr A and Dr B. 'Evolve' is an electronic medical record system that staff use to access patient records and input information. Dr Lobo was witnessed near to the computers at the time. Ms C accessed the drop-down box which showed previous patients that had been accessed with her login. This showed Dr A and Dr B sandwiched between the two patients that Dr Lobo had handed over to Ms C before ending her shift. Upon seeing this, Ms C raised her concerns

which led to an investigation being carried out. Audits of Dr Lobo's Evolve access on the night of 8 July 2023 show that she was not using Evolve on her own login at the time the access of Dr A and Dr B's medical record occurred. The only access to Dr A and Dr B's records on Ms C's login was on the 8 July 2023. There have been no historical accesses of Dr A and Dr B's medical record by Ms C's login. Ms C did not know Dr Lobo was using her login details and did not permit Dr Lobo to use her login details. It is alleged that Dr Lobo acted in this manner knowing that Ms C did not know that Dr Lobo was using her login details. It is alleged that Dr Lobo accessed the medical records of Dr A and Dr B, dishonestly using Ms C's computer login details without her knowledge or permission to do so.

7. Audits were carried out of Dr Lobo's general access on Evolve, in relation to accessing Dr A, Dr B and Dr Lobo's own patient records on Evolve. The audits show that between February 2021 and July 2022 Dr Lobo's Evolve login was used to access his medical records on 32 occasions. Dr A did not consent to Dr Lobo accessing his medical records, and Dr Lobo has never been involved in Dr A's medical care.

8. Around July/August 2023, Dr Lobo continued to swap shifts so that she could work the same shift as Dr A and made multiple requests for a work meeting with Dr A.

9. As with Dr A, Dr Lobo maintained a professional working relationship with Dr B after commencing her role at the Trust. However, Dr Lobo's behaviour towards Dr B changed. At first, she would avoid any interaction with Dr B but then on one occasion she suddenly approached Dr B from behind in the staff kitchen, coming close to Dr B and asked what kind of meat Dr B ate at home, which startled Dr B. On another occasion, Dr Lobo approached Dr B, again coming close, and stated that Dr B's face looked swollen and that she was concerned about Dr B, asking her if she was feeling ok.

10. Dr B witnessed Dr Lobo staring at her for prolonged periods when she was in the same room as her. She also observed Dr Lobo staring at her through the glass section of a door whilst standing in an unlit room and also when Dr Lobo attended the hospital teaching sessions.

11. The audits show that between February 2021 and July 2022 Dr Lobo's Evolve login was used to access Dr B's medical records on 39 occasions. Dr B did not consent to Dr Lobo accessing her medical records, and Dr Lobo has never been involved in Dr B's medical care.

12. Dr Lobo's employment at the hospital ended on 17 February 2024. On 15 March 2024, Mr F, a charge nurse at the hospital in the Emergency Department, observed Dr Lobo outside the hospital looking through the window of the consultants' office. From his position,

Mr F moved closer to see what Dr Lobo was looking at. Mr F saw that Dr A was sitting in his chair in the far corner of the consultants' office; he was the only person in the room. Mr F promptly escalated this to management.

13. The concerns were raised with the GMC on 20 December 2023 by Dr Lobo's Responsible Officer, Dr D.

14. Upon discovering that Dr Lobo had accessed their records, Dr A and Dr B made individual complaints to the GMC regarding Dr Lobo's conduct.

The Outcome of Applications Made during the Facts Stage

15. The Tribunal granted the GMC's application, made pursuant to Rule 35(4) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), that, Dr A and Dr B are granted anonymity throughout proceedings. Ms Renton, Counsel on behalf of the GMC also applied for anonymity to be extended to the name of the Trust at which they worked to avoid jigsaw identification. Mr Gledhill, Counsel on behalf of Dr Lobo, did not oppose the application. The Tribunal's full decision on the application is included at Annex A.

16. The Tribunal also granted the GMC's application for a special measure enabling Ms C to give oral evidence via videolink without Dr Lobo being visible to her on the video screen. Ms Renton submitted that Ms C would feel more comfortable giving evidence this way and this would likely improve the quality of her evidence. Mr Gledhill did not oppose the application. The Tribunal was mindful that Rule 16(6)(b) had effectively already granted special measures for Ms C, and it determined for this further special measure to be granted to improve the quality of her evidence.

The Allegation and the Doctor's Response

17. The Allegation made against Dr Lobo is as follows:

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

1. On more than one occasion between 19 February 2021 and 18 July 2022, whilst working at East Suffolk & North Essex NHS Foundation Trust ('the Trust'), without any clinical justification or permission to do so, you accessed the medical records of work colleagues:

    a. Dr A, a Consultant; **Admitted and found proved**

    b. Dr B, a Specialty Doctor. **Admitted and found proved**

2. Between 17 March 2020 and 09 April 2021, you sent over 275 WhatsApp messages to Dr A and in doing so you:

   a. diverted the topic of conversation from work to personal matters; Admitted and found proved

   b. discussed your private life; Admitted and found proved

   c. sent him messages in his language of birth:

      i. without any prior discussion with Dr A as to what his language of birth was; Admitted and found proved

      ii. without being requested to do so by Dr A; Admitted and found proved

      iii. insisting that you communicate with one another in that language. Admitted and found proved

   d. sent Dr A photo-messages; Admitted and found proved

   e. when Dr A refused to accept the gifts set out at paragraphs 3 a and b, you sent to him 130 text messages over a two-day period: Admitted and found proved

      i. most of which were without reply from Dr A; Admitted and found proved

      ii. when Dr A had asked you not to send any further messages. Admitted and found proved

3. Between 17 February 2020 and 12 December 2023, whilst working at the Trust, on one or more occasion you:

   a. gave Dr A a large expensive high-quality leather bag; Admitted and found proved

   b. gave Dr A a favourite doll from your childhood; Admitted and found proved

   c. initiated shift swaps so that you worked the same shift as Dr A; Admitted and found proved

   d. initiated shift swaps with a view to working the same shift as Dr A; Admitted and found proved

e. offered to work a shift or shifts without payment so that you could work the same shift as Dr A; **Admitted and found proved**

f. followed Dr A around the department when you were on shift with him; **Admitted and found proved**

g. made multiple requests for a work meeting with Dr A; **Admitted and found proved**

h. manipulated patient waiting lists so that you could work near Dr A; **Admitted and found proved**

i. attended the departmental ward(s) where you understood Dr A to be working, when you were not required to do so; **Admitted and found proved**

j. approached Dr B, whom you knew to be the wife of Dr A, from behind and in close proximity to her said 'what kind of meat are you eating at home?' or words to that effect; **Admitted and found proved**

k. approached Dr B in the staff changing room and in close proximity to her said 'your face is so swollen, I am concerned about you, are you feeling alright?' or words to that effect; **Admitted and found proved**

l. stared at Dr B for prolonged periods of time:

i. through the clear pane of a closed door to an unlit room; **Admitted and found proved**

ii. during hospital teaching sessions; **Admitted and found proved**

iii. when you were in the same room as her. **Admitted and found proved**

4. On or about 08 July 2023, whilst working at the Trust, without any clinical justification or permission to do so, you accessed the medical records of work colleagues:

a. Dr A; **Admitted and found proved**

b. Dr B. **Admitted and found proved**

5. When acting in the manner described in paragraph 4, you did so by using a

colleague Advanced Clinical Practitioner Ms C's computer login details, which:

a. Ms C did not:

i. know you were doing; Admitted and found proved

ii. permit you to use; Admitted and found proved

b. you did so knowing that Ms C did not:

i. know you were using their log in details; To be determined

ii. permit you to use their log in details. Admitted and found proved

6. Your actions at paragraph 4 were dishonest by reason of paragraph 5. To be determined

7. On 15 March 2024, whilst not employed by the Trust, you were present by and looked through the outside window into the Consultants' room at the Trust's hospital premises where you knew Dr A worked. Admitted and found proved

8. Your conduct as set out at paragraphs 1-4 and 7 amounted to harassment as defined in the Protection from Harassment Act 1997, when you knew, or ought to have known that your conduct amounted to harassment. Admitted and found proved

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

The Admitted Facts

18. At the outset of these proceedings, through her counsel, Mr Gledhill, Dr Lobo made admissions to some paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'). In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

The Facts to be Determined

19. In light of Dr Lobo's response to the Allegation made against her, the Tribunal is required to determine whether Dr Lobo used Ms C's computer login details whilst accessing the medical records of Dr A and Dr B, knowing that Ms C did not know she was using her log in details. As such the Tribunal is required to determine whether Dr Lobo acted dishonestly by using Ms C's computer login to access the medical records of Dr A and Dr B.

20. Whilst Dr Lobo had admitted paragraph 7 of the allegation, the reason as to why she attended the hospital remained in dispute and as such the Tribunal was asked to reach a conclusion on this point, which it did in paragraph 35-45 below.

Witness Evidence

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

- Dr E, Consultant Radiologist and Deputy Responsible Officer at the Trust, by video link. Together with witness statement dated 27 March 2024 and supplemental witness statement, dated 21 July 2025.
- Ms C, Advanced Clinical Practitioner, by video link. Together with witness statement dated 9 May 2025.
- Mr F, Charge Nurse, by video link. Together with witness statement dated 18 March 2025.

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

- Dr A, complainant, dated 26 March 2024;
- Dr B, complainant, dated 24 March 2024.
- Dr G, Clinical Lead in A&E, dated 3 June 2024.
- Ms H, Medical ER Advisor, dated 22 July 2025.

23. Dr Lobo provided eight witness statements, dated 10 October 2024, 10 April 2025, and 6 May 2025. She also gave oral evidence at the hearing.

Documentary Evidence

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

- Trust investigation – Maintaining High Professional Standards (MHPS) report, dated Autumn 2023.
- Practitioner Performance Advice Service (PPAS) letter from Mr J to Dr D, dated 13 September 2023.
- WhatsApp messages exchanged between Dr Lobo and Dr A, dated 2020 to 2021.
- Photographs of the Evolve system, provided by Ms C.
- Screenshots of the Evolve system showing a generic view of the login page and patient list, provided by Ms H.
- Audits of Dr Lobo's and Ms C's Evolve access.
- Dr Lobo's written apology to the Trust, Dr A and Dr B.
- Dr Lobo's defence bundle, including references and testimonials in support of her clinical competence and good character.

The Tribunal's Approach

25. 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 Lobo 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.

26. The Tribunal was advised that it should have regard to the whole of the evidence, including any agreed/admitted evidence and form its own judgment about what evidence is reliable and what is not. The weight to be apportioned to the evidence is a matter for the Tribunal. The fact that Dr Lobo has denied parts of the allegation cannot be a factor to be held against them when assessing their evidence.

27. In assessing a witness's credibility, the Tribunal was reminded that it should not assess witness credibility exclusively on the demeanour of the witness when giving their evidence, but their veracity should be tested by reference to objective facts proved independently in their evidence, in particular, by reference to the documents in this case. The Tribunal should make a rounded assessment of witness reliability, rather than approaching their reliability in respect of each charge in isolation from the others: R (on the application of Dutta) v GMC [2020] EWHC 1974 (Admin).

28. It is open to the Tribunal not to rule out the whole of a witness's evidence based on credibility; credibility could be divisible: Khan v The General Medical Council [2021] EWHC 374 (Admin).

29. As to individual pieces of evidence, the Tribunal is entitled to draw proper inferences - to come to common sense conclusions based upon the evidence which it accepted as reliable; but it must not speculate. Similarly, the Tribunal should not speculate about what other evidence there might have been. The Tribunal should only draw an inference if it could safely exclude other possibilities: Soni v GMC (2015) EWAC 0364 Admin.

30. The Tribunal bore in mind also that when considering the evidence of witnesses, the extent to which the passage of time may have affected their memory. Memories can fade with the passage of time, and recollections may change or become confused as to what did or did not happen at a particular time. The Tribunal was advised that it should make due allowance for the way in which the passage of time may have created difficulties for witnesses in remembering things.

31. For the purposes of this Tribunal Dr Lobo is of good character. Her good character is relevant to the Tribunal's considerations in two ways. Firstly, as she has given evidence, it should take into account her good character when considering whether it accepts what she has told the Tribunal in her evidence. Secondly, the fact that she has not acted this way in the past may make it less likely that she acted as alleged.

32. However, Dr Lobo's good character is not a defence to the Allegation, it is one factor to take into account when considering all of the evidence in the round. What weight should be given to her good character and the extent to which it assists on the facts remains a matter for the Tribunal to decide.

33. The Tribunal may consider Dr Lobo's comments and response to the MHPS investigation however, it was advised that it could not take into account any findings of fact of that investigation as was held in the case of Enemuwe v NMC 2015 EWHC 2081 Admin.

34. The Tribunal has regard to the Supreme Court judgment in the case of Ivey v Genting Casinos (UK) Limited [2017] UKSC 67, in which Lord Hughes set out the correct test for dishonesty, which is as follows:

> *'When dishonesty is in question the fact-finding tribunal must first ascertain (subjectively) the actual state of the individual's knowledge or belief as to the facts. The reasonableness or otherwise of his belief is a matter of evidence (often in practice determinative) going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held. When once his actual state of mind as to knowledge or belief as to facts is established, the question whether his conduct was honest or dishonest is to be*

determined by the fact-finder by applying the (objective) standards of ordinary decent people. There is no requirement that the defendant must appreciate that what he has done is, by those standards, dishonest.'

The Tribunal's Analysis of the Evidence and Findings

Paragraph 7

35. The Tribunal noted that paragraph 7 of the allegation is admitted by Dr Lobo. However, although Dr Lobo accepted being outside the hospital looking into the window on the night of 15 March 2024, the Tribunal had received conflicting evidence as to what lead her to be there. The Tribunal heard evidence on this point and considered that this disputed context required examination of the evidence and assessment of Dr Lobo's credibility.

36. The Tribunal first considered the evidence of Mr F. In his witness statement, Mr F said that after finishing his shift on 15 March 2024 at 20:00, he went to collect his bicycle from a secluded area outside the hospital. There, he observed Dr Lobo walking back and forth along a ramp and peering into the window of the consultants' office. Mr F stated that this area does not provide access to the hospital or the department, and he found Dr Lobo's behaviour odd and suspicious. Whilst observing her, he stated he was also able to look through the window and confirmed that Dr A was inside the room, seated at a desk. Mr F took photographs of Dr Lobo peering into the window, which were presented to the Tribunal in evidence.

37. Mr F stated that when he asked Dr Lobo what she was doing, she had a plastic bag with her and told him she was there to deliver gifts/treats to the nurses. Mr F recalled that she asked him not to tell anyone because she feared for her job. In oral evidence, Mr F acknowledged that his contemporaneous email to the department lead on 21 March 2024 was likely a more accurate reflection of their conversation, in which he stated that that Dr Lobo had alluded to already being trouble with the GMC. The Tribunal considered this to be a more accurate account as Dr Lobo's employment at the hospital had come to an end following her contract expiring in February 2024 and not being renewed. It concluded that Dr Lobo would not have stated that she was concerned about her job, as she was no longer employed by the Trust. Mr F maintained that the rest of his evidence both in his statement to the GMC and for the investigation was accurate.

38. Dr Lobo provided differing explanations over time. In her witness statement dated 10 April 2025, she said her roommate was not feeling well and he requested that she accompany him to A&E. She stated that at that time he was not aware that her employment

at the hospital had ended as she was embarrassed to tell him. She said she had entered the secluded area to discreetly see who was on duty before entering the department. She said that she chose to look through the consultants' office window to determine who was there and if anyone involved in the investigation was present, she would avoid entering. She stated that if it was a different consultant, she would have accompanied her flatmate into A&E to help him find a seat. She stated she could not recall the exact details of her conversation when Mr F spoke to her. She stated that the plastic bag contained basic groceries, and she informed Mr F that she was not there to see any nurses or doctors but that she was there to drop someone off to the hospital. Her account was that Mr F appears to have misunderstood her. In his written statement Mr F acknowledged that his memory of the exchange was incomplete. However, in his oral evidence Mr F maintained that he had been told by Dr Lobo that she was dropping something off and not someone off and he was sure of this.

39. In oral evidence, Dr Lobo initially repeated this account that she went to the hospital to accompany her friend who had a fever and tummy pain. When asked how her roommate could not know that she was not working for three months, she stated that he resided in a separate flat in the same building. She stated the relationship was not close enough for him to know if she was working or not. Dr Lobo initially maintained her account and disputed Mr F's version but later, after some consideration, changed her position and accepted Mr F's account, stating that after reviewing his statement, his recollection was correct. When asked again, Dr Lobo stated that she had made an error regarding her explanation about her friend and believed that Mr F's version of the events was correct and that she was actually there to see Dr A as she was 'preoccupied' by him. However, Dr Lobo again stated that she was there with a friend who had asked her to accompany him.

40. During re-examination, Dr Lobo also conceded that *"the purpose was to look at [Dr A]"* and acknowledged that *"there was an element of preoccupation"* of Dr A.

41. The Tribunal considered which version was being put forward by Dr Lobo. While Dr Lobo later admitted to being *"preoccupied"* with Dr A and accepted Mr F's version of the events to be correct, she maintained that she was there to accompany her friend. This would mean that Dr Lobo was there to see Dr A, and to distribute treats to the nurses (Mr F's account) and to accompany a friend to A&E.

42. The Tribunal was of the view that while all three reasons were possible, it considered it unlikely for all three to be true at once. Furthermore, the Tribunal found it implausible that she could have delivered sweets to the nurses from an area with no access to the hospital.

43. The Tribunal found that Dr Lobo was reluctant to accept Mr F's account, and this acceptance remained qualified by her repeated explanation that she was also accompanying her friend. It also found her explanation regarding her ill flatmate to be vague and not credible. It considered that Dr Lobo's delay in accepting Mr F's account coupled with her inability to provide a consistent and fully frank explanation undermined her credibility. It found that Dr Lobo had not been honest in her previous explanations.

44. The Tribunal therefore concluded that Dr Lobo's primary purpose for being in the secluded area was to see Dr A, and this was consistent with her own eventual admission of being *"preoccupied"* with him.

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

Paragraph 5bi

46. Dr Lobo accepted that she used Ms C's Evolve login details to access Dr A and Dr B's medical records on 8 July 2023. However, she denied knowingly and deliberately accessing Evolve using a colleague's login credentials to hide her actions. It was her evidence that she thought the computer was logged in with her own Evolve login details.

47. Before coming to a conclusion on paragraph 5bi of the allegation, the Tribunal considered the background evidence, namely concerning the busy nature of the Emergency Department/ Evolve access between colleagues, the Evolve audit evidence, Dr Lobo's and Ms C's professional relationship, Dr Lobo's motivation, as well as their respective oral and written evidence.

Busy Emergency Department/Evolve access between colleagues

48. Dr Lobo stated that it was a busy day on 8 July 2023 and there was significant movement of staff in and out of the department. She described herself as having a "lax approach" to remaining logged into one computer at a time. In her oral evidence, she accepted that she had been careless in logging in and out of Evolve and would have been logged into some if not all of the computers that night, attributing this to the busy nature of her shift. Her evidence was that there was a casual approach by most staff to logging in and out of Evolve, resulting in instances of staff accessing the system under another user's login credentials. She further explained that this would also often result in documents being prepopulated with names of those logged in at the time. She further stated that in cases where she was asked to assist colleagues, she would access those patients using her login

details, meaning that a patient who she had never seen could appear under her login details. She stated that in the emergency department, every moment is precious and as such logging in and out of Evolve is not something staff always have time for.

49. Dr Lobo said that she started her shift at either 2 or 4 pm on 8 July and placed herself in Majors for most of that period, stating that she would be logged into multiple computers. Dr Lobo further stated that she was unaware whether or not the Evolve system automatically logged users out after a particular time. She stated that in her experience she remained logged in when returning to a station within 10–20 minutes, which was commonly her practice. Dr Lobo stated that in relation to the incident in question she believed she was logged into her own Evolve account as she felt she had been using that computer throughout the shift.

50. Dr Lobo also explained that she was focused on her clinical work and not on Ms C's whereabouts during the shift.

51. Ms C described herself as someone who generally logs out of the Evolve system but accepted that there were occasions where she might not have done. However, she stated in her oral evidence that she would always log out of another person's login page and login as herself before accessing Evolve.

52. Ms C accepted that on 8 July 2023 she did not log out of Evolve. In her witness statement, she said: *"After that, it was necessary for me to see a sick patient in cubicle one, so the computer was left logged in. Whilst this is not good practice, it is not uncommon, as there is unspoken trust between colleagues."* She stated that she would never provide her login credentials to another member of staff.

53. The Tribunal bore in mind Dr E's witness statement dated 21 July 2025, he said *"Users of Evolve should always log out when moving away from the terminal after use but when the department is busy it is known for that not to happen and for the next user to use Evolve under the previous user's log in. I am advised by [Dr K] (Clinical Lead for the Emergency Department at the Hospital) that it is common for computers to be left with Evolve logged in in the department."*

54. The Tribunal also bore in mind the letter dated 13 September 2023 from Mr J of the Practitioner Performance Advice Service (PPAS) to Dr D, during the MHPS investigation, in which Mr J wrote: "*You explained that there appears to be a widespread custom and practice in the EM for staff to leave their log-on open for quick access, although this practice would not be in accordance with the trust's IG and data protection policies."*

55. Ms Renton, on behalf of the GMC submitted that Dr Lobo had overstated the extent to which staff failed to log out of Evolve. However, the Tribunal considered, on balance, the weight of the evidence demonstrated that there was generally a casual approach by staff within the department to logging out of the system and to using each other's login.

56. The Tribunal accepted that the Emergency Department was a busy and pressurised environment, with frequent movement of staff between workstations, which could include members of staff from different departments. Therefore, the Tribunal found it credible that although staff did not deliberately choose to leave their accounts open, they would often fail to log out accidentally or through forgetfulness, particularly when attending to urgent clinical duties.

57. The Tribunal was therefore satisfied, based on all the evidence, that there was a general and longstanding tendency for staff to remain logged into Evolve when away from a computer station and for colleagues to use computers that remained logged in under another user's credentials. It concluded that this could often lead to the accidental use of other staff members' logins.

Audit evidence

58. The Tribunal carefully considered the audit evidence provided. The audit data showed that on 8 July 2023, between 21:38 and 22:08, the medical records of Patient #702 were accessed 15 times using the login credentials of Ms C. At 22:08, the records of Patient #119 were also accessed using Ms C's login. It is not disputed that Patient #119 was under the care of Dr Lobo as supported by the Emergency Department (ED) summary.

59. The Tribunal noted that this sequence of events suggested either of the following possibilities:

(i) Dr Lobo had accessed Patient #702 records at 22.08 when logged on as Ms C and then, within 60 seconds, still at 22.08, accessed Patient #119 with the same login.
(ii) Ms C had been accessing the records of Patient #702 at 22.08 while, at the same time, Dr Lobo used another computer with Ms C's login to access Patient #119 from another computer.
(iii) Ms C had been accessing the record of Patient #702 at 22.08, then left the computer and within 60 seconds, Dr Lobo used that logged in computer and accessed the records of Patient #119.

60. The Tribunal considered that if the possibility outlined at paragraph 59(ii) above was true, then the Evolve system would have to permit a user to be logged in simultaneously on more than one computer. The Tribunal received no clear evidence on whether the system allowed a user to be logged in on multiple devices at the same time. Ms C could not recall whether she recognised all the patients listed in the drop-down box on the Evolve system and therefore it was unclear under whose care Patient #702 was.

61. The Tribunal also noted that there was a lack of audit information on which specific computer station was used for these logins at any particular time. The audit data recorded only which user account was active at a given time, but not which machine was in use. There was therefore no evidence confirming whether Dr Lobo had been using the same computer throughout the evening to log into her own account or used a number of different computers before using Ms C's account. Similarly, there was no audit evidence showing who else, if anyone, had logged into the same station.

62. The Tribunal further noted that at 21:42 and 21:47, Dr Lobo accessed the records of Patient #364 under her own login, and at 22:11 accessed the same patient's records under Ms C's login. The ED summary document relating to Patient #364 indicated that this patient was last seen by Dr Lobo at 22:38 on 8 July 2023. Dr Lobo told the Tribunal that this document was automatically populated with the name of the user logged in at the time and that she had been using the computers whilst being logged in as herself. She further stated that she had completed the ED summary for both patients before handing over to Ms C and she did not expect this to be done by Ms C. Dr Lobo would therefore leave her imprint on the records for Patient #364 before and after she had accessed their records whilst logged in as Ms C. Ms C further corroborated this stating that she had not seen the discharge summary of the patients handed over to her and still did not know whether one was completed for those patients. She could not confirm whether the discharge summary was completed using her login details.

63. The Tribunal recognised limitations in the audit evidence. First, the audit did not capture which individual computer that was used at any given time. Secondly, the system did not record whether a user could be simultaneously logged in across multiple stations. The audit trail therefore could not establish conclusively whether it was Ms C or Dr Lobo who had been accessing Patient #702's records at the relevant times, or how the login credentials were used between 21:38 and 22:11 to access Patient #702's records.

64. Having considered all the above, the Tribunal determined that the audit evidence could not in itself provide a sufficiently complete or conclusive picture in itself to find the allegation proved.

Ms C's evidence

65. The Tribunal noted that the events of 8 July 2023 took place in the context of a previous incident involving Ms C and Dr Lobo. It was accepted by both parties that, following an incident in June 2022, during which Ms C had lost her temper, she told Dr Lobo that she no longer wished to speak with her.

66. The GMC submitted that Dr Lobo disliked Ms C following the June 2022 incident and therefore made the plan to access records under Ms C's login to deflect attention from her. The GMC further alleged that Dr Lobo deliberately devised a plan to access Ms C's Evolve account and, in doing so, handed over two patients to her as part of this scheme.

67. Ms C stated that she was surprised to receive a patient handover from Dr Lobo on the night in question, particularly given the breakdown in their relationship since June 2022. However, when questioned about this further, she acknowledged that there may have been previous occasions when Dr Lobo had given her handovers following the incident in June 2022, suggesting to the Tribunal that professional interaction such as handovers continued. The Tribunal concluded that Ms C's evidence about not being on speaking terms with Dr Lobo was not wholly accurate.

68. The Tribunal noted that Ms N, an Advanced Clinical Practitioner, also confirmed that Ms C had found the handover odd. She stated in the fact-finding assessment that: *"After the handover took place, [Ms C] said to me that it was odd that Rebecca had chosen to ask [Ms C] to take handover, as for months Rebecca had not spoken to her at work."*

69. Ms C noted her surprise partly stemmed from the availability of another clinician at the time to whom Dr Lobo could have handed over, namely Dr M who was also present. Dr Lobo explained in her oral evidence that it would have been inappropriate to hand over to Dr M, the floor registrar that evening, as Dr M was dealing with new patients in A&E and so she did not want to burden her with the patients that Dr Lobo had now stabilised. She further explained that when she approached Dr M, she was told to go to Ms C and Ms N. As Ms N was nearing the end of her shift, Dr Lobo made the decision to hand over to Ms C instead. She added that she would not have handed the patients over to a junior doctor and considered Ms C to be sufficiently senior for the task as she held the same level as an ST3 doctor. While Dr Lobo expressed a preference not to hand over to Ms C, she stated her she

maintained a professional relationship with Ms C and her decision to hand over to Ms C was based on practical considerations at the time.

70. The Tribunal accepted Dr Lobo's explanation as credible. It had heard no evidence to suggest Dr Lobo had acted unprofessionally in her dealings with Ms C in relation to the patient handover and considered it not unreasonable for her to have handed over patients to Ms C on that particular shift. Further, although it accepted that Ms C may have been somewhat surprised to receive the handovers, she could not have been so surprised in view of her subsequent acceptance that handovers from Dr Lobo were still occurring following their disagreement.

71. The GMC alleged that Ms C was logged into a specific computer for a period of 1 hour and 11 minutes, thereby limiting Dr Lobo's opportunity to access the machine under the mistaken belief that she was logged in as herself. The Tribunal noted that while Ms C may have been logged in during this time, there was insufficient evidence to prove she had exclusive access to that computer station. Ms C stated in her witness evidence that she began work at 21:00 and logged into Evolve using her own login details on a computer located in the corner of the workstation. After logging in, she attended to another patient, leaving the computer logged on with her details. She did not provide a time when she saw Dr Lobo at the same computer and said there was nothing unusual about this, stating '*we all move from computer to computer*'. The Tribunal was unable to establish the duration of her absence from the machine. It therefore concluded that automatic time-outs, or access by another staff member, could have occurred during the period of her absence.

72. It was accepted that Dr Lobo accessed Evolve using Ms C's login at 22:08. The Tribunal found it plausible that Dr Lobo used the computer while Ms C was away and that she may have mistakenly believed she was logged in under her own credentials. Dr Lobo was known to be moving between computer stations that evening, having commenced work at either 2pm or 4pm. It was therefore considered conceivable that she accessed that computer believing herself to be logged in.

73. Ms C provided further evidence regarding her Evolve home page. She stated that she had never customised her Evolve home page, meaning there was nothing to cause Ms C's home page to stand out from other users' Evolve home page. Further, from the drop-down box of recent patients, Ms C was unable to confirm whether or not the remaining patients appearing in the drop-down box belonged to her and as such, the Tribunal could not rule out the possibility that other patients appearing on Ms C's drop-down box could have been accidentally accessed by other colleagues using her login details.

74. The Tribunal also accepted the submission by Mr Gledhill that she was focused on her patients and tasks at the time, and that if an error occurred, it was inadvertent.

Evolve login page

75. Dr E's evidence was that no matter what function of Evolve is being used the name of the person logged in would remain at the top right-hand corner of the screen. However, Dr E accepted he was not fully conversant with the Evolve system, as he worked in a different clinical area. He also stated that when logging into the computer system with personal credentials, a user would be automatically granted access to Evolve without the need to log-in separately. Conversely, Ms C's account was that a personal login to Evolve was required after logging into the computer using generic credentials. This inconsistency left the Tribunal with some uncertainty about Dr E's operational understanding of the Evolve system in the Emergency Department.

76. The Tribunal considered this against Ms C's evidence who believed the name would remain on the screen, but she could not be sure. The Tribunal was presented with the screen shot of the home page. The Tribunal found that the screen contained lots of information and concluded that a clinician focused on patient care in a busy department could easily overlook the username in the top right-hand corner. The Tribunal's findings were supported by Dr E's comments, that with the name appearing on the screen, staff should not use each other's login account however notwithstanding this '*things do happen accidentally*'.

77. The Tribunal concluded that if the audit records are correct and Dr Lobo accessed Patient records #119, #103, #104, #364 between 22:08 and 22:11, it was conceivable that the username appearing on the top right-hand side could be missed.

Motivation/mindset

78. The Tribunal considered the evidence regarding Dr Lobo's motive and mindset in relation to the alleged use of Ms C's login details to access Dr A's medical records. It noted that on all previous occasions, Dr Lobo had accessed Dr A's and Dr B's records using her own account which demonstrated a clear and long-standing interest in both Dr A and Dr B. The Tribunal was also mindful that the more serious allegations against Dr Lobo, relating to accessing Dr A and Dr B's records, had been admitted.

79. Mr Gledhill submitted that the GMC's suggestion that Dr Lobo's actions were part of a well-thought-out connivance to show Ms C as the active mind behind the access was fanciful. The Tribunal formed the view that inappropriate use of another person's account to access

Dr A and Dr B's records would have increased the risk of detection and investigation rather than minimised or deflected from Dr Lobo's involvement. These were not just any patient records that Dr Lobo was accessing, these belonged to known colleagues at the Trust and therefore there was a real risk of being detected. The Tribunal concluded that this did not align with the submission put forward by the GMC that Dr Lobo had an ulterior motive for her actions. This was particularly so given that Dr Lobo had made no attempts to conceal her interest in Dr A thus far. Following the July 2022 access of records, there had been a period where Dr Lobo did not look at Dr A or Dr B's records until July 2023. However, Dr Lobo's pursuit of Dr A continued well after July 2023 until December 2023 when she was no longer working at the hospital. During this time, Dr Lobo had continued to harass Dr A in the manner described above which was visible to others and which clearly demonstrated her preoccupation with Dr A.

80. Dr Lobo was reported by Dr A to have continued to follow him, continually asking for meetings, and rearranging patient calls in order to be near him and all of this was clear to Dr A. Dr A described in his witness statement that *"she was everywhere I went, continually asking for meetings, she would call patients lower down on the waiting list if it meant she would get to work near me."* These actions took place in public and were plainly visible to others.

81. The Tribunal also took into account that Dr Lobo accepted that her actions towards Dr A amounted to harassment.

82. The Tribunal considered the GMC's submission that *"as time has gone on, Dr Lobo would have been more likely to take steps to disguise her actions in relation to Dr A, including using someone else's Evolve account."* However, the Tribunal did not consider that this was supported by the evidence. The Tribunal determined that Dr Lobo's pattern of behaviour remained obvious and unsophisticated, with no evidence that she had sought to conceal her actions.

Dr Lobo's credibility

83. The Tribunal then addressed Dr Lobo's credibility.

84. The Tribunal acknowledged Dr Lobo's previously unblemished character and accepted that she was entitled to a good character direction. This meant that she was less likely to have acted in the manner alleged and more likely to be telling the truth.

85. The Tribunal also had regard to the number and content of the testimonials presented on behalf of Dr Lobo. Some of these were prepared by her current colleagues at XXX care home with whom she had worked since January 2025, who appeared to have some knowledge of the current Allegations. It noted that her colleagues consider her to be an honest member of the team. The Tribunal noted testimonials from colleagues working with her in India but noted these dated back to 2019, predating the allegations and therefore attached limited weight to their contents.

86. In assessing Dr Lobo's credibility, the Tribunal bore in mind that during the earlier Trust investigation conducted under Maintaining High Professional Standards (MHPS), Dr Lobo had denied any such access. In her written statement at the time, she asserted *"I did not access Dr [A] or Dr [B]'s records on Advanced Clinical Practitioner [Ms C's] Evolve log in on the night of 8th July 2023. … I did not access Dr [A]'s Evolve patient record on my Evolve log-in on the 32 occasions shown in the audit… I did not access Dr [B]'s Evolve patient record on my Evolve log-in on the 39 occasions shown in the audit."*

87. Despite being presented with audit evidence showing multiple accesses from her own login, Dr Lobo maintained her denial throughout the MHPS process. It was not until her witness statement dated 10 October 2024 that she admitted to having given a dishonest account. Referring to Dr K, she stated that her *"involvement in the investigation process hindered my ability to confess honestly."*

88. Dr Lobo also provided an apology to the Trust on 15 April 2024, in which she explained: *"I was not able to admit to the claims earlier because of sheer embarrassment. At the time I was informed of the misconduct, I knew I was going to lose my job at some point and my reputation was at stake. I was too frightened to admit at the first instance as the issue was perspective-altering."*

89. The Tribunal noted with concern her persistent dishonesty during the Trust's investigation, despite the audit evidence that had been presented to her. Dr Lobo had also stated that Dr K's involvement in the investigation process hindered her ability to confess honestly. Her subsequent comments justifying her actions towards Dr A and Dr B and her purported inability to confess early due to the involvement of Dr K also reflected poorly on her credibility. The Tribunal noted that Dr Lobo's eventual admission came significantly later in the process. In conclusion, the Tribunal could not solely rely on Dr Lobo's good character as an indication of her honesty. The Tribunal instead placed more weight on the other evidence available including the documentary evidence.

Conclusion to paragraph 5bi

90. Balancing all the evidence, the Tribunal could not be satisfied that Paragraph 5bi is proved. While Dr Lobo did access patient records under Ms C's Evolve login, the totality of the circumstances at play on that day—including the widely accepted culture of shared station use and lax login practices in the Emergency Department, the pressures of the working environment, the limitations of the audit trail, the plausible explanation offered by Dr Lobo and the imprint left by Dr Lobo on the patient records before and after the wrongful access—supports the conclusion that this access could well have been inadvertent where Dr Lobo believed herself to be logged in at the time. The Tribunal therefore accepted that Dr Lobo genuinely believed she was using her own credentials and did not know she was using the Evolve system under Ms C's login at the time. Furthermore, there was no compelling evidence to satisfy the Tribunal that Dr Lobo had a deliberate motive to conceal her actions or to specifically use Ms C's account. The Tribunal therefore concluded that it was not proved, on the balance of probabilities, that Dr Lobo knowingly used Ms C's login when Ms C did not know she was using it.

Paragraph 6

91. Tribunal considered whether Dr Lobo's actions at paragraph 4 were dishonest by reason of paragraph 5.

92. In relation to the allegations that Dr Lobo acted dishonestly, the Tribunal applied the legal test for dishonesty established by the Supreme Court in *Ivey v Genting Casinos (UK) Ltd* [2017] UKSC 67 ("Ivey").

93. Turning first to the subjective limb of the *Ivey* test, the Tribunal carefully considered all the evidence presented regarding the general practices of staff when using the Evolve login system. It was accepted that, due to the busy nature of the A&E department, it was common practice for the computers to remain logged in with a user's login details while they were attending to patients. This was supported by the testimony of three witnesses: Dr E, Ms C, Dr Lobo herself and was also apparent from the PPAS correspondence.

94. Dr Lobo explained that while she would normally log out a user and log in with her own details, it was not uncommon for staff to accidentally use each other's logins. This was corroborated by Dr E's evidence, based on what had been relayed to him by Dr K—that it was routine for staff to use a computer which remained logged in under another user's account and use the wrong log in by accident. Dr Lobo maintained that this reflected her usual practice as well.

95. The Tribunal found that staff generally were not meticulous about logging in and out. Given this context, the Tribunal accepted that, at the time Dr Lobo accessed the records of Dr A and Dr B, it was possible that she genuinely believed she was logged in under her own log in details and as such used Ms C's log in by accident. The Tribunal accepted that she had been logging in and out of various computers throughout her shift and was not aware of Ms C's activities at the relevant time, given the busy nature of the department at the time. The Tribunal therefore concluded that it would have been Dr Lobo's honest belief that she was using her own login at the time. In the circumstances, the Tribunal concluded that it was reasonable for her to have held that belief. It did not consider it plausible that Dr Lobo had exploited what was commonly accepted as the accidental usage of another's login.

96. Moving to the objective limb of the *Ivey* test—whether her actions would be considered dishonest by the standards of ordinary decent people—the Tribunal found that her conduct would not meet that threshold. Notwithstanding the need to comply with the Trust's policy to login and of out of Evolve after use, given the high-pressure environment of the emergency department, the frequent sharing or overlapping use of computers by multiple staff, and the practice of not always logging out, a reasonable ordinary person would likely view Dr Lobo's actions as a genuine mistake rather than an intentional act of dishonesty.

97. Therefore, the Tribunal found that dishonesty was not proved.

98. Accordingly, allegation 5bi and allegation 6 was also not proved. The Tribunal would proceed to consider the remaining admitted allegations under 5a and 5b in the context of impairment.

The Tribunal's Overall Determination on the Facts

99. The Tribunal has determined the facts as follows:

1. On more than one occasion between 19 February 2021 and 18 July 2022, whilst working at East Suffolk & North Essex NHS Foundation Trust ('the Trust'), without any clinical justification or permission to do so, you accessed the medical records of work colleagues:

    a. Dr A, a Consultant; **Admitted and found proved**

    b. Dr B, a Specialty Doctor. **Admitted and found proved**

2. Between 17 March 2020 and 09 April 2021, you sent over 275 WhatsApp messages to Dr A and in doing so you:

   a. diverted the topic of conversation from work to personal matters; **Admitted and found proved**

   b. discussed your private life; **Admitted and found proved**

   c. sent him messages in his language of birth:

      i. without any prior discussion with Dr A as to what his language of birth was; **Admitted and found proved**

      ii. without being requested to do so by Dr A; **Admitted and found proved**

      iii. insisting that you communicate with one another in that language. **Admitted and found proved**

   d. sent Dr A photo-messages; **Admitted and found proved**

   e. when Dr A refused to accept the gifts set out at paragraphs 3 a and b, you sent to him 130 text messages over a two-day period: **Admitted and found proved**

      i. most of which were without reply from Dr A; **Admitted and found proved**

      ii. when Dr A had asked you not to send any further messages. **Admitted and found proved**

3. Between 17 February 2020 and 12 December 2023, whilst working at the Trust, on one or more occasion you:

   a. gave Dr A a large expensive high-quality leather bag; **Admitted and found proved**

   b. gave Dr A a favourite doll from your childhood; **Admitted and found proved**

   c. initiated shift swaps so that you worked the same shift as Dr A; **Admitted and found proved**

   d. initiated shift swaps with a view to working the same shift as Dr A; **Admitted and found proved**

e. offered to work a shift or shifts without payment so that you could work the same shift as Dr A; **Admitted and found proved**

f. followed Dr A around the department when you were on shift with him; **Admitted and found proved**

g. made multiple requests for a work meeting with Dr A; **Admitted and found proved**

h. manipulated patient waiting lists so that you could work near Dr A; **Admitted and found proved**

i. attended the departmental ward(s) where you understood Dr A to be working, when you were not required to do so; **Admitted and found proved**

j. approached Dr B, whom you knew to be the wife of Dr A, from behind and in close proximity to her said 'what kind of meat are you eating at home?' or words to that effect; **Admitted and found proved**

k. approached Dr B in the staff changing room and in close proximity to her said 'your face is so swollen, I am concerned about you, are you feeling alright?' or words to that effect; **Admitted and found proved**

l. stared at Dr B for prolonged periods of time:

i. through the clear pane of a closed door to an unlit room; **Admitted and found proved**

ii. during hospital teaching sessions; **Admitted and found proved**

iii. when you were in the same room as her. **Admitted and found proved**

4. On or about 08 July 2023, whilst working at the Trust, without any clinical justification or permission to do so, you accessed the medical records of work colleagues:

a. Dr A; **Admitted and found proved**

b. Dr B. **Admitted and found proved**

5. When acting in the manner described in paragraph 4, you did so by using a colleague Advanced Clinical Practitioner Ms C's computer log-in details,

which:

a. Ms C did not:

i. know you were doing; **Admitted and found proved**

ii. permit you to use; **Admitted and found proved**

b. you did so knowing that Ms C did not:

i. know you were using their log in details; **Not proved**

ii. permit you to use their log in details. **Admitted and found proved**

6. Your actions at paragraph 4 were dishonest by reason of paragraph 5. **Not proved by virtue of paragraph 5bi found not proved**

7. On 15 March 2024, whilst not employed by the Trust, you were present by and looked through the outside window into the Consultants' room at the Trust's hospital premises where you knew Dr A worked. **Admitted and found proved**

8. Your conduct as set out at paragraphs 1-4 and 7 amounted to harassment as defined in the Protection from Harassment Act 1997, when you knew, or ought to have known that your conduct amounted to harassment. **Admitted and found proved**

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

Determination on Impairment - 04/08/2025

100. The Tribunal now must decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Lobo's fitness to practise is impaired by reason of misconduct.

The Outcome of Applications Made during the Impairment Stage

101. 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'), that, paragraph 8 of the allegation to include the admitted and found proved facts in paragraph 5. The proposed amendment was as follows: *Your conduct as set out at paragraphs 1-4, 5a(i)(ii),*

5b(ii) and 7 amounted to harassment as defined in the Protection from Harassment Act 1997, when you knew, or ought to have known that your conduct amounted to harassment. The Tribunal noted the application was unopposed by Mr Gledhill. It was satisfied that the amendments could be made without injustice. It was also satisfied that the amended application better reflected the evidence upon which the Allegation is based and the admissions made/found proved. It therefore decided to grant the application and amend paragraph 8, in accordance with the proposed amendments set out above.

The Evidence

102. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary.

103. In addition, the Tribunal received a 406-page Stage 2 remediation bundle. This evidence included but was not limited to:

- Multisource Feedback, dated 2020-2023.
- Appraisal forms for Dr Lobo, including the most recent dated 2024.
- Dr Lobo's Continuing Professional Development (CPD) certificates, various dates 2024-2025, covering various topics such as: Professional Boundaries, Probity and Ethics, Information Governance and General Data Protection Regulation (GDPR).
- Dr Lobo's written reflections documenting what she has learned from the CPD courses and her overall conduct.
- XXX.
- XXX.

104. Dr Lobo gave further oral evidence at this stage.

Submissions

On behalf of the GMC

105. Ms Renton submitted that Dr Lobo's actions amounted to serious misconduct and that her fitness to practise is currently impaired. She submitted that Dr Lobo's actions included a number of serious departures from Good Medical Practice. She initially referred to 2024 GMP citing relevant paragraphs however having acknowledged that the majority of these allegations dated back to 2023 and earlier, Ms Renton subsequently referred the Tribunal to the 2013 version of GMP. In particular, she highlighted paragraphs 35, 36, 37 and 65 in Good Medical Practice (2013 edition) ('GMP'). She further made reference to Duties of

a Doctor contained therein, namely to respect patients' rights to confidentiality and work with colleagues in ways that best service patients' interests.

106. Ms Renton acknowledged that Dr Lobo has no previous findings and has admitted all allegations that have been found proved, and accepted that her conduct amounted to harassment. She submitted this constituted serious misconduct, including the wider impact of her misconduct on the department as a whole. She submitted that Dr Lobo's actions involved a relentless flurry of messages to Dr A, some of which were accusatory with an angry tone, despite Dr A's repeated requests for her to stop and which had a negative effect on Dr A. She submitted that the gifts Dr Lobo had given him made him feel uncomfortable especially as the doll was Dr Lobo's personal doll and this was apparent from the WhatsApp messages. He also felt uncomfortable when Dr Lobo shared the picture messages with him, unloaded personal information onto Dr A, and made demands such as insisting that Dr A communicate with her in his native language. These actions assumed a level of familiarity that was not reciprocated by Dr A. She submitted that Dr Lobo also improperly accessed the confidential medical records of Dr A and Dr B and took measures to be closer to Dr A in swapping shifts. She submitted that Dr A and Dr B found this extremely unsettling. Further, Dr Lobo's conduct of looking through the window to observe Dr A was also alarming for Dr A and Dr B.

107. Ms Renton submitted that Dr Lobo placed Dr A in such importance that her interest in him extended to his family, namely Dr B. Dr A and Dr B made a Freedom of Information request and individually referred the matter to the GMC, indicating they were deeply concerned and the impact on them was deeply profound. Ms Renton submitted that these actions were driven by a personal fixation on Dr A, rather than the academic or professional motives Dr Lobo has suggested.

108. Ms Renton further submitted the impact of Dr Lobo's conduct on the wider department as a whole and on her colleagues was also serious. Dr A and Dr B altered their working patterns and took steps to avoid contact with Dr Lobo. Dr A raised concerns with a senior colleague, Dr K, explaining that Dr Lobo's behaviour was impacting the waiting lists and placing the department in a difficult position. She submitted that Dr Lobo's conduct caused issues for the administrative staff in her repeated attempts to swap shifts and managing her emotional outpouring when her requests were denied.

109. Ms Renton submitted that Dr Lobo's actions significantly undermined data protection policies and broke the implicit trust placed upon her to access medical records solely for

professional reasons. She submitted that the public should never expect to receive care from a doctor whom they cannot trust, and the trust placed in Dr Lobo was undermined by her harassment and misuse of information.

110. Ms Renton acknowledged that Dr Lobo has reflected at length, expressed remorse, and engaged in remediation, including training on GDPR and professional boundaries. However, she submitted that Dr Lobo's insight has developed belatedly and remains far from complete. She submitted Dr Lobo had initially robustly denied the allegations in the context of the Trust's investigation and subsequently sought to minimise or reframe her actions by characterising her messages as "laid back" when they instead reflect a level of intensity as Dr Lobo was sharing highly personal information with Dr A.

111. Ms Renton submitted that Dr Lobo did not appear to acknowledge why gifting a relatively expensive bag and a highly personal doll might make Dr A feel uncomfortable. She submitted that Dr Lobo's reflections on the doll were not entirely candid as she now sought to introduce another explanation for the doll. Dr Lobo's most recent explanation that the doll was given as a gift for the family and not for Dr A was not something previously mentioned in any of her evidence. Ms Renton stated that this was an attempt by Dr Lobo to minimise or reframe her conduct. Dr Lobo had claimed that her interactions with Dr A were for academic reasons in order to further her career however Dr Lobo was minimising her motivation. Ms Renton stated that although this may have been a reason, a further motivation was because Dr Lobo saw Dr A as a father figure and had put him on a pedestal. This, she stated, could be demonstrated by the level of curiosity in Dr A's medical records; the gifts that had been given; the tone of the text messages; and her efforts to work with him. She submitted therefore that her interest in Dr A was on a personal level and was more than just an academic interest to progress her career. This was further demonstrated by her willingness to swap shifts and work them for free.

112. Ms Renton submitted that many of Dr Lobo's reflections focus on data protection issues which seems to have been the key issue in her mind early on when her initial reflections were written. She stated that only latterly did Dr Lobo accept the intensity of her hyperfixation on Dr A. Further, Ms Renton submitted that Dr Lobo had not reflected fully on the issues arising from XXX. In relation to the wider impact on the department, Ms Renton pointed out that Dr Lobo became defensive in her oral evidence when it was suggested that she was burdensome on the department in relation to the shift swapping and was aggrieved that 'no one had the guts' to speak with her if this was a problem. Ms Renton submitted that this demonstrated that Dr Lobo lacked insight into why people may not wish to speak to her.

113. Ms Renton also accepted that Dr Lobo has taken steps towards remediation, including academic work on data protection and professional boundaries. However, she submitted that Dr Lobo's approach on how she would deal with issues in the future was *"black and white"*. To avoid repetition, Dr Lobo said she would avoid all personal and private interactions with colleagues, which Ms Renton submitted was not workable in the long run and counter intuitive. Ms Renton said it could exclude those who might support her, might lead to further isolation and would not address the underlying causes of her conduct. Ms Renton submitted when asked about improving on her self-care, she was unable to expand on what support she has in place outside of work. The GMC therefore remains concerned about the risk of repetition, noting that Dr Lobo displayed a cycle of reflection and relapse even during the period of these allegations.

114. Ms Renton submitted that Dr Lobo's actions involved a degree of repetition, such as the giving of the gifts with persistent WhatsApp messages, then pulling back from Dr A and avoiding him. She stated that with the records access, Dr Lobo knew she had gone too far and vowed to never do this again but relapsed in July 2023. This behaviour in itself involved repetition which she knew was wrong. Ms Renton stated this could also be seen in her exchange with Mr F when Dr Lobo expressed a fear of being reported.

115. She submitted that without meaningful lifestyle and behavioural changes, there remains a real possibility that similar unhealthy fixations could develop in future workplaces and there was a risk of further relapse. Ms Renton stated that managing that risk requires a high level of self-awareness and at the time of the allegation, Dr Lobo's intense focus on Dr A clouded her judgment and this caused her to cross boundaries. She submitted that there had been no significant change in this regard which would decrease the risk of repetition.

116. In terms of the Overarching Objective, Ms Renton submitted that all three limbs were engaged and warranted a finding of impairment. Dr Lobo's conduct had a wider impact on the well-being of the public and her colleagues in the emergency department. Public confidence in the profession would be impacted if a finding of impairment was not made where a doctor had become preoccupied with colleagues and invaded their privacy. Finally, Dr Lobo had failed to uphold professional standards in the way she had interacted with colleagues.

On behalf of Dr Lobo

117. Mr Gledhill submitted that Dr Lobo accepted that her conduct fell within serious misconduct and that her fitness to practise is currently impaired as a consequence.

118. Mr Gledhill reminded the Tribunal that Dr Lobo has admitted the allegations which demonstrates her insight. He submitted that Dr Lobo chose to admit these matters to avoid a *"he said, she said"* debate over minor disagreements and to take responsibility for her actions. She accepts that this was poor conduct on her part.

119. Mr Gledhill invited the Tribunal to consider this conduct against Dr Lobo's otherwise unblemished career. He referred to testimonial letters describing Dr Lobo as a *"humble individual who works well with her peers and the entire medical team".* He said similar statements had been provided, showing that she did not experience the same difficulties in India, where she was familiar with the medical system, education, and culture. In contrast, when she came to the UK, she entered an unfamiliar environment, without an established support network against a background of bereavement and isolation. Over time, working in the hospital became part of who she was. She enjoyed her work and, like many professionals, she completely dedicated herself to it.

120. Mr Gledhill acknowledged that Dr Lobo did not fully recognise her interest in Dr A and the consequences of her actions. However, over time, as further disclosure came to Dr Lobo's attention (through the Trust and GMC investigations), her understanding grew, and this explains the evolution of Dr Lobo's reflective work and remediation. He submitted that her reflections represent an evolution of thinking as newer allegations were brought to her attention. Mr Gledhill highlighted Dr Lobo's written reflections, in which she said that admitting mistakes is hard, but covering them up is worse. She now takes accountability for her actions, recognises that she valued her job over her integrity and would do things differently in the future. She sought help from a priest, a psychotherapist, XXX, and her appraiser to work through her behaviour.

121. Mr Gledhill reminded the Tribunal that Dr Lobo expressed remorse and apologised to Ms C for the position she put her in. He stated that, had Dr A and Dr B attended the hearing, she would have apologised to them as well. He submitted her reflections show genuine remorse and gradual evolution of thinking and insight as information was disclosed to her.

122. Mr Gledhill submitted that Dr Lobo has identified that she saw Dr A as a father figure, which she now recognises involved blurred emotional boundaries. She explained that this attachment developed partly because she came to the UK after XXX and found herself in an environment where she felt unsupported. Dr A appeared to champion her academic needs in contrast to how others treated her. While she does not excuse her actions on this basis, she acknowledged that this was part of her journey. She has worked on understanding and correcting these emotional dynamics and has also dealt with her feelings of bereavement. He submitted that cultural difficulties of relocating to a new country and adapting to a different healthcare environment, was not easy for Dr Lobo.

123. Mr Gledhill reminded the Tribunal that although Dr Lobo has not been working as a doctor, she has remained engaged in continuing with professional development (CPD), reading, attending courses, and keeping her medical knowledge up to date. She has also worked as a carer in a new city, demonstrating her strength and dedication. She has also received very positive patient and multisource feedback, as well as strong appraisals. She has not hidden her issues from others, including Professor P. He further referred to the 10 psychotherapy sessions which Dr Lobo has undertaken. She continues to work on managing isolation, emotional boundaries, GDPR, and other professional issues. He described this as an *"incredible amount of work"* showing deep introspection and actual behavioural change.

124. Mr Gledhill submitted that Dr Lobo's insight is more developed than the GMC suggests. While her responses under cross-examination by the GMC were more emotional, in re-examination with the Tribunal she articulated her insight more clearly. He submitted that the Tribunal can be confident that the risk of repetition is not as significant as the GMC claims. He submitted that Dr Lobo is a very able doctor who has learned from her mistakes, undertaken substantial remediation, and developed insight. Mr Gledhill stated that she has maintained her knowledge to the degree that there has been no deficit to her academic learning during the period she had not worked as a doctor. With her strong past performance, positive feedback, and ongoing commitment to learning, she is capable of safely returning to medical practice in the future.

The Relevant Legal Principles

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

126. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct and that the misconduct was serious and then whether the finding of that misconduct which was serious could lead to a finding of impairment.

127. The Tribunal must determine whether Dr Lobo's fitness to practise is impaired today, taking into account Dr Lobo's conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

128. The Tribunal was reminded of the guidance from the case of *Roylance v GMC [No 2] [2000] 1 AC 311* where it was advised that:

> '*misconduct is a word of general effect involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a medical practitioner in the particular circumstances.'*

129. The Tribunal referred to the case of *Nandi v GMC [2004] EWHC 2317 (Admin)*, in which it was said that serious misconduct is sometimes described as *"conduct which would be regarded as deplorable by fellow practitioners".*

130. Whilst there is no statutory definition of impairment, the Tribunal was assisted by the guidance provided by Dame Janet Smith in the *Fifth Shipman Report*, as adopted by the High Court in *CHRE v NMC & Grant (2011) EWHC 927.* In particular, the Tribunal considered whether its findings of fact showed that Dr Lobo's fitness to practise is impaired in the sense that she:

a. *'Has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
b. *Has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
c. *Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; […]*

131. In considering whether Dr Lobo's fitness to practise is currently impaired, the Tribunal should consider any evidence it has as to the Dr Lobo's insight or expressions of remorse, and any steps that may have been taken towards remediation to the extent that the Tribunal finds that the misconduct is capable of remediation, has been remedied or whether it is likely to be

repeated in the future – as per the criteria as set out in *R (Cohen) v GMC [2008] EWHC 581 (Admin)*.

The Tribunal's Determination on Impairment

Misconduct

132. In determining whether Dr Lobo's fitness to practise is currently impaired by reason of misconduct, the Tribunal first considered whether the facts found proved amounted to serious misconduct.

133. The Tribunal had regard to all of the facts outlined in this case. Dr Lobo had admitted to engaging in a course of conduct from 2020 to 2024 that constituted harassment of Dr A and Dr B. The GMC described harassment as a course of conduct (on at least 2 occasions) that causes someone harassment, this can include alarm, or distress. Dr Lobo had admitted that her conduct towards Dr A and Dr B amounted to conduct which met the definition of harassment under the Protection from Harassment Act 1997. The Tribunal therefore considered all the allegations together as a course of conduct amounting to harassment when assessing the seriousness of Dr Lobo's conduct and the resulting impact on Dr A and Dr B.

134. The Tribunal considered that Dr Lobo's conduct in accessing Dr A and Dr B's medical records was not an isolated incident but a pattern of repeated, intrusive behaviour. Between 2021 and 2022, Dr A's medical records were accessed 32 times and Dr B's medical records were accessed 39 times and again in July 2023. It was Dr Lobo's evidence that Dr A was one of the few consultants who treated her kindly, describing him as an approachable, supportive, and encouraging mentor to her. He had invested time to support her, showed a willingness to listen and offer her help and guidance on clinical matters. However, the Tribunal considered that Dr Lobo's actions constituted a breach of Dr A's trust and caused him considerable alarm and distress.

135. The impact on Dr A and Dr B was far from minor as both reported the inappropriate medical access to the GMC and following the 15 March 2024 incident, Dr A reported the matter to the police. In his statement, Dr A stated *"The past couple of months had been very difficult and stressful as someone that I believed had accessed my medical records was around me all the time. This was distracting especially in the high-pressure environment of A&E."* Dr A stated in his witness statement that Dr B was so troubled by this that she needed to take time off work. Furthermore, Dr B expressed concern that the medical records of XXX

may have been accessed. She was further worried that Dr Lobo may have seen her home address. In her statement, she stated *"even now, I struggle to rationalise her actions and this is what scares me the most".* The Tribunal also noted that Dr Lobo had, for a time, stopped accessing their records but relapsed on 8 July 2023 when using Ms C's login details. While the Tribunal accepted that Dr Lobo accidentally used Ms C's login on 8 July 2023 and it did not make a finding of dishonesty, the Tribunal nonetheless concluded that Dr Lobo's conduct in repeatedly and improperly accessing her colleagues' medical records to feed her curiosity clearly constituted serious misconduct.

136. Initially Dr Lobo sent messages to Dr A about patient matters related to her work. The messages eventually shifted in tone to personal and non-work-related matters including Dr Lobo sharing information about her family. Without prior context or agreement, Dr Lobo sent messages to Dr A in his native language. The Tribunal considered that this placed pressure on Dr A to engage in conversation with her in that language.

137. The Tribunal noted that Dr A described feeling uncomfortable in receiving the Christmas gifts from Dr Lobo. In relation to the gift of the childhood doll, in his statement Dr A described feeling *"extremely disturbed by the fact that someone would give me such a doll".*

138. The Tribunal also considered the 130 messages sent over a two-day period from Dr Lobo to Dr A in relation to the Christmas presents. The transcript of the WhatsApp messages show that Dr Lobo was continuing to send multiple messages, one after the other, despite Dr A not replying. When Dr A did reply, he politely declined the gifts and thereafter Dr Lobo's messages increased in quantity and intensity. Dr A's responses became more direct and he was expressing his discomfort in continuing with the conversation. This is clear from the transcript of messages. Dr A states:

> [21/12/2020, 19:39:46] Dr A: *Hi Rebecca, thanks again for your present, however we need to discuss about this when you are next on your shift. I think it is to expensive as a token gift for Christmas. It is not usual here to accept/give this kind of gifts. As I said I appreciate your gift but makes uncomfortable to accept it. Hopefully you'll understand. I prefer to discuss this in ED rather than on whatsApp.*
>
> [21/12/2020, 19:59:11] Dr A: *don't take it to harsh, is definitely nothing personal. I just want to explain why It makes me uncomfortable to accept this. whatsapp is not the way to sort this out.*
>
> [21/12/2020, 20:10:28] Dr A: *It's about my experience from* [XXX] *receiving this kind of gifts. I don't want to expand the conversation on WhatsApp. Is not the right setting to*

discuss. Also as colleagues is probably not appropriate to accept this especially as I am a senior colleague. Is nothing personal. Please leave the discussion here. But thank you for your thoughts.

[21/12/2020, 20:29:16] Dr A: *Rebecca please leave it here.*

[23/12/2020, 14:54:13] Dr A: *Please stop messaging me. As i said earlier I would not discuss anything else. For personal issues please contact [Dr T].*

[23/12/2020, 15:02:23] Dr A: *Please stop messaging me, I don't want to discuss.*

139. Dr Lobo's messages sent to Dr A in response include:

[21/12/2020, 19:50:25] Dr Lobo: *Has some one fed this thought in your mind or is it really you saying this????*

[21/12/2020, 19:51:17] Dr Lobo: *No need to tell anyone I gave you this... Just say it was given by a consultant from another department...*

…

[21/12/2020, 19:54:43] Dr Lobo: *And if you are stressing in the thought that you need to return me the favour, then let me clear it right now at this moment [Dr A]... I DO NOT WANT ANYTHING FROM YOU IN RETURN.*

…

[21/12/2020, 20:15:56] Dr Lobo: *I did not know you would be so narrow minded*
[21/12/2020, 20:16:41] Dr Lobo: *The gift is expensive.... But the gift is not inappropriate, vulgar, sending out the wrong message....*
…
[21/12/2020, 20:25:03] Dr Lobo: *You have enlightened me with your gracious thoughts... I thank you for that... And thank you for making my day better.. I won't message you...*
[21/12/2020, 20:26:36] Dr Lobo: *And I swear to God, if [Dr T] will ask me anything about this il just walk away... I'm not a child... And I'm not in school... And [Dr T] and I have a strictly academic relationship... So don't complicate things for me...*
…
[21/12/2020, 20:35:56] Dr Lobo: *I was just trying to be nice... But you spoilt it all. I don't want anything from you. I hope I don't see you again... You made me cry today... I never talk to you.. Il never confront you...*
…

[22/12/2020, 00:22:06] Dr Lobo*: I went into the consultant office and found my bag on the floor.. For a 149 pound vintage leather bag... You left my doll on the table ... You did not even bother to take my presents home.. I picked them all up and brought them back home..*

[22/12/2020, 00:22:41] Dr Lobo: *Seems like you really did not want them..*

[22/12/2020, 00:23:45] Dr Lobo: *You can now be happy.. Maybe you will take better gifts like Wine and other forms of Alcohol home...*

[22/12/2020, 00:24:08] Dr Lobo: *Atleast appreciate the effort one makes when they do....*

[22/12/2020, 00:24:24] Dr Lobo: *Il never give you anything.*

[22/12/2020, 00:24:37] Dr Lobo: *And I will keep away from you I promise....*

140. The transcript of the WhatsApp messages clearly indicates that Dr Lobo was upset and frustrated by Dr A's lack of responses and for declining her gifts. The Tribunal concluded that Dr Lobo clearly took the rejection of these gifts personally. The Tribunal noted the sheer volume of these messages, some of which conveyed an intensity, with undertones of anger. Dr A was clearly distressed by this, as reflected in his repeated requests for Dr Lobo to stop messaging him and instead discuss the matter in person and in the company of another colleague.

141. Dr A stated that he found it inappropriate for Dr Lobo to continue to message him late into the night. The Tribunal considered Dr Lobo's reactions to be unreasonable and accepted that Dr A's discomfort in this situation was justified. Dr A further stated that he did not wish to engage with Dr Lobo further via messages or in person and he subsequently discussed the incident with his colleagues.

142. The Tribunal considered Dr Lobo's repeated actions and efforts to work with Dr A when on shift. It was Dr Lobo's evidence that her motivation was to receive academic support from Dr A. However, the Tribunal considered she behaved in this way out of her unhealthy interest in him. Dr A was so concerned about Dr Lobo continuing to create reasons to see him and swapping shifts, that he became increasingly uncomfortable by her actions, and this led him to blocking her number in March 2023. In an email from Dr A to Dr K, Clinical Lead dated 1 August 2023, Dr A wrote *"I would like to make you aware that Rebecca has continued to request a meeting several times of Friday afternoon which was declined by my side, The department was in a difficult position and these requests did not help at all."*

143. Dr Lobo accepted that she attended to patients further down the waiting list in order to be closer to Dr A. The Tribunal heard no evidence of direct impact on patients in this regard and considered any suggestion to this effect to be more speculative in nature. However, the Tribunal accepted that this would have impacted the department from an operational perspective.

144. The Tribunal bore in mind Dr Lobo's conduct towards Dr A's wife, Dr B. Between 17 February 2020 to 12 December 2023, Dr Lobo also took an unhealthy interest in Dr B. Dr B was concerned about Dr Lobo staring at her and felt as if she was trying to intimidate her. In Dr B's witness statement, she described an occasion where she was in the kitchen when Dr Lobo suddenly approached her from behind and asked *"what kind of meat are you eating at home".* Dr B remembers being *"very startled"* as the kitchen was small, and she did not expect anyone to be there. Dr B said that she and Dr Lobo did not have a personal relationship, and she could not think of a reason for her to have asked her that question. Dr B described another occasion where she believed Dr Lobo was watching her and Dr A from inside an unlit room. She described that Dr Lobo's actions made it difficult for her to do her work, especially in a very busy A&E.

145. In relation to the 15 March 2024 incident whereby Dr Lobo was found standing outside the consultant office window looking at Dr A, Dr A said in his witness statement that he did not know about this until a few days later, and he stated *"I feel very worried about this as Dr Lobo does not work for the Trust anymore and I cannot think of a reason for her to be there. I feel like I am being stalked by Dr Lobo".* He reported this incident to the police.

146. The Tribunal had regard to GMP 2013 which was in force at the time of the events and considered that Dr Lobo's proven conduct had breached the following paragraphs:

> ***36*** *You must treat colleagues fairly and with respect.*
>
> ***65*** *You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.*
>
> ***68*** *You must be honest and trustworthy in all your communication with patients and colleagues…*
>
> ***73*** *You must cooperate with formal inquiries and complaints procedures and must offer all relevant information…*

147. The Tribunal also bore in mind the GMC guidance on Maintaining Personal and Professional Boundaries in effect from January 2024 and updated in December 2024 and Leadership and Management in effect from March 2012 and updated in December 2024:

> Maintaining Personal and Professional Boundaries
> ***3*** *Appropriate personal and professional boundaries are essential between medical professionals and their patients, and between medical professionals and their colleagues*
>
> ***5*** *Professional and respectful working relationships between colleagues are central to positive working cultures. It is essential that individuals feel safe and respected in their workplaces, that they feel able to speak up when they experience or witness negative behaviours, and that they are supported to do so.*
>
> Leadership and Management
> ***2*** *The primary duty of all medical professionals is for the care and safety of patients. Whatever your role, you must do the following:*
> ***e.*** *Promote a working environment free from unfair discrimination, bullying and harassment…….*

148. The Tribunal considered that colleagues have a right to work in a harassment free environment. It determined that persistent harassment of colleagues is evidently serious.

149. The Tribunal found that there had been clear breaches of GMP and other relevant GMC guidance, as Dr Lobo did not treat Dr A or Dr B fairly, or with respect. It also considered the duties of a doctor in that they must respect patients' right to confidentiality and that this must include respecting the confidentiality of colleagues' medical records. In accessing Dr A and Dr B records, Dr Lobo had crossed her professional boundaries and breached their trust. In failing to be honest during the MHPS investigation, Dr Lobo had not fully co-operated with the Trust's formal procedure, and she had not offered all relevant information. The Tribunal determined that this would have had a further detrimental effect on Dr A, Dr B and the Trust.

150. The Tribunal reminded itself that Dr Lobo had stated that because of cultural differences she was unaware that accessing records was not acceptable as such practices would be acceptable in India. However, irrespective of any cultural differences in the attitudes towards confidentiality, the Tribunal considered that Dr Lobo was under a professional obligation to ensure that she was familiar with the standards contained in GMP and the legal obligations arising from GDPR.

151. The Tribunal determined that Dr Lobo's conduct was further exacerbated by the 15 March 2024 incident by which time she knew she had done wrong and was subject to the GMC investigation, however she still attended the Hospital to see Dr A.

152. The Tribunal was satisfied that Dr Lobo's conduct was in direct breach of the paragraphs of GMP and GMC's other guidance set out above and so breached the trust that the public places in its doctors. It considered that if members of the public and of the profession were aware of the facts of this case, they would regard Dr Lobo's conduct as deplorable. The Tribunal also noted that Dr Lobo accepted that her actions amounted to serious misconduct.

153. The Tribunal has concluded that Dr Lobo's conduct fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct.

Impairment

154. The Tribunal having found that the facts found proved amounted to misconduct, went on to consider whether, as a result of that misconduct, Dr Lobo's fitness to practise is currently impaired.

155. Applying the key legal principles set out in the case of *Grant*, the Tribunal determined that limbs *b* and *c* were engaged. Dr Lobo's misconduct brought the medical profession into disrepute and breached fundamental tenets of the profession, i.e. relating to the duties of doctors to establish and maintain good relationships with colleagues, and make sure that a doctor's conduct justifies both patient and public trust in the profession.

156. The Tribunal then considered the approach taken in *Cohen*. In determining whether a finding of current impairment of fitness to practise is necessary, the Tribunal looked for evidence of remediation and insight, and the likelihood of repetition, balanced against the three elements of the overarching statutory objective.

157. The Tribunal took into account that doctors occupy a position of privilege and trust. They are expected to act in a manner which maintains public confidence in them and in the medical profession and to uphold proper standards of conduct.

158. The Tribunal noted that Dr Lobo delayed addressing the extent of her inappropriate interest in Dr A and initially gave dishonest accounts to the Trust despite being presented with clear audit evidence, only later making full admissions to the GMC.

159. The Tribunal bore in mind that Dr Lobo began keeping a reflections diary from January 2024 shortly after she stopped working at the hospital. The Tribunal noted that these should be read in the context of the timeline in which the allegations were brought to her attention.

160. The Tribunal considered that a predominant theme of Dr Lobo's reflections was the impact the events had had on her, often lamenting her losses, for example, stating on 13 April 2024: *"I feel very sorry for whatever has happened. I lost my job, I lost some good friends, I lost everything that was dear to me."*

161. As time progressed, her reflections became more structured in addressing the issues of this case. She also began to show some empathy and acknowledgement of the impact of her actions on others. For example, in a later reflection on 21 April 2024 she wrote *"I express genuine remorse for my behaviour and fully understand the considerable mental anguish it caused to both individuals involved. Additionally, I recognize that my actions undermined their trust in me, leading to an uncomfortable and strained atmosphere within the workplace. It is imperative to reflect on these issues to foster a more respectful and supportive professional environment moving forward."*

162. The Tribunal noted that Dr Lobo also wrote letters of apology to Dr A and Dr B on 15 April 2024 and apologised to Ms C in her statement dated 10 October 2024. She apologised to Ms C in these proceedings through her counsel. It noted she also expressed a willingness to apologise to Dr A and Dr B in person had they attended the hearing.

163. Despite this progress, the Tribunal found her written reflections to generally remain self-focused and sought to somewhat qualify her actions. It considered that despite producing a high number of reflective statements, Dr Lobo has only partially reflected on her actions and has not yet sufficiently developed meaningful insight.

164. While she now acknowledges the inappropriate nature of her behaviour, she does not understand the full impact that her behaviour had on those affected and she still frequently tries to qualify or excuse her conduct. For example, in oral evidence she attempted to reframe the purpose of gifting the doll to Dr A, explaining that it was actually for his family rather than for him, despite no supporting evidence in her statements or the WhatsApp messages. She framed the relationship with Dr A by stating she saw him as a father figure and that her actions were motivated by professional reasons but did not fully reflect on the impact of her actions on Dr A or Dr B or fully acknowledge the level of their distress. It considered that Dr Lobo was also reluctant to fully accept the impact of her actions on other colleagues in the department.

165. The Tribunal also considered Dr Lobo to be argumentative on factual issues during cross-examination, despite having already admitted the allegations. She appeared uncomfortable with the facts and continued to qualify her actions in oral evidence. Her factual accounts of events remain inconsistent even two years on, with different explanations being offered at various points. The Tribunal considered that this pattern suggested ongoing minimisation and a lack of full acceptance of the seriousness of her actions.

166. The Tribunal bore in mind that Dr Lobo has undertaken self-funded counselling sessions with Mr O, Counsellor and Psychotherapist. During these counselling sessions, she explored the emotional and social difficulties she has experienced since relocating to the UK including challenges in understanding certain customs, behaviours and what it means to be 'English'. Mr O recommended that Dr Lobo read *'Watching the English - The Hidden Rules of English Behaviour'* by a social anthropologist to gain further insight into English culture and improve her interactions with colleagues. He stated that this book has been helpful for other clients in similar situations who had moved to work in the UK. However, in her oral evidence to the Tribunal Dr Lobo confirmed that she did not read the book as she did not *"read those sorts of novels"*. No further explanation was given as to why she did not do this despite accepting that her interaction with colleagues was something she needed to address.

167. Mr O also recommended that Dr Lobo engage in XXX. Despite this recommendation, Dr Lobo informed the Tribunal that she did not feel XXX was necessary after completing 10 sessions. She also stated that she had now XXX. The Tribunal considered that Dr Lobo did not provide a cogent reason for declining this advice, particularly as this had been raised as a reason for her clouded judgment at the time.

168. To her credit, Dr Lobo did pursue a recommendation to XXX

169. The Tribunal was concerned about Dr Lobo's failure to follow professional recommendations, such as reading the suggested material, undertaking XXX, and XXX. It considered that Dr Lobo should undertake further work to explore these issues and follow through with the appropriate interventions to ensure meaningful progress of her insight into her behaviour.

170. Also to her credit, Dr Lobo has implemented some lifestyle changes in response to the recommendations of Mr O XXX, to improve her wellbeing, such as engaging in yoga, walking, travel, and prioritising self-care. She has made some attempts to separate her personal and professional lives and stated she will be strict in maintaining a healthy work life balance.

171. The Tribunal took into account that Dr Lobo has undertaken relevant CPD aimed at addressing the issues of her conduct. In terms of the inappropriate medical record accessing, Dr Lobo has undertaken relevant CPD in GDPR and Information Governance, she has demonstrated some understanding of data protection, noting the seriousness and sensitivity of inappropriate medical record access. She also recognised the potential for discrimination and the importance of patient confidentiality. However, she failed to recognise the wider implications of her actions, such as the risk of clinicians not being open when seeing their doctor through fear that their privacy may be breached and the potential impact this could have on their health.

172. The Tribunal also noted that Dr Lobo has appropriately kept her current clinical knowledge and skills up to date with CPD. For example, she has taken the time to study a different area of medicine - sports medicine, as well as CPD with Royal College of Emergency Medicine (RCEM). This was supported by Dr Lobo's latest appraisal by Professor P in 2024/2025, which, in view of her employment situation, is likely to have been self-funded. Professor P stated that *"She has kept her knowledge, and skills up to date, by attending various CPD activities - self-reading; online learning webinars, several certificate courses on Probity-Ethics, Professional Boundaries, Information Governance, RCEM CPD diary, Mandatory training…"* Professor P also stated that *"Her clear statements on probity and* [XXX] *reassure me that there is no risk to patients or colleagues in this respect."*

173. The Tribunal however noted an absence of a clear, ongoing remediation plan and limited evidence as to how Dr Lobo is applying her learning in practice. While she stated she would improve communication to avoid similar issues, she also suggested she would avoid all personal conversations at work. The Tribunal considered this approach to be impractical and one that would be likely to lead to further isolation.

174. The Tribunal considered that Dr Lobo needed to address the root causes of her behaviour to fully understand the magnitude of the impact that her harassment had had on Dr A and Dr B. It was concerned that without addressing the root causes of her behaviour, there was a risk of recurrence if Dr Lobo were placed in a similar circumstance where, with the background of work-related stressors, another colleague shows her kindness and support. The Tribunal determined that Dr Lobo's reflections on her training and conduct lack depth in how she would apply her learning, and there was no evidence of how she would maintain professional boundaries if she should return to a clinical setting.

175. The Tribunal acknowledged that there had been no repeated misconduct since the initial events and recognised that gaining insight in achieving meaningful remediation is often a long process. Dr Lobo began her reflections diary in January 2024, and while her insight has

developed over time by July/August 2025 during these proceedings, it has remained incomplete. The Tribunal noted that her reflections appeared focused on quantity over quality and that she has continued to qualify her actions.

176. Given the lack of a detailed remediation plan, the limited evidence of behavioural changes in a clinical environment and the continuing attempts to qualify her actions, the Tribunal could not be assured that this behaviour would not be repeated. It concluded that while Dr Lobo has made some progress, including improving the structure of her reflections, undertaken relevant CPD to address her conduct and maintaining her professional knowledge, her insight and remediation remain incomplete and lack in-depth practical application.

177. For these reasons, the Tribunal determined that there remains a risk of repetition, and that further work is required for Dr Lobo to achieve full insight, meaningful remediation, and to demonstrate that similar misconduct will not reoccur.

178. The Tribunal considered that a finding of impairment by reason of misconduct was also necessary in this case to uphold the second and third limbs of the overarching objective, namely, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of the profession. The Tribunal considered that a reasonable and well-informed member of the public would expect a finding of impairment to be made in this case. In addition, it determined that public confidence in the profession would be undermined if a finding of impairment was not made. In regards the first limb of the overarching objective, the Tribunal disagreed with the GMC's submission that this was engaged in this case. It concluded that there was no evidence to support that the health and safety of the public was at risk as a result of Dr Lobo's actions.

179. The Tribunal has therefore determined that Dr Lobo's fitness to practise is impaired by reason of misconduct.

Determination on Sanction - 06/08/2025

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

The Evidence

181. The Tribunal has taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

Submissions

On behalf of the GMC

182. Ms Renton submitted that a period of suspension is the most appropriate sanction in this case. She referred the Tribunal to the relevant paragraphs of the Sanctions Guidance (2024)(SG). She also referred to the Tribunal's findings in its impairment determination throughout her submissions.

183. Ms Renton submitted that the mitigating features in this case are as follows: Dr Lobo has no previous regulatory findings against her; she has engaged with proceedings; she has undertaken relevant courses and reflections with a view to remediate; she has expressed apologies to Dr A and Dr B and there has been no evidence of any repetitious behaviour.

184. Ms Renton submitted the following aggravating factors are applicable in this case: the accessing of medical records was not an isolated incident but part of a pattern of repeated and intrusive behaviour; Dr Lobo made repeated efforts to work with Dr A during shifts, demonstrating persistence in her actions; by the date of the incident on 15 March 2024 Dr Lobo was aware that her actions were wrong and she was subject to a GMC investigation but still went to see Dr A. Further, the harassment occurred over an extended period and the degree of alarm and distress caused to Dr A and Dr B was significant. Ms Renton submitted that while there was no evidence that patients came to direct harm, there was an operational impact on the emergency department as a whole. There were breaches of GMP and of the GMC's guidance on professional boundaries.

185. Turning to the question of insight, Ms Renton submitted that Dr Lobo delayed addressing the extent of her inappropriate interest in Dr A. Despite producing a high number of reflective documents, these remain self-focused and often qualify her actions. The reflections therefore demonstrate only partial understanding of her actions and do not show sufficiently developed and meaningful insight. Dr Lobo's reflections on training lack depth and particularly in explaining how she would apply that learning to maintain professional boundaries in the future. Dr Lobo's response to how she would deal with similar situations was impractical. Overall Dr Lobo's insight and remediation remains incomplete and further work is required. Ms Renton submitted that without Dr Lobo addressing the root cause of her

behaviour there remains a risk of repetition if Dr Lobo were to be placed in similar circumstances.

186. Ms Renton took the Tribunal through the sanctions available. She submitted that there are no exceptional circumstances in this case to justify taking no action. Given the nature of the misconduct, she submitted that conditions were also not appropriate, proportionate or workable. She submitted that this case involves a serious departure from GMP and any sanction short of suspension would not be sufficient. She invited the Tribunal to consider a suspension length at the upper end of the scale. This, she submitted, would provide Dr Lobo with more time to reflect, further develop insight and continue remediation, thereby reducing the risk of repetition. She also submitted that a review hearing would assist a future tribunal in assessing whether the period of suspension had been used effectively. She submitted that Dr Lobo has acknowledged fault and admitted most of the allegations, though these acknowledgements have sometimes been accompanied by qualifying explanations. Ms Renton acknowledged that Dr Lobo is dedicated to medicine and there is no evidence suggesting that remediation would be unsuccessful. She submitted that Dr Lobo is willing to engage in remediation, although she has been reluctant to address certain issues. Though the Tribunal has found there to be some risk of repetition, Ms Renton submitted that it is a matter for the Tribunal to consider whether that risk is significant.

187. Turning to erasure, Ms Renton submitted that the GMC did not consider that the high threshold for erasure has been met. Dr Lobo's behaviour involved unwise decisions and a degree of recklessness. She submitted that the misconduct was not of such gravity that it was incompatible with continued registration.

On behalf of Dr Lobo

188. Mr Gledhill submitted that a short period of suspension of three months would be the proportionate sanction in this case. He stated that a short suspension would still send a strong warning to Dr Lobo and the public that such conduct is unacceptable. He submitted that three months would also mark the seriousness of Dr Lobo’s misconduct, maintain public confidence in the profession, and address the areas of concern identified by the Tribunal. A short suspension will allow Dr Lobo the time to continue her professional and personal development plan and engage further with the support she has put in place. He also submitted that three months would enable Dr Lobo to return to work sooner, where her progress could be tested in practice.

189. Mr Gledhill submitted that erasure in this case would be a step too far. He submitted that there is a public interest in rehabilitating doctors, particularly good and able doctors such as Dr Lobo.

190. Mr Gledhill submitted that Dr Lobo accepted and embraced the Tribunal's findings and sees this process as a valuable opportunity for growth. Dr Lobo has learned from her mistakes and acknowledges that it is her own shortcomings that have placed her in this position and her journey of remediation is not yet complete. Mr Gledhill submitted that Dr Lobo has undertaken a significant amount of remediation. She has attended courses, completed reflections, recognised the need to provide further evidence of her progress and continues to work on addressing the deficits identified by this Tribunal. Dr Lobo is committed to producing more focused and detailed reflections.

191. Mr Gledhill submitted that Dr Lobo will enact a personal development plan, recognising the need to engage with professionals outside of work, such as XXX lifestyle coaches, who can provide her with the sounding board and accountability she needs to ensure that the risk of repetition is mitigated. He submitted Dr Lobo has already begun implementing lifestyle changes to address the root causes of her behaviour, including managing her neediness, maintaining proper boundaries, and fostering friendships outside of work to ensure that her happiness and confidence are not so tied to her need to be at work. Dr Lobo knows that curiosity cannot override professional boundaries, and she understands the importance of respecting other people's privacy. He submitted that Dr Lobo has adhered to GDPR rules in her current role in a care home, there is no evidence of repetition, and she assures the Tribunal that she will apply the same diligence in any future post.

192. Mr Gledhill stated that as part of her personal development plan, Dr Lobo will be writing diary entries to herself, expressing her frustrations, fears and joys in a way that can remain private. This would ensure that any neediness is managed within the confines of her own life. He stated that Dr Lobo knows that she needs to manage friendships outside of work and to keep herself busy to ensure that no one else can become a fixation for her. She recognises that this is a lifelong approach that she will need to implement to ensure that her actions are not repeated.

193. Mr Gledhill submitted that Dr Lobo has now expressed a willingness to XXX may be a factor in her behaviour. Whether or not XXX, she recognises that she must develop strategies to manage her behaviour appropriately in a professional environment. He stated that if XXX this may be helpful in understanding why she has a different view of the world.

194. Mr Gledhill submitted that Dr Lobo has been out of clinical practice for a period of 18 months and she has felt great sorrow to be away from a role she loves and wishes to return to. She misses working in a hospital, misses her patients and colleagues, and the clinical decision-making responsibility that comes with the role of a doctor but now understands that her own needs must be managed outside of her professional life to ensure she does not become preoccupied with colleagues again.

195. Mr Gledhill submitted that Dr Lobo found the UK to be a much freer society and feels more empowered here. It is her desire to remain a citizen of the United Kingdom, whilst acknowledging the issues she has faced in adjusting to life here. She has now secured indefinite leave to remain in the UK.

196. Mr Gledhill stated that Dr Lobo is now working in a lower-paid carer's role and has experienced financial hardship and as a result she has been able to send limited funds to XXX. He submitted that a longer suspension would further impact on the support she can provide to her family in India.

197. Mr Gledhill submitted that Dr Lobo being out of clinical practice for any longer than three months would have the effect of further deskilling her.

198. Mr Gledhill stated that Dr Lobo apologises for the quarrelsome interaction with Ms Renton, stating that it was very embarrassing for her to explore the history of this case.

199. Mr Gledhill submitted that a three-month suspension would actually amount to a four-month suspension taking into account the 28-day appeal period. This would provide Dr Lobo with further time to take all the necessary steps including, undertaking any further clinical assessments, speaking to a therapist or coach, and putting together a return to work/professional development plan and continuing with a structured personal development plan.

200. Mr Gledhill agreed that conditions would not be appropriate at this stage however submitted that these could be workable in the future. Mr Gledhill also agreed that a review hearing would be required here so that Dr Lobo can evidence her work on remediation and demonstrate the support available to her.

The Relevant Legal Principles

201. The decision as to the appropriate sanction, if any, to impose is a matter for the Tribunal exercising its own judgment by reference to the SG. It must consider the least

restrictive sanction first and then, if necessary, consider the other sanctions. The Tribunal must consider its determination on impairment and take those matters into account during its deliberations on sanction.

202. The Tribunal recognised the purpose of a sanction is not to be punitive but to protect patients and the wider public interest, although it may have a punitive effect. It reminded itself that in deciding what sanction, if any, to impose, it should consider the sanctions available, starting with the least restrictive. If the Tribunal departs from the SG, it must give reasons for departing from relevant parts of the SG.

203. The Tribunal should have regard to the overarching objective, which includes the protection of the public, the maintenance of public confidence in the profession, and the promotion and maintenance of proper professional standards and conduct for members of the profession. The Tribunal will apply the principle of proportionality, balancing the wider public interest with that of Dr Lobo. The Tribunal bore in mind the reputation of the profession as a whole is more important than the interests of an individual member.

The Tribunal's Determination on Sanction

204. The Tribunal has already set out its decision on the admitted facts and impairment, and took these into account during its deliberations on sanction. Before considering what action, if any, was appropriate in this case, the Tribunal considered and balanced the aggravating and mitigating factors.

Aggravating factors

205. The Tribunal considered the following to be aggravating factors in this case:

206. The Tribunal considered that Dr Lobo, at times during her oral evidence, failed to be fully open in that she qualified and excused her conduct. It considered that she sought to mislead the Tribunal regarding the 15 March 2024 incident by proffering alternative explanations as to why she was there and initially disputed Mr F's evidence, only to later and reluctantly accept that she was there to see Dr A. It found the fact that Dr Lobo had delayed addressing the extent of her inappropriate interest in Dr A to be an aggravating factor.

207. Dr Lobo failed to work collaboratively with colleagues. Dr A and Dr B both expressed feeling uncomfortable and worried when working with Dr Lobo. After the 15 March 2024 incident, Dr A was reluctant to sit in his office by himself. Dr A was also concerned that Dr Lobo's behaviour in swapping shifts was impacting the department.

208. Dr Lobo's overall conduct was not an isolated incident, but a pattern of behaviour that spanned from 2020 to 2024. Between 2021 and 2022, Dr A's medical records were accessed 32 times and Dr B's medical records were accessed 39 times and there was further access in July 2023. The Tribunal has found that this was repeated behaviour which only stopped when Ms C discovered the access under her login. The Tribunal determined that Dr Lobo had abused her role as a doctor when accessing the medical records of Dr A and Dr B, which she would not have been able to do but for her professional position in the hospital. This also constituted a breach of trust towards Dr A and Dr B.

209. Dr Lobo began her reflections in January 2024 by which time she was aware that there was an ongoing GMC investigation, however this did not dissuade her from attending the hospital to see Dr A on 15 March 2024. The Tribunal concluded that despite her attempts to remediate from January 2024, her actions on 15 March 2024 undermined any insight she purported to have at that stage.

Mitigating factors

210. Having identified the aggravating factors in the case, the Tribunal identified the following mitigating factors:

211. Dr Lobo has no previous regulatory findings against her.

212. She has fully engaged with the GMC investigation and cooperated with the hearing.

213. The Tribunal considered Dr Lobo's personal difficulties at the time of the misconduct. It noted that Dr Lobo arrived in the UK in 2020 and began work at the very start of the COVID-19 pandemic, after XXX. She was unfamiliar with culture and customs in the UK, had not fully adapted to the working norms of a new hospital environment and had not established a social support network prior to the onset of the COVID-19 pandemic. The Tribunal acknowledged the contextual stresses posed by the COVID-19 pandemic compounded by the pressures of working in a high intensity A&E department and accepted that these circumstances may have contributed to her feelings of isolation.

214. The Tribunal received testimonial and appraisal evidence that attests to Dr Lobo's clinical competence. Further testimonials from her current workplace show that she has a good relationship with her colleagues and there has been no evidence of poor communication or breaches of professional boundaries.

215. Dr Lobo has expressed remorse and regret, and she has apologised individually to those affected by her actions. She apologised to Ms C through her counsel during these proceedings and had written letters of apology to Dr A and Dr B. It noted that Dr Lobo also expressed a willingness to apologise to Dr A and Dr B, through Mr Gledhill, had they attended the hearing.

216. Dr Lobo has taken steps towards remediation. While the Tribunal noted that her journey of remediation is not yet complete and further work is required, it acknowledged that she is now more open and willing to take on the professional recommendations that have been made, which she was not previously minded to do. The Tribunal noted Dr Lobo's intention to implement a personal and professional development plan focusing on changes that she has made to address concerns that the Tribunal has identified. She has also expressed a willingness to engage in XXX, and carry out the reading as recommended by the psychotherapist.

217. Dr Lobo has kept her knowledge and skills up to date with relevant CPD. She had taken the opportunity to engage in further learning in areas which interest her and which would be useful to her practice.

Insight

218. The Tribunal considered Dr Lobo's current level of insight as both a potential aggravating and mitigating factor. To her credit, it noted that she had demonstrated some insight into her misconduct and is continuing to make progress in addressing it. She has made apologies and there are signs of empathy in her recent reflections, however, a predominant theme in her reflections was that these were often self-focused. The Tribunal acknowledged that Dr Lobo had admitted the majority of the allegations at the outset of the hearing. Nonetheless it could not overlook the fact that she continued to dispute certain aspects of the admitted allegations and sought to qualify her actions. Further, her reflections were largely focused on the specific issues of GDPR and accessing medical records rather than the overall pattern of harassment or the impact of her actions on those involved. Although her later reflections indicate that she is beginning to recognise the impact of her conduct, she remains reluctant to fully appreciate the extent of the harm caused to her colleagues and the impact on the department.

219. The Tribunal already found that Dr Lobo delayed addressing the extent of her inappropriate interest in Dr A and it considered this also demonstrated a lack of insight. In relation to the 15 March 2024 incident, she was not full and frank with the Tribunal and later reluctantly admitted to being at the hospital to see Dr A. The Tribunal reminded itself of its

findings in its determination on the facts: *"The Tribunal found that Dr Lobo was reluctant to accept Mr F's account and this acceptance remained qualified by her repeated explanation that she was also accompanying her friend. It also found her explanation regarding her ill flatmate to be vague and not credible."* The Tribunal considered that Dr Lobo lacked openness in this regard.

220. Overall the Tribunal considered that while Dr Lobo has demonstrated some progress in developing insight, it is incomplete and remains an area requiring further work.

No action

221. In coming to its decision as to the appropriate sanction, if any, to impose in Dr Lobo's case, the Tribunal first considered whether to conclude the case by taking no action. It noted that taking no action may be appropriate where there are exceptional circumstances.

222. The Tribunal determined that there were no exceptional circumstances in this case. It determined that, given the misconduct and the Tribunal's findings on impairment, action was required in order to uphold and maintain public confidence in the profession, and it would not be sufficient, proportionate or in the public interest, to conclude this case by taking no action.

Conditions

223. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Lobo's registration. The Tribunal bore in mind that any conditions imposed would need to be appropriate, proportionate, workable, and measurable. The Tribunal had regard to the various paragraphs of the SG which indicate the cases in which conditions might be appropriate, specifically paragraphs 81 and 85 of the SG, which state:

> ***81*** *Conditions might be most appropriate in cases:*
>
> ***a*** *involving the doctor's health*
>
> ***b*** *involving issues around the doctor's performance*
>
> ***c*** *willing to respond positively to retraining, with evidence that they are committed to keeping their knowledge and skills up to date throughout their working life, improving the quality of their work and promoting patient safety.*
>
> ***85*** *Conditions should be appropriate, proportionate, workable, and measurable.*

224. The Tribunal found that as the nature of Dr Lobo's misconduct was not specifically related to performance or health issues, conditions would not be appropriate. It was unable to formulate any appropriate, workable, or proportionate conditions to address the behavioural aspects of this case and because Dr Lobo's insight and remediation journey was ongoing.

225. The Tribunal did not consider that conditions would mark the seriousness of the misconduct found. Further, the Tribunal did not consider that conditions would be appropriate to satisfy the demands of the Overarching Objective.

Suspension

226. The Tribunal then went on to consider whether imposing a period of suspension on Dr Lobo's registration would be appropriate and proportionate. It has borne in mind the SG in relation to suspension, including paragraphs 91, 92 and 97 which state:

> *91 Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor. Suspension from the medical register also has a punitive effect, in that it prevents the doctor from practising (and therefore from earning a living as a doctor) during the suspension, although this is not its intention.*
>
> *92 Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (ie for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession).*
>
> *97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.*
>
> > *a A serious departure from Good medical practice, but where the misconduct is not so difficult to remediate that complete removal from the register is in the public interest. However, the departure is serious enough that a sanction lower than a suspension would not be sufficient to protect the public.*
> > *b…d*

e No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage.
f No evidence of repetition of similar behaviour since incident.
g The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour

227. The Tribunal had already determined that harassment of colleagues is evidently serious. It considered Dr Lobo's conduct to be persistent which constituted a serious departure from GMP and contravened other relevant GMC guidance. Dr Lobo had breached her duty of trust to Dr A and Dr B which had caused them alarm and distress. It found that Dr Lobo does not yet appreciate the full gravity of her actions or the impact her behaviour had on those affected as she still tries to qualify or excuse her conduct.

228. The Tribunal noted that there was evidence that Dr Lobo was capable of engaging in a learning process and it was clear that she had done so extensively with regard to her CPD, albeit it found it was lacking in depth and evidence of any practical application was limited. Mr Gledhill told the Tribunal that Dr Lobo has accepted and embraced the Tribunal's findings on impairment and has also demonstrated a willingness to engage with the recommendations and continue her remediation journey. The Tribunal was of the view that Dr Lobo was capable of further reflecting on the impact of her conduct and the damage it had caused to the medical profession as a whole.

229. The Tribunal had regard to the testimonials provided on behalf of Dr Lobo which demonstrate that she is of otherwise good character. Some of the testimonials provided were from colleagues at Dr Lobo's current workplace, XXX Care Home. Whilst these do not pertain to a clinical setting, they are nonetheless relevant in demonstrating her character and her current social interactions with colleagues. The testimonials supported Dr Lobo in that she is working on maintaining appropriate professional boundaries. It further noted that these testimonials were recent and were from more senior colleagues. Extracts of some of the testimonials are set out below:

Ms Q, Registered Manager, dated 25 April 2025:

"…
She communicates effectively with colleagues and adheres to organizational policies, including confidentiality standards. To my knowledge, she has not committed any similar offenses during her time here.
…

Rebecca has expressed deep regret for her past actions. In our discussions, she was visibly remorseful and acknowledged her mistake. Based on my observations, this incident appears inconsistent with her usual conduct. She has shown willingness to learn from feedback and remains committed to professional growth."

Ms R, Senior care assistant, dated 27 April 2025, stated:

"shown herself to be courteous, diligent, and readily available to assist others when necessary. She frequently displays respect for others, treating individuals from various backgrounds with dignity and thoughtfulness…

She possesses a friendly and positive demeanour while consistently upholding a professional attitude in her interactions with superiors, clients and colleagues. Anyone who collaborates with her during a shift will notice that she values their input, communicates well, and welcomes constructive criticism."

Ms S, Senior Care Assistant, dated 30 April 2025:

"In the time I have known Rebecca, she has always struck me as an honest and reliable colleague. Rebecca consistently exhibits a profound commitment to her professional duties, highlighting her steadfast dedication to her work.
…
I was shocked when Rebecca told me about the offence. In my experience with Rebecca, this incident is atypical of her behaviour, and I was both surprised and disheartened by the occurrence."

230. The Tribunal also accepted that in all other respects Dr Lobo was a good doctor and clinically well regarded. It noted that although the testimonials from clinical colleagues predated the allegations, no evidence has been presented to the Tribunal to suggest any issues with her clinical work.

231. The Tribunal bore in mind its finding at impairment stage that a risk of repetition remained. However, having considered the SG and balanced the mitigating and aggravating factors, it did not consider the risk to be significant.

232. The Tribunal was of the view that these proceedings had been taken seriously by Dr Lobo, are likely to have been a salutary lesson and would serve as a reminder to her of the high standards expected of a doctor to maintain public trust and the importance of professional boundaries.

233. In light of the above, the Tribunal determined that a period of suspension would be an appropriate and proportionate sanction when considering Dr Lobo's interests alongside the public interest.

Duration of Suspension

234. Having decided that the appropriate sanction was one of suspension, the Tribunal went on to consider the length of suspension. It took account of the following matters set out in paragraph 102 of the SG which are relevant to the length of the suspension:

- *The seriousness of the findings;*
- *The subsequent steps taken by Dr Lobo; and*
- *The extent to which Dr Lobo had been open and honest with GMC and local investigations.*

235. The Tribunal considered that Dr Lobo has departed from principles set out in GMP, undermined public confidence in the profession and failed to be open and honest with local investigations, namely the Trust's MHPS investigation.

236. The Tribunal also had regard to the mitigating factors of the case in considering the length of the suspension, including the positive testimonial evidence. The Tribunal acknowledged that there was a public interest in allowing an otherwise competent doctor to return to practise as soon as possible, whilst still upholding the statutory overarching objective and marking the seriousness of the misconduct.

237. The Tribunal was invited by the GMC to consider a suspension length at the upper end of the scale. The Tribunal noted that genuine insight takes time to develop and become embedded. However, in view of the efforts made by Dr Lobo thus far, it did not consider that a long suspension would be required for her to complete her remediation journey. On the other hand, the Tribunal considered that a three-month suspension, as proposed by Mr Gledhill, would be insufficient to adequately reflect the seriousness of the misconduct and the findings in this case or to enable Dr Lobo to properly implement the changes she needs to make. The Tribunal sought to balance these competing factors.

238. Taking all these elements into account, the Tribunal concluded that a six-month suspension would prove a proportionate response. This would sufficiently mark the seriousness of the misconduct, give Dr Lobo the necessary time to update her personal and professional development plans, reflect meaningfully in a structured way, and demonstrate

sufficient insight. The Tribunal considered that this length of suspension struck a fair balance between the wider public interest and Dr Lobo's interests.

Review hearing directed

239. In determining whether to impose a review, the Tribunal had regard to Paragraphs 163 and 164 of the SG dealing with review hearings which state:

> *163 It is important that no doctor is allowed to resume unrestricted practice following a period of conditional registration or suspension unless the tribunal considers that they are safe to do so.*
>
> *164……, in most cases where a period of suspension is imposed, and in all cases where conditions have been imposed, the tribunal will need to be reassured that the doctor is fit to resume practice – either unrestricted or with conditions or further conditions. A review hearing is therefore likely to be necessary, so that the tribunal can consider whether the doctor has shown all of the following (by producing objective evidence):*
>
> *a they fully appreciate the gravity of the offence*
>
> *b they have not reoffended*
>
> *c they have maintained their skills and knowledge*
>
> *d patients will not be placed at risk by resumption of practice or by the imposition of conditional registration.*

240. In view of the guidance set about above and the Tribunal's findings, it determined that a review hearing would be necessary in Dr Lobo's case. A review hearing will convene shortly before the end of the period of suspension. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Lobo to demonstrate that she has gained full insight and remediated sufficiently and is safe to return to unrestricted practice. It therefore may assist the reviewing Tribunal if Dr Lobo can provide:

- Evidence of personal and professional development plans showing the pathway to insight and remediation;

- Focused and targeted written reflections to demonstrate further development of insight;

- Evidence she has engaged with the recommendations of the professionals involved in her care.

Dr Lobo will also be able to provide any other information that she considers will assist the reviewing Tribunal.

Determination on Immediate Order - 06/08/2025

241. Having determined that Dr Lobo's registration is to be suspended for a period of six months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Lobo's registration should be subject to an immediate order.

Submissions

242. On behalf of the GMC, Ms Renton submitted there was no requirement to impose an immediate order in this case.

243. On behalf of Dr Lobo, Mr Gledhill agreed that no immediate order was necessary.

The Tribunal's Determination

244. In deliberating on the matter, the Tribunal considered the paragraphs of the SG which set out the criteria for imposing an immediate order, in particular paragraphs 172 and 173 which state:

> *172 The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order.*

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

245. The Tribunal noted that Dr Lobo was not currently working as a doctor, and this was not a case where any patient safety issues had been raised. It considered immediate action was not necessary to protect public confidence in the medical profession.

246. The Tribunal therefore determined not to impose an immediate order of suspension on Dr Lobo's registration.

247.This means that Dr Lobo's registration will be suspended 28 days from the date on which written notification of this decision is deemed to have been served, unless she lodges an appeal. If Dr Lobo does lodge an appeal she will remain free to practise unrestricted until the outcome of any appeal is known.

ANNEX A – 29/07/2025
Application for anonymity

248. Ms Renton, Counsel on behalf of the GMC, made an application pursuant to Rule 35(4) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), that Dr A and Dr B are granted anonymity throughout proceedings, as well as the name of the Hospital/Trust they work for.

249. Ms Renton submitted that Dr A and Dr B are key witnesses in this case and their identity should not be revealed in public. She also submitted that the name of the Hospital/Trust should be anonymised to avoid jigsaw identification. Due to Dr A and Dr B's personal relationship, it would be easy to identify parties. She submitted that this was a request made out of a respect to their private and family life, and as such, they should not be named as individuals to have been subject to harassment by Dr Lobo.

250. Mr Gledhill, Counsel on behalf of Dr Lobo, did not oppose the application.

Tribunal's decision

251. The Tribunal considered that the reasons for the anonymity request, namely out of respect of the private and family life of Dr A and Dr B and to avoid jigsaw identification. It considered it appropriate in the circumstances. Therefore, the Tribunal determined to anonymise both the key witnesses in this case, Dr A and Dr B, as well as the name of the Hospital/Trust.