

PUBLIC RECORD**Dates:** 02/06/2025 - 20/06/2025

Doctor: Dr Ahmed ABDELRAHMAN

GMC reference number: 7500711

Primary medical qualification: MB BCh 2001 Cairo University

Type of case	Outcome on facts	Outcome on impairment
New - Misconduct	Facts relevant to impairment not found proved	Consideration of impairment not reached

Summary of outcome

Case concluded

Tribunal:

Legally Qualified Chair	Mr Duncan Toole
Lay Tribunal Member:	Dr Caroline Friendship
Registrant Tribunal Member:	Dr John Garner
Tribunal Clerk:	Jemine Pemu: 2 - 19 June 2025 Larry Millea: 20 June 2025

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Ms Vivienne Tanchel, Counsel, instructed by MDDUS
GMC Representative:	Ms Rina Hill, 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 - 20/06/2025

1. This determination will be handed down in private. However, as this case concerns Dr Abdelrahman's alleged misconduct a redacted version will be published at the close of the hearing.

Background

2. Dr Abdelrahman qualified in 2002 with an MBBCh from Kasr Al-Ainy School of Medicine, Cairo University. He completed a Master's Degree in Obstetrics and Gynaecology in 2007, became a Member of the Royal College of Obstetricians and Gynaecologists (MRCOG) in 2021, and completed his specialty training in November 2023. Since September 2024, Dr Abdelrahman has been employed as a Locum Consultant in Obstetrics and Gynaecology at Mid and South Essex NHS Foundation Trust. At the time of the alleged events, Dr Abdelrahman was working as an ST7 in Obstetrics and Gynaecology at the Queen Elizabeth Hospital in Woolwich, part of the Lewisham and Greenwich NHS Trust.

3. The allegation that has led to Dr Abdelrahman's hearing can be summarised as, between October 2022 and February 2023, while working at Queen Elizabeth Hospital, Dr Abdelrahman engaged in unwanted conduct with Ms A on more than one occasion. It is also alleged that Dr Abdelrahman stood behind Ms A, placed his hand on her hips and pressed his penis and groin area against her bottom. It is alleged that Dr Abdelrahman's actions constituted sexual harassment as defined in Section 26 (2) of the Equality Act 2010 and were sexually motivated.

4. On 12 May 2023, Ms A made a complaint in her written statement to Lewisham and Greenwich NHS Trust ('the Trust') about Dr Abdelrahman's conduct. A Trust investigation was

then carried out. This included an interview with Ms A on 29 June 2023, an interview with Dr Abdelrahman on 5 July 2023, and interviews with other potential witnesses. Ms A also reported the matter to the police and gave a formal statement on 25 July 2023. No further action was taken by the police. Ms A then reported Dr Abdelrahman to the GMC on 15 August 2023, via email.

The Outcome of Applications made during the Facts Stage

5. On day one of the hearing, Ms Hill, Counsel for the GMC, made an application pursuant to Rule 35(4) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), for identities of Ms A and Ms B to not be revealed to the public. The Tribunal granted this application and the full decision is included at Annex A.

6. On day one of the hearing, the GMC made an application under Rule 36 of the Rules for Ms A to give evidence as a vulnerable witness, with special measures. The Tribunal granted the application and the full decision is included at Annex B.

7. Also on day one of the hearing, Counsel on behalf of Dr Abdelrahman made an application pursuant to Rule 34(1) of the Rules, to exclude two pages of documentary evidence. The Tribunal refused the application and the full decision is included at Annex C.

8. On 5 June 2025, day 4 of the hearing, Ms Hill made an application pursuant to Rule 17 of the Rules, to amend paragraph 4a of the Allegation. The Tribunal granted this application and the full decision is included at Annex D.

9. On 9 June 2025, day 6 of the hearing Ms Tanchel made a submission of no case to answer, pursuant to Rule 17(2)(g) of the Rules. The Tribunal refused this application and the full decision is included at Annex E.

10. On 13 June 2025, day 10 of the hearing during Dr Abdelrahman's oral evidence, Ms Hill made an application under Rule 34(1) of the Rules, to admit into evidence two separate documents. The Tribunal refused this application and the full decision is included at Annex F.

The Allegation and the Doctor's Response

11. The Allegation made against Dr Abdelrahman is as follows:

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

1. Between October 2022 and February 2023, while working at Queen Elizabeth Hospital, you engaged in unwanted conduct with Ms A, in that on one or more occasion you:
 - a. hugged Ms A; **To be determined**
 - b. attempted to hug Ms A in passing; **To be determined**
 - c. placed your hand on Ms A's lower back; **To be determined**
 - d. placed your arm around Ms A's shoulders; **To be determined**
 - e. attempted to take a picture of yourself and Ms A. **To be determined**
2. On one occasion between September and December 2022, at a morning ward round, you whispered in Ms A's ear that you loved working XXX and XXX. **To be determined**
3. When you made the comment as set out at paragraph 2, you knew that Ms A's XXX shifts were on XXX and XXX. **To be determined**
4. In or around January 2023 you:
 - a. stood behind Ms A and placed your ~~hand~~ hands on her hips; **amended under Rule 17(6) To be determined**
 - b. pressed your penis and groin area against her bottom. **To be determined**
5. Your actions as set out at paragraphs 1-4:
 - a. constituted sexual harassment as defined in Section 26 (2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity

of Ms A or creating an intimidating, hostile, degrading, humiliating or offensive environment for Ms A; **To be determined**

b. were sexually motivated. **To be determined**

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

The Facts to be Determined

12. Dr Abdelrahman made no admissions at any stage of the hearing. The Tribunal was therefore required to determine the entirety of the Allegation.

Witness Evidence

13. The Tribunal heard oral evidence and received witness statements on behalf of the GMC from the following witnesses:

- Ms A, XXX, witness statement dated 26 April 2024;
- Ms B, friend of Ms A, witness statement dated 13 May 2024;
- Ms C, Delivery Suite Coordinator at the Trust, witness statement dated 10 December 2024;
- Ms D, Matron for Maternity Inpatients and Day Assessment Unit at the Trust, witness statement dated 26 November 2024;
- Ms E, Labour Coordinator and Patient Safety Midwife at the Trust, witness statement dated 6 November 2024.

14. Dr Abdelrahman provided his own witness statement, dated 10 May 2025 and also gave oral evidence at the hearing.

15. The Tribunal also received extensive testimonial evidence on behalf of Dr Abdelrahman from a number of different individuals.

Documentary Evidence

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

- Ms A's written statement ('the complaint') provided to Lewisham and Greenwich NHS Trust ('the Trust'), dated 12 May 2023;
- Minutes of the Formal Investigation Meeting held by the Trust with Ms A, dated 29 June 2023;
- Ms A's police witness statement, dated 25 Jul 2023;
- Minutes of the Formal Investigation Meeting held by the Trust with Ms E, dated 14 August 2023;
- Notes of Ms E's Trust Panel Hearing evidence, dated 2 February 2024;
- Minutes of the Formal Investigation Meeting held by the Trust with Ms C, dated 16 August 2023;
- Notes of Ms C's Trust Panel Hearing evidence, 2 February 2024;
- Dr Abdelrahman's prepared statement to the police, dated 1 September 2023;
- Minutes of the Formal Investigation Meeting held by the Trust with Dr Abdelrahman, dated 5 July 2023;
- Images taken by Ms A of the entrance to the Staff Kitchen, undated;
- Plan of the Delivery Suite, undated.

The Tribunal's Approach

17. 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 Abdelrahman 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.

18. The LQC provided advice to the Tribunal around its consideration of the evidence in this case. The LQC referred to the case of *Lawrence v General Medical Council [2015] EWHC (Admin)*, where Collins, J stated at paragraph 35:

"The civil standard applies, but where dishonest or particularly a serious offence is alleged the decision makers must be aware of the need for such cogent evidence. A direction making clear that need is in my judgment required coupled with a requirement for them to consider the full circumstances..."

19. When assessing the evidence given by each witness, the Tribunal should have in mind the comments of Mr Justice Warby in the case of *Dutta v GMC [2020] EWHC 1974 (Admin)*, namely:

i) in seeking to resolve the main factual dispute, the Tribunal “start[ed] with an assessment of the credibility of a witness’s uncorroborated evidence about events ten years earlier, only then going on to consider the significance of unchallenged contemporary documents” [para 38]. At paragraph 42, Mr Justice Warby went on to say that the Tribunal should have “started with the objective facts as shown by the contemporaneous documents, independent of the witness, and using oral evidence as a means of subjecting these to “critical scrutiny”.

ii) the Tribunal's assessment of the A’s credibility was based largely if not exclusively on her demeanour when giving evidence.

iii) the way the Tribunal tested the witness evidence against the documents involved a mistaken approach to the burden of proof and the standard of proof.

20. Mr Justice Warby went on to say in paragraph 47 that the Tribunal should have made a rounded assessment of the witness's reliability, rather than approaching each charge in isolation from the others.

21. The approach in *Dutta* was confirmed by Mr Justice Knowles in *Khan v General Medical Council [2021] EWHC 374*. At paragraphs 107 and 108, Mr Justice Knowles said this:

[107] ‘In relation to Miss C, the Tribunal's approach was first to consider her credibility generally(at [124]-[136]) and, having done that, and found her to be 'genuine, sincere' and 'credible' ([135]),to consider the individual allegations against Mr Khan at [137]-[173]. But by then its conclusions were foregone because of what it had already decided in the first section that she was 'genuine'. When its reasons for concluding that Miss C was 'credible' are examined, it is clear that the Tribunal fell into the precise trap which Dutta, supra, warned against.

[108] By beginning with the question of her credibility generally and without reference to the specific allegations she had made...it seems to me that the Tribunal was, in effect, beginning its analysis by asking 'Do we believe her ... ?',

which is the very thing which Warby J said in Dutta, supra, at [42] should not be done’.

Good character

22. The LQC provided advice in respect of Dr Abdelrahman’s good character. Of course, good character cannot by itself provide a defence to the allegations, but it is relevant to the Tribunal’s considerations in the following ways;

a) First, the doctor has given evidence and, as with any person of good character, it is a positive feature which supports his credibility. This means it is a factor which we will take into account when deciding whether you believe his evidence;

b) Secondly, the fact that he is of good character may make it is less likely that he has acted as is now alleged against him.

23. What weight should be given to the doctor’s good character on the facts of this particular case is a decision for the Tribunal to make. In making that assessment we are entitled to take into account everything we know about him, including the positive testimonials provided as part of his case.

Sexual motivation

24. The LQC provided advice in respect of sexual motivation. Conduct is sexually motivated if undertaken either in pursuit of sexual gratification or in pursuit of a future sexual relationship. In *Basson v GMC [2018] EWHC 505 (Admin)*, Lord Mostyn said this:

“the state of a person's mind is not something that can be proved by direct observation. It can only be proved by inference or deduction from the surrounding evidence.”

25. Regarding sexual motivation the Tribunal should consider Dr Abdelrahman’s actions in the context of the evidence before it. The cases of *Jagjivan v GMC [2017] 1 WLR* and *Haris v GMC [2021] EWCA Civ 763* considered the issue of sexual motivation. Namely, that the best evidence of a sexual motivation could be the behaviour itself. It may be appropriate to draw an "irresistible" inference of sexual motivation, when the only way the behaviour could be

perceived was as overtly sexual, and in the absence of any other plausible innocent explanation

The Tribunal's Analysis of the Evidence and Findings

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

27. In considering the evidence in respect of all allegations, the Tribunal took into account the legal advice. The Tribunal reminded itself that Dr Abdelrahman was of good character. Of course, good character cannot by itself provide a defence to the allegations, but it was a positive feature which supports his credibility and it may make it less likely that he had acted in the manner alleged. It was ultimately a matter for the Tribunal to consider the appropriate weight to place on Dr Abdelrahman's good character, taking into account all of the evidence in the case.

Consideration of the evidence

28. Ms A had not made a contemporaneous note of the alleged incidents and there were no witnesses. She informed the Tribunal that she had made immediate and continuous disclosure to Ms B, her friend, of the alleged incidents from October 2022 to March 2023. There was no electronic record of communication, either text messages or WhatsApp messages, that could be provided between Ms A, Ms B and Ms E.

29. Ms A reported the alleged incidents to her line manager, via email on 19 April 2023. Following this, Ms A provided a statement to the Trust on 12 May 2023 and attended a formal investigation meeting on 29 June 2023. Ms A reported this matter to the police in July 2023 and made a report to the GMC on 15 August 2023.

30. The Tribunal heard evidence from both parties that there was a CCTV camera in the corridor opposite the kitchen. However, both parties made attempts to recover the CCTV but were told that recordings had been deleted after a period of time, as per the standard procedure at the hospital.

31. The Tribunal considered the evidence provided by Ms C.

32. Ms C gave evidence that she worked on the same ward with Ms A. In cross-examination, Ms C stated that she had attended Ms A's home address on XXX, to receive XXX from Ms A.

33. Ms C provided evidence to the Tribunal about a conversation that she had with Dr Abdelrahman in June 2023. XXX Ms C described that Dr Abdelrahman had stopped her in the corridor and asked her whether [Ms A's first name] was working. She stated that she had answered the question, assuming that Dr Abdelrahman was asking about Ms A. She explained that when she sought clarification from Dr Abdelrahman about who he was asking about, he said '[XXX]' and made an '[XXX]' gesture. Ms C said in her oral evidence, that at the time of this conversation in June she was not aware of the allegations made about Dr Abdelrahman.

34. In his oral evidence, Dr Abdelrahman said that this interaction had not taken place. He said that by June 2023, he was aware that an allegation had been made by Ms A and that he would not describe a colleague in such terms, which would be unprofessional.

35. On considering this evidence, Ms C is a close colleague of Ms A XXX. The Tribunal did not consider her to be an independent witness.

36. The Tribunal had also heard evidence from Ms E, who accepted that there had been a lot of discussion in the department about the allegations, up until 29 June 2023, at which point staff were told by the Trust not to discuss the allegations. Ms E explained in her oral evidence that she had discussed the allegations with others before 29 June, as doctors were approaching the staff to ask '*why Dr Abdelrahman was not allowed to work with [Ms A]*' and they were asking her '*who he had upset*'. She went on to say, '*he sexually assaulted Ms A and he has access to patients and female staff and we felt that it was important that people knew*'.

37. Taking into account the evidence of Ms E, it was apparent that there were discussions among staff members about the allegations up until 29 June 2023. There was therefore a real risk that Ms C was aware of the incident leading to the allegation before June 2023. In light of this, and the fact that Ms C was not an independent witness, the Tribunal cannot rule out the possibility that Ms C had heard about the incident through workplace conversations. Consequently, the Tribunal was only able to place limited weight on her evidence.

Paragraph 1a and 1b

38. The Tribunal considered the evidence, to determine whether between October 2022 and February 2023, while working at Queen Elizabeth Hospital, Dr Abdelrahman engaged in unwanted conduct with Ms A, in that on one or more occasions he hugged Ms A and/or attempted to hug Ms A in passing.

39. The Tribunal considered Ms A's written evidence. This includes the written Trust statement, dated 12 May 2023, when she said *'on multiple occasions, Dr Abdelrahman has tried to hug me when it has been clear that I would not like to reciprocate this behaviour.'* It also considered the Meeting Notes for the Formal Investigation Meeting *'He's made attempts to hug me. When he saw me, he would put his arm round me and I'd move away.'* The Tribunal also considered Ms A's witness statement to the police, dated 25 July 2023, where she said *'He has done multiple inappropriate gestures such as trying to hug me, putting his arms around me.'*

40. The Tribunal also bore in mind Ms A's witness statement to the GMC, dated 26 April 24:

'When I would see Dr Abdelrahman in passing, for example, on [sic] the corridor, he would stop and hug me. He would be stood at the side of me and hug me with one arm. I made it clear this was not reciprocated by stepping away and not engaging in a hug with him. After attempting to engage in a hug with me, Dr Abdelrahman would act normal as if his behaviour was completely rational and within professional boundaries. I would not say anything directly to Dr Abdelrahman as I did not want to make our working relationship difficult or awkward. This happened on multiple occasions and despite me making it clear that these interactions were unwanted Dr Abdelrahman continued to try and hug me when he saw me in passing. I am unable to recall precisely on how many occasions this occurred as I did not keep a record.'

41. The Tribunal had regard to Ms A's oral evidence in which she said that Dr A would hug her by placing one arm around her and pulling her in. It was always from the side, a side-by-side hug; never front-to-front. She stated that *'any time it would happen, I would always pull away'* Ms A also added: *'Maybe it should have been he did hug me but because I pulled away, that is why I put tried.'*

42. The Tribunal then considered Ms B's witness statement provided to the GMC, dated 13 May 2024:

'I first became aware of Dr Abdelrahman when [Ms A] [XXX], and she would briefly mention him and things he had done to make her feel uncomfortable at work. I am unable to recall specific times and dates as I did not keep a formal log of the conversations I had with [Ms A].

Initially, [Ms A] would [XXX] and tell me and [XXX] things like Dr Abdelrahman had stopped her in the corridor and placed his arm around her shoulders, attempting to give her a hug. This happened on multiple occasions. I recall [Ms A] telling us that Dr Abdelrahman had attempted to take a picture on his phone of him and [Ms A]... The frequency of incidents increased quite quickly, and it appeared that every interaction Dr Abdelrahman had with [Ms A] would involve physical touch which was not reciprocated by [Ms A].'

43. The Tribunal also had regard to the notes of Ms E's Trust investigation meeting, dated 14 August 2023, in which she told the Trust that Ms A had *'told me all the things that had happened in the buildup...'* During the interview, Ms E made no specific mention of a hug or attempted hug.

44. The Tribunal was mindful of Dr Abdelrahman's witness statement to the GMC, dated 10 May 2025, *'I can state unequivocally that I have never had any interaction with Ms A that could be construed as inappropriate or unprofessional. In fact, I was initially unaware of who she was and had to seek clarification from colleagues to even identify her.'* Furthermore, in his oral evidence, Dr Abdelrahman denied hugging Ms A. It was put to him that when he saw Ms A in passing on the corridor he would stop and hug her, placing one arm around her shoulder and he said that he did not accept that, and he has not done this. He further stated, *'if it had been done it would have been noticed and witnessed.'*

45. The Tribunal bore in mind that Dr Abdelrahman has denied any physical interaction with Ms A. Specifically, he denied hugging or attempting to hug Ms A. The Tribunal had regard to a testimonial witness statement provided on behalf of Dr Abdelrahman by Ms F, Delivery Suite Core Midwife at Dartford and Gravesham NHS Trust, a place where Dr Abdelrahman was previously employed between October 2020 to October 2021 and between October 2023 and April 2024. In her statement dated 20 April 2025, Ms F stated, *'It is always a pleasure to see him on shift and we greet each other in a friendly manner, smiles, a small respectful hug or high five.'* In oral evidence, Dr Abdelrahman was asked about this testimonial, and he stated that if somebody leaned forward for a hug, he would reciprocate it, but he would not initiate a hug.

46. The Tribunal has carefully considered all the evidence presented, including, but not limited to the oral and documentary evidence of Dr Abdelrahman, Ms A, Ms B and Ms E.

47. The Tribunal noted that Ms A alleged that the conduct occurred repeatedly, and stated that every interaction was initiated by some form of physical contact from Dr Abdelrahman. The Tribunal acknowledged that allegations of this nature are serious and require careful scrutiny. It was mindful that Ms A's account was given consistently throughout the investigation, and she maintained her position under cross-examination.

48. There are no dates or times provided for any specific incident, which hindered the Tribunal's ability to consider the events in context or assess the possibility of corroboration.

49. Ms B, accepted what Ms A had told her, as she was Ms A's best friend. Whilst there was no criticism of Ms B's evidence, she is not an independent witness and was only able to repeat what Ms A had told her. There was also an absence of any text messages or other electronic communications between Ms A and Ms B, because they had been deleted by both.

50. There were no witnesses to any alleged hugging or attempted hugging and no other member of staff had made any allegations of inappropriate behaviour from Dr Abdelrahman. The Tribunal considered Ms A's evidence that every interaction with Dr Abdelrahman was initiated by physical contact from him, including in public areas of the hospital such as the corridors. The Tribunal took into account the evidence that the department was busy and accepted that interactions might not always be observed. However, if the conduct had been repeated and occurred in communal workspaces, it was noteworthy that nobody had witnessed the behaviour or been made aware of it. The Tribunal also noted that Ms A had discussed an incident in the operating theatre, when she gave oral evidence. This incident had not been specifically mentioned in any of her earlier accounts. The Tribunal found that if other staff had witnessed the behaviour and were concerned, it is likely they would have come forward, especially as some were friends or colleagues of Ms A.

51. While the Tribunal accepted the possibility that some individuals may have witnessed conduct but did not consider it inappropriate, it was open to the GMC to identify and present witnesses who had witnessed the conduct.

52. Dr Abdelrahman has consistently denied the allegations throughout the proceedings. The Tribunal found his denials to be consistent.

53. The Tribunal recognised that Ms A had provided her account in a consistent manner. However, the Tribunal noted that the allegation rests solely on her account, which is not supported by contemporaneous evidence, witness testimony, or corroborating electronic messages (for example). The Tribunal took into account that these paragraphs of the Allegation are serious and it is for the GMC to prove its case on the balance of probabilities.

54. Taking all of the evidence in the round and taking into account the issues relating to the evidence that the Tribunal has identified above, the Tribunal concluded that the GMC has not discharged its burden to prove these paragraphs of the Allegation on balance of probabilities.

55. Accordingly, the Tribunal determined, on the balance of probabilities, that paragraphs 1a and 1b of the Allegation were not proven.

Paragraph 1c

56. The Tribunal considered whether between October 2022 and February 2023, while working at Queen Elizabeth Hospital, Dr Abdelrahman engaged in unwanted conduct with Ms A, in that on one or more occasion he placed his hand on Ms A's lower back.

57. The Tribunal considered Ms A's written statement to the Trust, dated 12 May 2023, *'He has placed his hand on my lower back more than once...'*. The Tribunal also had regard to Ms A's witness statement to the GMC, dated 26 April 2024, *'I believe that Dr Abdelrahman would only attempt to physically touch me if there would be no witnesses, or touching would go unnoticed by colleagues around us. For example, if I was at the nurse's station, the other nurses on shift may have been busy writing up notes or discussing patient care and Dr Abdelrahman would come behind me and place his hand on my lower back without them noticing.'*

58. In her oral evidence, Ms A stated that the touching of her lower back happened a 'couple of times' when herself and Dr Abdelrahman were 'standing somewhere'. She added that things like that are done 'quite subtly'. When asked, she could not specifically remember the location of any other occasion when he touched her lower back apart from at the nurse's desk.

59. When giving oral evidence, Dr Abdelrahman denied ever touching Ms A's lower back.

60. The Tribunal bore in mind that Ms A alleged that on at least one occasion, Dr Abdelrahman placed his hand on her lower back and that this behaviour was unwanted. Unlike some of the other allegations, this particular behaviour was not alleged to have occurred repeatedly. The Tribunal accepted that such conduct, if it occurred, might not necessarily have been witnessed by others, particularly if it took place in a brief or subtle manner. Accordingly, the absence of a witness to this alleged conduct was not considered by the Tribunal to be a fundamental flaw in the GMC's case.

61. However, the Tribunal was concerned by the broader lack of supporting evidence. Ms A did not repeat this allegation consistently across all of her accounts, and there was no contemporaneous record of the event by way of notes, complaints, or other documentation that would support the contention that the conduct occurred at the time. Ms B did not specifically mention that Ms A had informed her about Dr Abdelrahman touching her lower back. Nor was there any electronic trace, such as messages or emails, indicating that Ms A had raised concerns about the alleged incidents shortly after they occurred.

62. Dr Abdelrahman has consistently denied the allegation and gave oral evidence to that effect. His good character was also relevant factor, though not determinative.

63. There was no written or oral evidence presented by the GMC to corroborate the account of Ms A. The GMC bears the burden of proof, and in the absence of contemporaneous corroboration, consistency across accounts, or supporting testimony, the Tribunal concluded that the GMC had not discharged the burden of proof and therefore the Tribunal concluded that it could not be satisfied on the balance of probabilities that the conduct occurred as alleged.

64. Accordingly, the Tribunal determined, on the balance of probabilities, that paragraph 1c of the Allegation was not proven.

Paragraph 1d

65. The Tribunal considered whether between October 2022 and February 2023, while working at Queen Elizabeth Hospital, Dr Abdelrahman engaged in unwanted conduct with Ms A, in that on one or more occasion he placed his arm around Ms A's shoulders.

66. The Tribunal considered Ms A's statement to the Trust, dated 12 May 2023, '*...as well as putting his arm around my shoulders pulling me close to him and asking if he can take a picture of us together to which I said no.*'

67. The Tribunal had regard to the meeting notes for the Formal Trust Investigation Meeting, dated 29 June 2023:

'I'd be sitting at my table [XXX] and he'd come in and put his arm round me.'

68. The Tribunal also noted Ms A's witness statement to the police, dated 25 July 2023, '*He has done multiple inappropriate gestures such as trying to hug me, putting his arms around me. He has also entered the same room as me when he has no reason to be there.*'

69. The Tribunal also had regard to Ms A's witness statement to the GMC:

'I recall on a few occasions that I would be sat [XXX] and Dr Abdelrahman would come into the room and place his arm around my shoulders. This interaction was conducted in front of the patient which was very unprofessional. I would lean away from Dr Abdelrahman as I did not want to make a scene in front of the patient. I am unable to recall precisely on how many occasions this occurred as I did not keep a record, but it was on more than one occasion.

There was one incident when I walked out of my room and Dr Abdelrahman put his arm around my shoulder, took his phone out of his pocket and attempted to take a picture of us to which I promptly moved away from him and said no. He did not ask my permission to take a picture and I felt extremely uncomfortable that he had attempted to take one with me. Dr Abdelrahman would come into my room unnecessarily on numerous occasions to see what I was doing. I felt as if he would deliberately go out of his way to interact with me.

70. In her oral evidence, Ms A adopted her GMC witness statement. When asked in cross examination why she had not told Ms B of the alleged incident when Dr Abdelrahman put his arm around her whilst she was sitting [XXX], Ms A said '*I'm not going to repeatedly talk about him putting his arm around me. There were uncomfortable things that happened but not that I needed to contact her all the time... maybe it wasn't significant enough to mention.*'

71. In his oral evidence before the Tribunal, Dr Abdelrahman denied that this interaction had taken place. He told the Tribunal that it did not happen. He said he might go into her room like anyone else, but he would not put his hand on her shoulder. Dr Abdelrahman added that if this incident had happened, the patient or their partner would have reported this and there most probably would have been XXX present.

72. It appeared clear to the Tribunal that paragraph 1d of the Allegation related to an alleged incident where Dr Abdelrahman had placed his arm around Ms A's shoulder at a time when Ms A was sitting XXX in a room within the delivery suite, when she was XXX. The Tribunal noted that Ms A had given this account in the Formal Trust Investigation Meeting and in her GMC statement, but it had not formed part of her initial complaint to the Trust or her witness statement to the police.

73. This paragraph of the Allegation was considered in the context of the clinical environment in which both Ms A and Dr Abdelrahman were working at the time.

74. The Tribunal considered that the alleged conduct, placing an arm around a colleague's shoulders, would be visible to others in the room. The Tribunal accepted that such conduct, if it occurred in the clinical setting described, would likely have been considered inappropriate, not only by Ms A, but also by patients, partners, and other professionals present. In that context, it would be reasonable to expect that the incident might have been noticed, commented on, or reported either contemporaneously or shortly thereafter.

75. However, no witness evidence was adduced by the GMC from any third party who saw the alleged behaviour. Furthermore, there was no contemporaneous report or complaint made at the time of the alleged conduct, and no electronic or written records to support Ms A's account.

76. Dr Abdelrahman denied this conduct alleged in this paragraph of the Allegation and maintained his denial consistently throughout the investigation and proceedings. The Tribunal was also mindful that there was no evidence of similar conduct or complaints from others.

77. In the absence of any corroborative evidence or contemporaneous reporting, along with the fact that Ms A had not included this alleged incident in her initial complaint to the Trust, the Tribunal concluded that the GMC had not presented evidence to prove paragraph 1d of the Allegation, on the balance of probabilities.

Paragraph 1e

78. The Tribunal considered whether between October 2022 and February 2023, while working at Queen Elizabeth Hospital, Dr Abdelrahman engaged in unwanted conduct with Ms A, in that on one or more occasion he attempted to take a picture of himself and Ms A.

79. The Tribunal had regard to Ms A's Written Trust statement, which said that Dr Abdelrahman had pulled Ms A close to him and 'asked' if he could take a picture of them together. It also noted the meeting notes for the Formal Trust Investigation Meeting, dated 29 June 2023, which read:

*'He went to take a picture and I said no *holds hands up gesture*'*.

80. The Tribunal considered Ms A's witness statement to the GMC, which read:

'There was one incident when I walked out of my room and Dr Abdelrahman put his arm around my shoulder, took his phone out of his pocket and attempted to take a picture of us to which I promptly moved away from him and said no. He did not ask my permission to take a picture and I felt extremely uncomfortable that he had attempted to take one with me...'

81. In Ms A's witness statement to the police, she said *'He tries to take pictures with me, he will see me walking and will have his phone at the ready and he will try to take unwanted selfies with me...'*

82. In cross examination it was put to Ms A that Dr Abdelrahman had never tried to take a selfie or any other photograph with her. In response, Ms A disagreed and added *'why would I make that up'*. Ms A stated that aside from the fact that it was unwanted, she did not think the incident was shocking and that in trying to prove that these incidents did take place, she had herself requested the CCTV footage.

83. When asked further questions by the Tribunal, Ms A confirmed that the attempted selfie had happened on one occasion. When she was asked about the police statement which could be read as describing multiple attempts to take selfies, Ms A said that this was the way the statement had been written and, at the time, she did not check the details around this incident. Ms A was pointed to the section of the police statement which read, *'he will see me*

walking and will have his phone at the ready.’ Ms A responded, ‘he would not have his phone at the ready, I don’t think he was plotting and scheming’.

84. The Tribunal had regard to Ms B’s witness statement to the GMC, ‘I recall [Ms A] telling us that Dr Abdelrahman had attempted to take a picture on his phone of him and [Ms A].’

85. The Tribunal considered the minutes of Ms E’s Formal Trust Investigation Meeting, dated 14 August 2023, where she stated, ‘She said he would come very close to her, would try and do selfies with her at the desk. I’ve never seen him take selfies with anybody.’

86. The Tribunal heard oral evidence from Dr Abdelrahman, who categorically denied ever taking or attempting to take selfies with Ms A. He stated that he would consider such conduct inappropriate and maintained that he had never taken individual selfies with any staff member. While he acknowledged having participated in group photographs on specific occasions, such as strike days and Christmas, he was consistent in his position that he did not attempt to take personal photographs with Ms A or others. He added that if such conduct had taken place in the labour ward, it is likely that this would have been visible to others passing by or present.

87. In her oral evidence, Ms A was clear and firm in stating that this conduct occurred on one occasion. The Tribunal considered her evidence carefully and noted that she was clear on this point when giving oral evidence. However, it was noteworthy that the police witness statement did appear to suggest that there had been more than one attempt to take a selfie. Further, the police witness statement did describe Dr Abdelrahman having his phone ‘at the ready’, which Ms A confirmed was not accurate. The Tribunal considered that providing the statement to the police was a serious matter and Ms A is likely to have been aware that the police were attending her address to take a statement. Ms A was unable to provide a clear explanation for why she had not checked or clarified it for accuracy before it was finalised. These inconsistencies, while not individually determinative, cumulatively weakened the reliability of her overall account.

88. In addition, the Tribunal noted that in her written complaint to the Trust on 12 May 2023, Ms A had described Dr Abdelrahman as ‘asking’ if he could take a selfie. However, in her GMC witness statement, she said ‘he did not ask my permission to take a picture’.

89. The Tribunal accepted that the labour ward and clinical areas are typically open environments, where it would be common for other staff members, midwives, students, or patients' partners, to be nearby or in view. Despite this, there were no witnesses to this incident. There was no specific date and time provided by Ms A, which made it difficult for her account to be corroborated.

90. The Tribunal considered that there were inconsistencies across her accounts and there was no contemporaneous reporting or supporting evidence from independent witnesses. The Tribunal therefore concluded that the GMC had not produced sufficient evidence to prove, on the balance of probabilities, that the alleged incident occurred.

91. Accordingly, the Tribunal determined, on the balance of probabilities, that paragraph 1e of the Allegation was not proven.

Paragraph 2

92. The Tribunal considered whether on one occasion between September and December 2022, at a morning ward round, Dr Abdelrahman whispered in Ms A's ear that he loved working XXX and XXX.

93. The Tribunal considered Ms A's statement to the Trust, dated 12 May 2023:

'There was an incident during a morning ward round when we were in the room where I was working. He stood directly behind me and whispered into my ear that he loved working [XXX] and [XXX]s (these are my [XXX] shifts). I found not only how close he stood to me especially behind me very uncomfortable, but also the fact that he had remembered the days that I specifically work which we had discussed quite a while prior to this incident. I found it very unsettling.'

94. The Tribunal had regard to the meeting notes for the Formal Trust Investigation Meeting, dated 29 June 2023:

'...But one particular incident stands out. He asked what shifts I worked. I told him the days I worked, [XXX]. Then one day he whispered, he loved working [XXX] and [XXX]. He remembered my shifts.'

...

The whispering in the ear, when was that?

- Roughly last year.
- I didn't keep dates as I wasn't planning on opening a case at that point.
- But it was in room 4, when we were seeing a patient.

Do you think anyone else would have noticed?

- No, they could have just thought he was whispering to me about the patient or work.
- I didn't cause a scene.'

95. The Tribunal had regard to Ms A's witness statement to the GMC:

'It is usual for a team [XXX] to be present whilst one doctor is speaking to the patient in the room. I recall on one occasion that Dr Abdelrahman and I were both present on a morning ward round in room 4, one of the patients' rooms.

There was another doctor speaking with the patient, and Dr Abdelrahman and I were located at the back of the cluster of clinical staff near the door. We weren't directly involved in the dialogue with the patient and were observing the assessment.

Dr Abdelrahman was stood behind me slightly to the side which was not unusual as clinical staff tend to stand in close proximity to each other when observing the ward round assessments. I was aware of Dr Abdelrahman being situated behind me. He proceeded to lean down and whisper into my ear that he loved working [XXX] and [XXX], which were my [XXX] shifts. When Dr Abdelrahman had started working at the hospital in September 2022, he had asked me what shifts I worked to which I had responded. At the time, I did not find it unusual that he was asking about my shift pattern, as I just thought he was making small talk.

I immediately felt very uncomfortable, and I felt sick that he had remembered my [XXX] shift as I had not been working with him very long. The way in which he had whispered into my ear was in an inappropriate manner. I am around [XXX], and I would approximate that Dr Abdelrahman is around 5ft 6 so he would not have had to [XXX].

I did not move or respond to him as I did not want to draw attention to the situation. My focus was on the patient and the plan of care which was required for the remainder of the shift. I remained completely professional. After the assessment of the patient had finished, he left the room and moved on, behaving as if nothing had happened. He proceeded to make normal conversation with me which I thought was very strange.

I do not think any other members of staff present in room 4 at the time of the incident noticed the interaction. It is not uncommon for staff to quietly whisper about the patient amongst each other whilst the assessment is ongoing. If a colleague did witness the interaction, they likely would not have been able to hear what Dr Abdelrahman was saying to me and likely assumed it was regarding the patient.'

96. In her oral evidence, Ms A stated that there were at least four, possibly five, people present in the room at the time of the alleged incident, but she was unable to recall who these individuals were or the specific date on which the incident occurred. When asked further about the incident, Ms A stated that there were occasions during which the team would talk amongst themselves, and that nobody would likely have thought anything of Dr Abdelrahman whispering in her ear.

97. The Tribunal considered Ms B's witness statement to the GMC, '*I specifically recall an incident when [Ms A] [XXX] and said that she had attended a shift handover which had been attended by a number of [XXX]. [Ms A] told me that Dr Abdelrahman had stood behind her in the handover and whispered into her ear that he loved working [XXX] and [XXX], which were [Ms A's] [XXX] shifts. [Ms A] felt uncomfortable that Dr Abdelrahman had specifically remembered her shift pattern. I am unable to recall when this incident took place as I did not keep a formal log.*'

98. The Tribunal was mindful of Ms E's meeting notes for formal investigation meeting, dated 14 August 2023:

'...He asked her about her shift pattern because [XXX]. She told him out of politeness.

- She said he whispered to her one day that he loved [XXX] and [XXX] which are the days she works.

- That's when she realised he remembered that information and relayed it back, that's not normal, that's unusual. Why would you remember that.'

99. Dr Abdelrahman, in his oral evidence, denied making the comment. He explained that clinical discussions typically occurred outside the room, prior to entering in order to speak with the patient and their birthing partner. He also stated that he was not aware of Ms A's working days or rota until after the complaint had been made.

100. The Tribunal carefully considered the evidence of Ms B and Ms E, both of whom repeated what Ms A had told them about the alleged incident. However, the Tribunal noted that both individuals were friends of Ms A and were therefore not independent witnesses. In particular, it was of concern to the Tribunal that Ms E had attended Ms A's Formal Trust Investigation Meeting on 29 June 2023, before giving any formal statement of her own. The Tribunal concluded that this significantly limited the weight that could be attached to her evidence. Similarly, the Tribunal gave limited weight to Ms B's evidence as it was based solely on what Ms A had told her.

101. The Tribunal considered it significant that Ms A was unable to recall any of the individuals who were present during the alleged incident. If the incident had occurred in the manner described and had made a lasting impression, the Tribunal considered it reasonable to expect that she might have been able to recall some details about who was present or, for example, the date of the alleged incident.

102. There was no contemporaneous record of the incident, no communication made at the time to colleagues or management, and no note of it in any formal documentation until significantly later.

103. The Tribunal also took into account Dr Abdelrahman's clear and consistent denial, his explanation of how ward rounds were typically conducted, and his assertion that he was unaware of Ms A's shift pattern until the complaint emerged.

104. The Tribunal accepted that Ms A may have genuinely believed the comment was made. However, in the absence of any contemporaneous or independent corroboration, the lack of information about the other individuals present, and the limited weight of hearsay evidence from non-independent witnesses, the Tribunal concluded that the GMC had not provided sufficient evidence to meet the burden of proof.

105. Accordingly, the Tribunal determined, on the balance of probabilities, that paragraph 2 of the Allegation was not proven.

Paragraph 3

106. This paragraph of the Allegation related to whether, when Dr Abdelrahman made the comment as set out at paragraph 2, he knew that Ms A's XXX shifts were on XXX and XXX.

107. As the Tribunal has found that paragraph 2 of the Allegation was not proven, it therefore follows that paragraph 3 of the Allegation is also not proven.

Paragraphs 4a and 4b

108. The Tribunal considered whether on or around January 2023, Dr Abdelrahman stood behind Ms A and placed his hands on her hips and pressed his penis and groin area against Ms A's bottom.

109. The Tribunal had regard to Ms A's written statement to the Trust:

'The final incident took place when I was in the staff kitchen on Delivery suite washing up my lunch box on my own. I did not hear anyone enter the kitchen as the tap was running. I felt someone press their groin/penis against my buttocks and take hold of my hips and then lean over my shoulder at which point I realised it was Dr Abdelrahman. I turned around quickly in shock and Dr Abdelrahman then stepped back and proceeded to make small talk. I cannot remember specifically what was being said as I was in complete shock about what had just taken place. I just froze.'

110. The Tribunal considered the Minutes from Ms A's Formal Trust Investigation Meeting on 29 June:

'The kitchen incident. Can you talk me through what happened?'

- It was a day shift, [XXX]
- I was washing up my lunch container
- The water in metal sink so it's loud, I didn't hear anyone come in.
- Then someone held onto my waist.
- I felt his penis on my bottom.

- I was shocked
- Turned round and saw Dr Abdelrahman.
- He stepped back and he just made small talk
- I was so shocked; I don't remember the conversation after.
- I just left.
- I didn't even take my Tupperware

Was his penis erect?

Yes

What did you do immediately afterwards?

- I left the kitchen and went back to desk area (XXX)
- I was meant to be working with Dr Abdelrahman, but I couldn't work with him after.
- It was toward the end of my shift, maybe around [XXX].
- I told my friend outside of work, and my [XXX] was there.
- They know what's been going on.
- They call him Dr Creepy.
- And I spoke to the coordinator that day. [Ms D].
- But I didn't elaborate fully on what happened.
- I can't even remember who else was there.
- I think I just said something like "Dr Abdelrahman is so creepy I can't even work with him".
- Another Dr came in. I don't think that's why he was swapped.'

111. The Tribunal had regard to Ms A's statement to the police, *'The most recent incident happened in February 2023 where we were in the staff kitchen. I was at the sink washing up my lunch box alone. When I felt someone had my hips. I then felt an erect penis which is when I knew it was a male. I turned around and Ahmed took a step back and started talking to me as if nothing happened.'*

112. The Tribunal was mindful of Ms A's witness statement to the GMC:

'As I was washing my lunchbox container, I felt someone suddenly come behind me, place their hands on my hips and press their erect penis into my bottom. I quickly

turned around to see that it was Dr Abdelrahman who had come into the kitchen pressed his erect penis into my bottom whilst I had my back to him.

As soon as I turned around to face Dr Abdelrahman, he stepped back away from me and started acting like nothing had happened. I was in complete and utter shock that he had sexually assaulted me. I recall wanting to just leave the kitchen, but Dr Abdelrahman was blocking the doorway.

...

I spoke to the coordinator, [Ms D] and said that Dr Abdelrahman had been acting creepy in the kitchen and that I did not feel comfortable working with him. I did not disclose to [Ms D] what had taken place as I was still in shock and felt embarrassed.'

113. In Ms A's oral evidence, she said that she felt Dr Abdelrahman's hands on her hips and the next contact was his penis on her bottom. She explained that she knew it was a penis because it was erect and, in her mind, it could not have been anything else. Ms A stated that she just knew 'what it was' XXX. She said that she did not look at his crotch area after turning around and that if she had seen his erect penis, she would remember that. Ms A described that staff members wear scrubs, and the material is quite thin which is why she was able to feel what she described. Ms A was asked what the most shocking part of the incident was, and she responded that it was the fact that it happened, and Dr Abdelrahman acting like nothing happened afterwards.

114. In cross-examination, Ms A was asked when the last time was that she spoke to Ms E. Ms A said that she had spoken to Ms E the previous day, which was after Ms E gave oral evidence to the Tribunal. She said that the phone call lasted 1 to 2 minutes and they had not discussed the case. Ms A was also asked when the last time she spoke to Ms B was. She replied that she had spoken to Ms B on the telephone for 50 minutes after Ms B had given her oral evidence before the Tribunal. She said that she had not discussed the case. Ms A also said that she and Ms B had exchanged text messages on the morning that Ms A gave oral evidence.

115. The Tribunal was mindful of Ms B written statement to the GMC:

'I recall one evening [Ms A] [XXX]. She said that I was not going to believe what Dr Abdelrahman had done. [Ms A] relayed that she was washing her lunchbox in the staff room when Dr Abdelrahman had come up behind her, put his hands on her waist and thrust his penis into her bum. I could not believe that this had happened, I was utterly

shocked and disgusted. We continued to discuss the incident for a while attempting to rationalise his behaviour. [Ms A] informed me that she had never given Dr Abdelrahman any indication whatsoever that she was attracted to him and therefore his behaviour was completely inappropriate and unconsented to.'

116. In her oral evidence Ms B said that she did not ask Ms A for details about Dr Abdelrahman 'thrusting his penis' into Ms A's bum. She said they spent the evening trying to rationalise the incident. Ms B said they did not go over an exact 'play by play' of the incident, it was more of them processing the emotional reaction.

117. The Tribunal noted that Ms E was present at Ms A's Formal Trust Investigation Meeting on 29 June 2023, as her 'XXX. Subsequently Ms E was interviewed by the Trust herself on 14 August 2023. The Tribunal had regard to the meeting notes for the formal investigation meeting with Ms E:

'I've looked back and checked WhatsApp's to see when we actually started discussing it. She told me in person one day, she took me into one of the rooms and was very distressed and told me what happened. On WhatsApp, we started talking about it in April. So, I think it was probably March time that she told me.'

118. The Tribunal also had regard to Ms E's statement to the GMC, *'In March 2023, [Ms A] informed me in person at work that Dr Abdelrahman had behaved inappropriately with her. She told me that during a shift with him, he had pressed his erect penis into the small of her back/bum whilst they were in the kitchen area. We also discussed this out of work over several text messages. I do not have a copy of these text messages.'*

119. In her oral evidence, when asked about why she had not kept text messages, Ms E answered that she had an old phone with low storage. Ms E initially said in oral evidence that when she had checked messages before her Trust Investigation Meeting, she had found that she had deleted the messages. It was then put to her that, on the face of the Trust investigation minutes, she was explaining in that meeting that she had checked WhatsApp messages in preparation for the meeting and therefore they must have still existed at the time of the Trust Investigation Meeting. Ms E accepted that this must have been the case but added that she did not appreciate that the messages would be needed. Ms E accepted that the allegations made by Ms A had been discussed amongst staff members on the ward up until the Trust investigation Meeting on 29 June 2023, when it was made clear to them that they should stop discussing the allegations.

120. Ms A had said that she spoke to Ms D (Shift Coordinator) on the date of the incident in the kitchen, mentioning that Dr Abdelrahman had been ‘acting creepy’ in the kitchen and told Ms D that she could not work with him.

121. Ms D provided a formal statement to the GMC in November 2024.

122. During oral evidence, when cross-examined about whether Ms A had mentioned Dr Abdelrahman being ‘creepy’ in the kitchen, Ms D responded that she would like to think that she would remember such a conversation. She further stated that she would have explored and recorded the matter had it been raised with her.

123. Ms D also conducted the XXX meeting with Ms A XXX, during which discussion of Dr Abdelrahman was ‘brief’. The Tribunal also noted that Ms D was not interviewed by the Trust during the initial investigation.

124. In his oral evidence, Dr Abdelrahman denied the matter in relation to paragraphs 4a and 4b of the Allegation.

125. The Tribunal considered that Ms A’s initial complaint to the Trust on 12 May 2023 made no mention of Dr Abdelrahman having an erect penis during the alleged incident. This detail was only introduced during Ms A’s Trust investigation meeting when she was directly asked ‘was his penis erect’. The Tribunal also noted that Ms E was present at Ms A’s Trust Investigation Meeting on 29 June 2023, raising serious concerns about the potential contamination of her evidence, in circumstances where she would later be relied upon by the GMC to give evidence of what she was allegedly told by Ms A in March 2023.

126. The Tribunal was also concerned about the lack of text messages or electronic communication between Ms A and Ms B and Ms E relating to the incident. Each witness had described how they had deleted messages from the relevant time period. While it is recognised that individuals may routinely delete messages, it was of note that Ms B, Ms A, Ms E all deleted messages from the relevant period, which limits the availability of corroborative evidence.

127. The Tribunal found it significant that Ms A did not disclose the presence of an erect penis to Ms B, despite this detail being perhaps the most striking aspect of the allegation in

the kitchen. The Tribunal cannot reconcile why Ms A would omit such a detail if it were true, especially where she could have revealed this information at any stage to her best friend.

128. The Tribunal found the evidence provided by Ms D to be persuasive. She was independent and had no apparent friendship with either Ms A or Dr Abdelrahman. She was clear that had anybody raised with her that Dr Abdelrahman was acting ‘creepy in the kitchen’, she would have recalled this and dealt with it appropriately.

129. On the balance of probabilities, the Tribunal was unable to conclude that Dr Abdelrahman stood behind Ms A and placed his hand on her hips as alleged. Further, the absence of what might be considered to be the most serious part of the allegation in the initial complaint, inconsistencies in her account, the deletion of relevant messages, and the lack of corroborative evidence or independent witnesses, led the Tribunal to conclude that the GMC had not proved these paragraphs of the Allegation on the balance of probabilities.

130. Accordingly, the Tribunal determined, on the balance of probabilities, that paragraphs 4a and 4b of the Allegation were not proven.

Paragraphs 5a and 5b

131. These paragraphs of the Allegation related to whether Dr Abdelrahman’s actions as set out at paragraphs 1 to 4 constituted sexual harassment as defined in Section 26 (2) of the Equality Act 2010, in that he engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms A or creating an intimidating, hostile, degrading, humiliating or offensive environment for Ms A. It also set out to determine whether Dr Abdelrahman’s actions as set out at paragraphs 1 to 4 were sexually motivated.

132. Having found paragraphs 1 to 4 of the Allegation not proven, the Tribunal concluded that paragraphs 5a and 5b of the Allegation fall away. Therefore, no findings of sexual harassment or sexual motivation could be made.

133. Accordingly, the Tribunal determined, on the balance of probabilities, that paragraphs 5a and 5b of the Allegation were not proven.

The Tribunal’s Overall Determination on the Facts

134. The Tribunal has determined the facts as follows:

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

1. Between October 2022 and February 2023, while working at Queen Elizabeth Hospital, you engaged in unwanted conduct with Ms A, in that on one or more occasion you:
 - a. hugged Ms A; **Not proved**
 - b. attempted to hug Ms A in passing; **Not proved**
 - c. placed your hand on Ms A's lower back; **Not proved**
 - d. placed your arm around Ms A's shoulders; **Not proved**
 - e. attempted to take a picture of yourself and Ms A. **Not proved**
2. On one occasion between September and December 2022, at a morning ward round, you whispered in Ms A's ear that you loved working XXX and XXX. **Not proved**
3. When you made the comment as set out at paragraph 2, you knew that Ms A's XXX shifts were on XXX and XXX. **Not proved**
4. In or around January 2023 you:
 - a. stood behind Ms A and placed your ~~hand~~ hands on her hips; **amended under Rule 17(6) Not proved**
 - b. pressed your penis and groin area against her bottom. **Not proved**
5. Your actions as set out at paragraphs 1-4:
 - a. constituted sexual harassment as defined in Section 26 (2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms A or

creating an intimidating, hostile, degrading, humiliating or offensive environment for Ms A; **Not proved**

b. were sexually motivated. **Not proved**

135. As the facts have not been found proved, the Tribunal did not go on to consider impairment.

136. The Tribunal determined to revoke the interim order currently in place with immediate effect.

137. Case concluded.

ANNEX A – 02/06/2025

Rule 35 (4) Application - Anonymity of a witness

1. On 2 June 2025 (Day 1), prior to the case opening, Ms Hill, Counsel for the GMC, made an application under Rule 35(4) of the General Medical Council ('GMC') (Fitness to Practise) Rules 2004, as amended ('the Rules') that Ms A be granted anonymity throughout proceedings. A linked application was made for Ms A's close personal friend (and GMC witness) to be referred to as Ms B.

Submissions on behalf of the GMC

2. Ms Hill submitted that the application arises from the supplemental statement of Ms A, dated 2 June 2025, in which she expresses feelings of significant anxiety and stress regarding the hearing. Ms A had expressed concerns about the possibility of her identity being discovered and revealed to the press or general public. Ms Hill submitted that the complainant was an alleged victim in respect of an allegation of a sexual nature and she should be treated as vulnerable.

3. Ms Hill also made a linked application, namely that the anonymity of Ms B (a close personal friend of Ms A) was also necessary to prevent potential jigsaw identification. She submitted that the Tribunal may exercise its discretion to allow these two witnesses to be referred to as Ms A and Ms B, respectively, as per Rule 35(4).

4. Ms Hill submitted that the application made in respect of Ms B is solely for the purpose of preventing the potential identification of Ms A, rather than there being separate grounds relating to Ms B herself. Therefore, it was accepted that if Ms A's anonymity is not granted, it would follow that Ms B would not be anonymised.

Submissions on behalf of Dr Abdelrahman

5. Ms Tanchel, Counsel, submitted that the Tribunal's decision to grant anonymity should not be determined merely by reference to Ms A's concerns outlined in her supplemental statement. She submitted that she made no concessions as to whether Ms A is a vulnerable witness for the purposes of the anonymity application.

6. Ms Tachel submitted that the Tribunal must consider Article 8 and Article 10 of the European Convention on Human Rights in its decision making and carry out a balancing exercise. She reminded the Tribunal of the clear distinction drawn between two key aspects of open justice: first, the principle of public hearings, and secondly, the importance of fair and accurate public reporting.

7. Ms Tachel submitted that Ms A's concerns about being contacted by journalists are absurd, as her contact details would not be released into the public domain as a result of this hearing. She submitted that if Ms A is contacted by any journalists, she could simply ignore them. Ms Tachel submitted that while in some circumstances it may be easy to manage proceedings in a way that avoids the identification of individuals, applications for anonymity in open court generally raise broader issues. These include the fairness of the trial process, the nature of the issues being litigated, and the existence and scope of any legitimate public interest in identifying the applicant.

8. Ms Tachel drew the Tribunal's attention to the particular concern in this case, namely, that the complainant's witness statement expressly requests that the Tribunal's determination should not identify her. She submitted that such a request raises serious questions as to the fairness of the proceedings. She reminded the Tribunal that Dr Abdelrahman, by contrast, is identified from the outset, regardless of whether findings are ultimately made against him. She submitted that the Tribunal is therefore required to undertake a careful balancing exercise to ensure fairness in the context of a fair trial.

9. Ms Tachel reminded the Tribunal that in the criminal jurisdiction, where similar allegations are commonly heard, the statutory framework does not anonymise complainants for the purpose of the proceedings themselves. Rather, it restricts press reporting of their identities. She submitted that complainants are still named in open court. Ms Tachel submitted that this statutory approach underscores the importance of maintaining open justice in the conduct of proceedings, even when reporting may be limited. She submitted that the essence of open justice is accountability: that proceedings should be open and visible, not only to the parties but to the public, and especially in cases involving matters of public importance. Ms Tachel submitted that whilst anonymisation of the complainant might allow for some understanding of the Tribunal's reasoning by interested members of the public, it does not address the foundational principle that justice should be both done and seen to be done. She submitted that the full public interest in such proceedings cannot be met by a partially anonymised record.

10. Ms Tanchel referred the Tribunal to *Guardian News and Media Ltd [2010] UKSC 1*, where Lord Rodger rhetorically asked, “*What’s in a name?*” —and answered, at paragraph 63 of the judgment: “*A lot.*” The press, he noted, are drawn to stories involving identifiable individuals, as this resonates more with the public. She submitted that Lord Rodger observed that this is human nature. Ms Tanchel submitted that journalists regularly report human stories arising even from major disasters, because readers relate more readily to named individuals.

11. Ms Tanchel reminded the Tribunal that Article 10 of the European Convention on Human Rights protects not only the substance of information, but also the form in which it is conveyed. She submitted that this includes the editorial choices made by journalists in how best to report stories of public interest. She further referred to Lord Hoffmann’s observation in *Campbell v MGN Ltd [2004] 2 AC 457*, that judges are not newspaper editors. Similarly, in *BBC v Guardian News and Media Ltd [2010] UKSC 1*, Lord Hope observed that the courts must respect editorial discretion, recognising that editors are best placed to determine how stories will reach and engage their readership. She submitted that this is not simply deference to editorial independence; it is an acknowledgment that the viability of the press depends on public engagement. If newspapers and media outlets cannot attract readers, they cannot continue to fulfil their role in holding institutions, including the courts, to account.

12. Ms Tanchel warned that anonymised decisions may result in speculative guesswork, with members of the public attempting to deduce the anonymised party’s identity, either correctly or, more troublingly, incorrectly. She submitted that if the latter were to occur in this case, it could lead to significant prejudice against Dr Abdelrahman. Ms Tanchel submitted that the Tribunal must consider the potential collateral impact of anonymising the witness on the fairness and integrity of the trial process itself.

13. Ms Tanchel submitted that the Tribunal is required to undertake a two-stage process. The first stage concerns the evidence adduced in support of the application, namely, the complainant’s witness statement. She noted that the Tribunal had not heard oral evidence from the complainant and submitted that it was doubtful whether the concerns raised even met the initial threshold for the grant of anonymity. Secondly, Ms Tanchel submitted that the derogation from core principles of open justice must be justified by the circumstances of the case, which she submitted, it was not. She submitted that here, no adequate basis was made out for anonymisation, and the principles of open justice prevailed.

14. Ms Tanchel submitted that, in this case, the suggestion that anonymisation is necessary to avoid “jigsaw identification” of the complainant is not made out on the evidence. She submitted that, even if it were, anonymisation of the complainant is not justified by the evidence the Tribunal has seen thus far.

The Relevant Legal Principles

15. The Legally Qualified Chair (LQC) drew attention to relevant legal principles, and Rule 35(4) of the Rules which states:

‘The Committee or Tribunal may, upon the application of a party, agree that the identity of a witness should not be revealed in public.’

16. The LQC reminded the Tribunal of its need to carefully balance the Convention Rights set out in Article 8 and Article 10 of the European Convention on Human Rights:

Article 8 ECHR

Right to respect for private and family life

1 *Everyone has the right to respect for his private and family life, his home and his correspondence.*

2 *There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.*

Article 10 ECHR

Freedom of expression

1 *Everyone has the right to freedom of expression. This right shall include freedom to hold opinions and to receive and impart information and ideas without interference by public authority and regardless of frontiers. This Article shall not prevent States from requiring the licensing of broadcasting, television or cinema enterprises.*

2 *The exercise of these freedoms, since it carries with it duties and responsibilities, may be subject to such formalities, conditions, restrictions or penalties as are prescribed by law and are necessary in a democratic society, in the interests of national security, territorial integrity or public safety, for the prevention of disorder or crime, for the protection of health or morals, for the protection of the reputation or*

rights of others, for preventing the disclosure of information received in confidence, or for maintaining the authority and impartiality of the judiciary.'

17. Finally, the LQC directed the Tribunal to the case of *Campbell v MGN Ltd [2004] 2 AC 457* in which Lord Hoffmann at para 55 said this:

'I shall first consider the relationship between the freedom of the press and the common law right of the individual to protect personal information. Both reflect important civilised values, but, as often happens, neither can be given effect in full measure without restricting the other. How are they to be reconciled in a particular case? There is in my view no question of automatic priority. Nor is there a presumption in favour of one rather than the other. The question is rather the extent to which it is necessary to qualify the one right in order to protect the underlying value which is protected by the other. And the extent of the qualification must be proportionate to the need...'

Tribunal's Decision

18. The Tribunal carefully considered the submissions of both representatives. It took into account that the complainant, Ms A, had initially indicated an intention to attend the hearing in person and in a public setting. However, she was subsequently granted permission to give evidence via video link.

19. Ms A had provided a supplementary witness statement dated 2 June 2025, which stated the following in respect of anonymity:

'3. The GMC have informed me that the hearing will be held in public and will take place remotely. I am in support of the GMC making an anonymity application to anonymise my name during the proceedings. I do not want to be named during the hearing as members of the public and journalists will be able to observe the virtual hearing remotely. I also do not want any journalists who report on the matter disclosing my full name as someone I know, who I have not informed of the incidents, might read about it.

4. I am also worried that if my name is not anonymised journalists reporting on the hearing could potentially contact me for comments. I am already feeling anxious and stressed about the upcoming hearing and would find this very difficult. Being contacted by journalists about the hearing would cause me

further unnecessary stress and anxiety. This can be avoided if the anonymity application is granted. Additionally following the conclusion of the hearing, I do not want to be named in the MPT determination as this will be a publicly available document’.

20. In assessing the application for anonymity in respect of Ms A, the Tribunal took into account that Ms A was the complainant in a case involving allegations of a sexual nature. In her witness statement dated 2 June 2025, Ms A had referred to already feeling ‘anxious and stressed’ about the upcoming hearing and she was concerned about experiencing further stress and anxiety in the event that she was contacted by journalists.

21. The Tribunal considered that Ms A had expressed concerns about XXX and noted that Ms A feared the possibility of being identified publicly. Although there was limited evidence of any actual risk of harm, the Tribunal accepted that the complainant’s anxiety in the context of the proceedings was genuine.

22. The Tribunal then went on to balance the Article 8 rights of Ms A against the Article 10 rights which were relevant to any potential publication of Ms A’s details. The Tribunal considered that the circumstances of this case were different to those in the authorities referred to by Ms Tanchel. Namely, this involved a complainant in an allegation of a sexual nature, who had reported mental health concerns. The Tribunal considered that the public would still be able to understand the case without naming Ms A.

23. While acknowledging that the granting of anonymity represents a departure from the principle of open justice, the Tribunal concluded that, in the particular circumstances of this case, a limited derogation was justified. It found that Ms A’s right to a private and family life outweighed the relatively limited interference with the principle of open justice.

24. In respect of Ms B, the Tribunal took into account the nature of the incident, which allegedly occurred in the workplace. It was likely that Ms A’s place of work and department would be identified in the course of proceedings. This, in the Tribunal’s view, heightened the risk of inadvertent identification through jigsaw means. If Ms B were to be named, this would increase the risk of Ms A being able to be identified.

25. The Tribunal considered that, in the light of the above, it was therefore appropriate for the identities of Ms A and Ms B to be anonymised throughout these proceedings.

ANNEX B – 02/06/2025

Rule 36 Application – Special Measures

1. On 2 June 2025 (Day 1), prior to the case opening, Ms Hill, Counsel for the GMC, made an application under Rule 36 of the General Medical Council ('GMC') (Fitness to Practise) Rules 2004, as amended ('the Rules'). The application was for special measures in respect of Ms A, namely that she be enabled to give oral evidence without seeing Dr Abdelrahman during the remote hearing on the video conferencing screen.

Submissions on behalf of the GMC

2. Ms Hill made an application on behalf of the GMC under Rule 36(1)(e) in respect of Ms A. Ms Hill referred to a supplementary statement of Ms A dated 2 June 2025, in which she stated that *'I am worried that seeing Dr Abdelrahman again would significantly impact upon my ability to give evidence at the MPT hearing and my future wellbeing'*. Ms Hill submitted that Ms A should be treated as a vulnerable witness, as the complainant in a case involving allegations of a sexual nature and her evidence was likely to be affected as a result.

3. Ms Hill submitted that the Tribunal has the power to adopt such special measures as it considers desirable, to enable the best evidence to be given by Ms A. Ms Hill submitted that the appropriate special measures would be for Dr Abdelrahman to turn off his camera during Ms A's evidence. This would avoid the witness having to see the doctor whilst giving evidence, thereby alleviating some of the distress she may experience.

4. Ms Hill submitted that it is not in dispute that Dr Abdelrahman is already aware of Ms A's identity, and therefore this measure would not cause any unfairness to him. Rather, it is intended to put the witness at ease and ensure that she can provide her best evidence. She submitted that the use of special measures should not be construed as any reflection on the credibility or reliability of either the witness or the doctor. Ms Hill submitted that witness evidence should be treated with equal regard, regardless of whether special measures are employed, as they are merely procedural tools to ensure fairness and the proper administration of justice.

5. Ms Hill provided the Tribunal the chronology relating to this special measures application. She submitted that the hearing was originally listed as an in-person hearing. She stated that, on 29 April, Ms A informed the GMC that she was experiencing difficulties in travelling to Manchester to attend the hearing in person. On that basis, Ms A indicated that she would prefer to give her evidence via live video link.

6. Ms Hill explained that after Ms A had been permitted to give evidence remotely, the defence requested that the entirety of the hearing proceed remotely. The GMC agreed to that proposal, and the MPTS granted the remote hearing on 15 May. Ms Hill submitted that, on 21 May, Ms A expressed concerns about the prospect of seeing the doctor while giving her evidence remotely.

Submissions on behalf of Dr Abdelrahman

7. Ms Tanchel opposed the application for special measures. She submitted that it is a fundamental principle of justice in this jurisdiction that an individual accused of wrongdoing should be able to see and face their accuser. She stated that special measures have become too commonplace and there is a growing tendency to overlook the necessary threshold and the fact that special measures represent a derogation from the usual standards of a fair trial.

8. Ms Tanchel submitted that Dr Abdelrahman has not objected to Ms A giving her evidence remotely even when the hearing was due to take place in person. She submitted that it cannot be credibly suggested that Dr Abdelrahman is in any position to interfere with or pose any threat to Ms A's ability to give evidence. Ms Tanchel submitted that Dr Abdelrahman does not even know where Ms A is appearing from, nor would he have any means to exert influence upon her. She submitted that the suggestion that Dr Abdelrahman may engage in conduct such as pulling faces, making comments, or otherwise undermining Ms A during the course of her evidence, whether intentionally or inadvertently, is not only speculative but entirely fanciful.

9. Ms Tanchel submitted that, in any event, the Tribunal retains the power to intervene should any inappropriate conduct occur, a power that is well-established and sufficient. She submitted that Dr Abdelrahman is seated with her and her instructing solicitor, in what is the digital equivalent of sitting beside counsel in a hearing room. Ms Tanchel submitted that this arrangement has been deliberately adopted to mitigate the inherent unfairness in the derogation from the normal procedure, namely, a witness giving evidence in person before the Tribunal.

10. Ms Tanchel submitted that this seating arrangement allows Dr Abdelrahman to provide instructions in real time, as he would be entitled to do if physically present in an in-person hearing. She submitted that this ensures that, should anything arise during the course of Ms A's evidence that requires address, either by way of cross-examination or through an application, she would be able to respond without disruption and without causing any inconvenience to the proceedings.

11. Ms Tanchel submitted that that such practical accommodations are well-established in proceedings of this nature and operate precisely to preserve fairness. She submitted that the concern might be more comprehensible if Ms A was actually present in the same room as the doctor, but she is not.

The Relevant Legal Principles

12. The Tribunal must first decide whether the individual should be treated as a vulnerable witness and, if so, go on to decide on appropriate measures to enable Ms A's evidence to be heard. Rule 36(3) provides a non-exhaustive list of special measures which may be adopted.

13. The Tribunal must take account of MPTS Guidance published in July 2021: *Use of video link, telephone evidence and special measures at Medical Practitioners Tribunal hearings - Guidance for Decision Makers, Parties and Representatives*. The Tribunal must consider submissions from both counsel, legal provisions and relevant guidance.

14. At all stages, the Tribunal should consider the overarching objective in the Medical Act 1983, to protect the public, uphold professional standards and maintain confidence in doctors.

Tribunal's Decision

15. The Tribunal took into account the history of the case and the submissions of both parties in respect of the application for special measures.

16. Ms Tanchel had initially opposed the application and contended that it would be wholly unfair for Dr Abdelrahman to not be able to see the proceedings. Ms Hill clarified that the application was for Dr Abdelrahman to turn off his camera. It was not suggested that Dr Abdelrahman should not be able to see Ms A, or the proceedings in general. Ms Tanchel had then indicated that on that basis, she did not contest the special measures application.

17. Following this exchange, the Tribunal highlighted to the parties that a natural consequence of Dr Abdelrahman turning off his camera, was that the Tribunal would not be able to see him when Ms A was giving her evidence. Upon hearing this, Ms Tanchel renewed her opposition to the application for special measures.

18. The Tribunal considered Rule 36 of the Rules, which provides that:

(1) In proceedings before the Tribunal, the following may, if the quality of their evidence is likely to be adversely affected as a result, be treated as a vulnerable witness-

...

(e) any witness, where the allegation against the practitioner is of a sexual nature and the witness was the alleged victim;

(2) Upon hearing representations from the parties, the Tribunal shall adopt such measures as it considers desirable to enable it to receive evidence from a vulnerable witness.

19. The Tribunal next considered the contents of the supplementary statement of Ms A dated 2 June 2025, in which she states:

5. I do not want to see Dr Abdelrahman when I am giving evidence at the hearing and would like to request that Dr Abdelrahman turns his camera off whilst I am giving evidence. I have not seen Dr Abdelrahman in a long time. However, this matter has been ongoing since 2022 and has greatly impacted my emotional wellbeing.

6. I don't want to have any communication with Dr Abdelrahman during the hearing. I don't feel safe being able to see him when I give evidence; I feel that something small like a gesture or a look from Dr Abdelrahman, would throw me off and make me feel violated again. I am worried that seeing Dr Abdelrahman again would significantly impact upon my ability to give evidence at the MPT hearing and my future wellbeing. I think the quality of my evidence would be much better if Dr Abdelrahman turns his camera off whilst I am giving evidence.

7. I don't know what Dr Abdelrahman is capable of and I feel incredibly unsafe as Dr Abdelrahman knows where I work. I worry that Dr Abdelrahman might try and confront me after the hearing concludes, which makes me feel incredible uneasy.

20. The Tribunal considered that Ms A was a complainant in a case where the allegation is of a sexual nature. Further, she had set out in a witness statement, that being able to see Dr Abdelrahman would significantly impact on her ability to give evidence in this hearing. The Tribunal therefore concluded that Ms A should be treated as a vulnerable witness for the purposes of Rule 36(1).

21. The Tribunal considered that measures proposed by GMC counsel were likely to enable Ms A to give her best evidence to the Tribunal. The Tribunal found that it was possible for an arrangement to be made which would allow Dr Abdelrahman to see Ms A during her evidence and remain in the same room as Ms Tanchel without Ms A being able to see Dr Abdelrahman. The Tribunal had noted that a natural consequence of the proposal, was that the Tribunal would not be able to see Dr Abdelrahman during Ms A's evidence. However, the Tribunal did not consider that this would cause any prejudice to Dr Abdelrahman.

22. The special measures will be as follows:

- Dr Abdelrahman is not seen on the video conferencing screen when Ms A is giving evidence.

23. The Tribunal therefore determined to allow the GMC's application for special measures under Rule 36.

ANNEX C – 02/06/2025

Rule 34(1) Application - Admission of Evidence

1. On 2 June 2025 (Day 1), prior to the case opening, Ms Tanchel, Counsel on behalf of Dr Abdelrahman, made an application under Rule 34(1) of the General Medical Council ('GMC') (Fitness to Practise) Rules 2004, as amended ('the Rules'), to exclude documentary evidence, namely page 73 and a section of page 77 of the main hearing bundle. These pages contained details of a conversation that allegedly took place between Dr Abdelrahman and a GMC witness.

Submissions

On behalf of Dr Abdelrahman

2. Ms Tanchel submitted that Rule 34(1) of the Rules allow the Tribunal to admit any evidence it considers fair and relevant. She stated that the rule is permissive in nature, but maintained that such discretion must still be exercised judicially and in accordance with the principles of fairness and relevance.

3. Ms Tanchel submitted that the evidence in question concerns an alleged conversation between Dr Abdelrahman and one of the GMC witnesses, Ms C. Dr Abdelrahman is said to

have described the complainant while he was allegedly making enquiries about when the complainant would next be at work. Ms Tanchel submitted that the evidence is neither fair nor relevant. She stated that it does not relate directly to any of the allegations the doctor faces, and there is no standalone allegation that arises from this conversation. She submitted that it appears to be adduced to suggest a general propensity or character, which is not permissible in these proceedings in the absence of very clear justification.

4. Ms Tanchel submitted that the Tribunal should treat this with particular caution because the conversation is hearsay.

5. Ms Tanchel submitted that even if hearsay is admissible in these proceedings, it must still meet the test of fairness and relevance. She stated that this evidence fails on both grounds. She submitted that it is unclear how this material assists the Tribunal in determining whether the doctor engaged in the alleged conduct on any of the specified dates.

6. Ms Tanchel submitted that her objection was that this was a conversation between the doctor and a third party, about the complainant, but not about the alleged conduct itself. She submitted that it does not go to the core issues of fact and does not aid the Tribunal in its decision making.

7. Ms Tanchel submitted that at page 73, the transcript includes a reference to Ms C's gestures, described as "hand gestures" and "gestures body path with hands", but there is no accompanying audio or visual recording from which any objective assessment can be made. She submitted that the passage includes not just an observation of gesture, but also an interpretative overlay from whoever compiled the note, thereby introducing an additional layer of hearsay or inferred meaning. She submitted that this borders on what might be described as "multiple hearsay," rendering the evidence even more problematic from a fairness perspective.

8. Ms Tanchel submitted that her objections extend to page 77, which contains similar concerns.

9. Ms Tanchel concluded by submitting that the evidence proposed by the GMC is neither fair nor relevant, does not speak directly to any of the matters the doctor is alleged to have committed, and poses significant prejudice with little or no probative value. On that basis, she respectfully invited the Tribunal to exclude it.

On behalf of the GMC

10. Ms Hill submitted that the appropriate test for the Tribunal to apply under Rule 34(1) is whether the evidence is fair and relevant. She acknowledged that it is within the Tribunal's discretion to determine whether the evidence in question satisfies this test.

11. Ms Hill submitted that the evidence does not merely concern a general conversation; it touches directly upon the nature of the doctor's inquiry and whether it could be considered in a negative or inappropriate light. As such, she submitted, this evidence is necessary to contextualise the allegations and should therefore be admitted.

12. Ms Hill submitted that Dr Abdelrahman admitted that upon learning of Ms A's identity, he had to rely on colleagues to recall their previous limited interactions. She submitted that this provides important insight into the doctor's behaviour and his awareness of Ms A.

13. Ms Hill submitted that this is crucial evidence when assessing the credibility and reliability of Dr Abdelrahman's defence. In terms of the relevance of Ms C's evidence, Ms Hill submitted that the description she gives of how Dr Abdelrahman allegedly described Ms A is highly relevant to the case. Specifically, she submitted that Ms C reports that Dr Abdelrahman referred to Ms A in terms of her appearance, describing her as having "XXX", and gesturing an XXX. Ms Hill submitted that this description, coupled with the gestures noted on pages 73 and 77, is significant because it speaks to Dr Abdelrahman's potential attitude towards Ms A and whether his conduct towards her was sexually motivated.

14. Ms Hill submitted that this evidence could be highly relevant to the Tribunal's determination of whether Dr Abdelrahman's actions were in fact unwanted and whether they constituted sexual harassment, as alleged by the GMC. She submitted that the description of Ms A's physical appearance and the gestures made in relation to that description are directly related to the allegations, and should be considered by the Tribunal in assessing the full picture of the doctor's behaviour.

15. Ms Hill submitted that the content of Ms C's statement, detailing the conversation and the gestures, could serve to rebut the doctor's assertion that he did not know who Ms A was, and that his conduct towards her was entirely professional. She submitted that this evidence could undermine the credibility of Dr Abdelrahman's defence and is therefore directly relevant to the case. Ms Hill submitted that this evidence also provides insight into Dr Abdelrahman's state of mind regarding Ms A, and it may indicate how he viewed her in a

manner inconsistent with the standards of professionalism expected in the medical profession.

16. Ms Hill submitted that the defence may seek to challenge Ms C's evidence in the usual way, and that she will be available for cross-examination. She submitted that Ms C can be asked about the gestures the doctor allegedly made and the context in which they occurred. She stated that this is part of the process of testing the reliability and credibility of the evidence, but it does not render the evidence inadmissible.

17. Ms Hill concluded that this evidence is not only relevant but is also fair to admit. She stated that it provides valuable context and insight into Dr Abdelrahman's behaviour and attitude towards Ms A, which is at the heart of the allegations before the Tribunal. She submitted that the Tribunal should admit this evidence as it is clearly relevant to the core issues and satisfies the fairness requirements of Rule 34(1).

The Relevant Legal Principles

18. The Legally Qualified Chair (LQC) drew attention to Rule 34(1) of the Rules which states:

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

Tribunal's Decision

19. The Tribunal carefully considered the submissions made by both parties regarding the application.

20. The application related to two documents. Firstly, an extract from the notes of a Trust investigation meeting with Ms C, dated 16 August 2023. Secondly, an extract from the notes of the evidence given by Ms C at a Trust investigation panel hearing on 2 February 2024. In the extracts, Ms C describes a conversation she had with Dr Abdelrahman in June 2023, where he allegedly described the complainant as having 'XXX and '[Ms A] with the XXX'. The notes include a description of gestures Dr Abdelrahman is said to have made at the time of the conversation. Namely, that he '*did a gesture (XXX)*'.

21. The Tribunal noted that this conversation was alleged to have taken place in June 2023. The evidence indicates that Dr Abdelrahman was informed about the allegations

around 16 or 17 May 2023. Therefore, at the time of the alleged conversation with Ms C, he would have been aware that Ms A had made serious allegations against him. The Tribunal considered that the documentary evidence on pages 73 and 77 provided relevant context and could assist in assessing the credibility of witnesses and the overall issues of the case.

22. The Tribunal did acknowledge that the person who had made the notes of the investigation meeting with Ms C was not a witness in the case. Nor was the person who made the notes of Ms C's evidence provided in the investigation panel hearing. It was therefore clearly not possible for either individual to be cross-examined to explore what gesture Ms C demonstrated on each occasion. However, Ms C was a witness in the case and she could be asked questions about the gesture that Dr Abdelrahman made when having the alleged conversation with her in June 2023.

23. Additionally, it would be open to the Tribunal to place appropriate weight on certain pieces of evidence. For example, it is likely that the Tribunal would place less weight on the interpretation of a gesture by a third party, who was not a witness in the case. It would clearly be more appropriate for the Tribunal to assess the oral evidence of Ms C, who had been part of the alleged conversation with Dr Abdelrahman.

24. On balance, the Tribunal concluded that the evidence was relevant and it was fair to admit it. The Tribunal considered that it retained the discretion to assess the weight to be given to the evidence and to determine its significance in the context of the case.

25. The Tribunal therefore refused the application made on behalf of Dr Abdelrahman to exclude the evidence.

ANNEX D – 05/06/2025

Application to amend Allegation

1. On day four of the hearing the Tribunal noted an apparent error in paragraph 4a of the Allegation which refers to Dr Abdelrahman placing his 'hand' on Ms A's hips. The evidence before the Tribunal was that Dr Abdelrahman had allegedly placed his 'hands' on Ms A's hips.

2. Ms Hill, on behalf of the GMC, made an application to amend the Allegation pursuant to Rule 17(6) of the Rules as follows:

‘4. In or around January 2023 you:

a. stood behind Ms A and placed your hand on her hips;

to:

a. stood behind Ms A and placed your ~~hand~~ hands on her hips; **amended under Rule 17(6)** ‘

Submissions

On behalf of the GMC

3. Ms Hill submitted that the proposed amendment would correct a typographical error within the Allegation. She submitted that the amendment can be made without prejudice to Dr Abdelrahman and the Allegation should accurately reflect the evidence.

On behalf of Dr Abdelrahman

4. Ms Tanchel made no observations regarding the proposed amendment. She submitted that Dr Abdelrahman’s case is that the incident did not happen at all.

The Tribunal’s approach

5. The Tribunal had regard to Rule 17(6) which states:

*‘Where, at any time, it appears to the Medical Practitioners Tribunal that— (a) the allegation or the facts upon which it is based and of which the practitioner has been notified under rule 15, should be amended; and
(b) the amendment can be made without injustice,
it may, after hearing the parties, amend the allegation in appropriate terms.’*

The Tribunal’s decision

6. The Tribunal noted that the amendment to the Allegation proposed was to correct a typographical error and would ensure that the Allegation properly reflected the evidence in

the case. The Tribunal did not consider that granting this application would cause any injustice to Dr Abdelrahman and concluded that it was in the interests of justice to allow the amendment.

7. As such, the Tribunal determined to amend the Allegation accordingly.

ANNEX E – 12/06/2025

Application under Rule 17(2)(g)

1. Following the conclusion of the GMC case on 9 June 2025, Ms Tanchel, on behalf of Dr Abdelrahman, made a submission of no case to answer, pursuant to Rule 17(2)(g) of the Rules which states:

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

2. Ms Tanchel confirmed that the submission related to the entirety of paragraphs 1, 2, 3 and 4 of the Allegation. Ms Tanchel did not make an independent application on behalf of paragraph 5, as she submitted that this must inevitably fall away if the Tribunal accepted the submission in respect of paragraphs 1 to 4 of the Allegation.

Submissions on behalf of Dr Abdelrahman

3. Ms Tanchel referred to the case of *R v Galbraith [1981] 1 WLR 1039* (*‘Galbraith’*) alongside further relevant authorities including *Lawrance v GMC [2015] EWHC 586 Admin*, *Khan v GMC [2021] EWHC 374 (Admin)* and *Sharma v GMC [2014] EWHC 1471 (Admin)*.

4. Ms Tanchel submitted that the Tribunal should not approach submissions of no case to answer in a vacuum. She referred the Tribunal to the case of *Dutta v GMC [2020] EWHC 1974 (Admin)* which sets out the approach to assessing evidence. Ms Tanchel submitted that the Tribunal should not decide that the evidence of a witness is credible simply due to their demeanour.

5. Ms Tanchel submitted that it is a common error to suppose that the stronger and more vivid the recollection, the more likely it is to be accurate and the more confident another person is in their recollection, the more likely it is to be accurate.
6. Ms Tanchel submitted that it is important to avoid the fallacy of supposing that because a witness has confidence in his or her recollection and is honest in their belief based on that recollection that the evidence should be accepted.
7. Ms Tanchel referred the Tribunal to the case of *Byrne v General Medical Council [2021] EWHC 2237 (Admin)* and submitted that the starting point must be the objective evidence, including inferences that can be drawn from the evidence that the Tribunal has heard before seeking to ascertain or decide whether the witness may be credible.
8. Ms Tanchel referred the Tribunal to *Lawrance v GMC* and submitted that the decision makers must be aware of the need for cogent evidence.
9. Ms Tanchel submitted that a properly directed Tribunal would find the state of the GMC evidence, taken at its highest, to be so unsatisfactory, tenuous and inconsistent, that the case must be stopped. Ms Tanchel then submitted specific examples in this case.
10. Ms Tanchel submitted that Ms B, Ms C and Ms E have a personal relationship with Ms A. She submitted that the only independent witness called by the GMC in this case is Ms D. Ms Tanchel further submitted that these witnesses did not remain independent during the course of the Trust investigation, the statements of which the GMC relied upon to support its case. She submitted that it is rare and concerning for a witness (Ms A) to have a 50 minute conversation with another witness (Ms B) in the case prior to giving evidence. Ms Tanchel submitted that there was a marked shift in the evidence of the complainant following her conversation with Ms B. In addition, Ms Tanchel submitted that there was an absence of any electronic communication between Ms A and the other GMC witnesses in respect of the alleged incidents.
11. Ms Tanchel also highlighted inconsistencies in the complainant's evidence, rendering it unreliable under the second limb of the Galbraith test. She noted discrepancies between the accounts of the witnesses, arguing that no properly directed Tribunal could find the Allegation proven.
12. Regarding Ms A, Ms Tanchel emphasised that while the defence accepted the special measures application for Ms A, there was no evidence suggesting she was a vulnerable witness, only that XXX. She reminded the Tribunal that Ms A's friend described her as a

strong person, further questioning claims of vulnerability. Ms Tanchel also argued that contamination of evidence between Ms A and her friend, Ms B, undermined the credibility of Ms A's testimony. She pointed out that Ms A's accounts were either vague or influenced by discussions with others. The Tribunal could not distinguish between genuine recollection and recollection influenced by third-party conversations, as there was no independent record of Ms A's evidence.

13. Ms Tanchel further drew attention to the omission of key details in Ms A's accounts. She noted that Ms A had not mentioned an 'erect' penis in her written Trust statement ('the complaint') and only introduced it following prompts from the individual conducting the formal Trust investigation meeting.

14. Ms Tanchel questioned the plausibility of Ms A's claim that she had been too uncomfortable to share the detail of an erect penis with a close friend, especially as Ms A had the opportunity to mention it at any stage following the incident. She argued that no properly directed Tribunal could consider this aspect of Ms A's testimony to be truthful.

15. Ms Tanchel raised several further concerns regarding the credibility and reliability of Ms A's evidence. She questioned Ms A's claim that she had not seen the minutes of the formal Trust investigation meeting, which was contradicted by email evidence showing otherwise. Ms Tanchel also argued that Ms A's version of events did not fit with the realities of a busy department, where movement through corridors was random and unstructured, making the notion of a deliberate "course of conduct" leading to the kitchen incident, improbable.

16. Furthermore, Ms Tanchel noted that none of the GMC's witnesses had observed any inappropriate behaviour by Dr Abdelrahman, including in relation to Ms A. She suggested that Ms A had introduced a new alleged incident when giving oral evidence, namely an occasion when Dr Abdelrahman hugged her in the operating theatre, which might have been an attempt by Ms A to strengthen her case. Regarding the whispering incident, Ms Tanchel argued that the number of people present during ward rounds made it unlikely that Dr Abdelrahman could have whispered non-clinical information to Ms A without being overheard.

17. Ms Tanchel also raised concerns that the photographs of the kitchen had been taken by Ms A, rather than an independent source. She submitted that the Tribunal could not accurately assess the room's size or layout from the photographs, and the potential for bias in the way the photos were taken could not be overlooked.

18. Turning to the alleged hug, Ms Tanchel noted the vague nature of Ms A's description. The inconsistency in her account, including the number of selfies and the lack of clarity on the specifics of the incident, weakened the foundation of the allegation.

19. Ms Tanchel also pointed out significant inconsistencies in the testimonies of Ms A and Ms B. Their versions of the kitchen incident, particularly the positioning of Dr Abdelrahman's hands, were notably different.

20. Ms Tanchel then raised concerns about the testimony of Ms E, the first co-worker that Ms A confided in. Ms E had attended the Trust investigation meeting in June 2023, which Ms Tanchel argued undermined her impartiality. Ms Tanchel expressed concern about the timing of when Ms E became aware of the issues involving Dr Abdelrahman and the complainant. She noted that while Ms E had allegedly been made aware of the matter in March, it wasn't until June that she was instructed to stop discussing it.

21. Ms Tanchel further revisited the relationship between Ms A and Ms C, emphasising that the complainant had not volunteered information about their closer relationship XXX. Ms Tanchel also questioned the timing of the conversation the complainant allegedly had with Dr Abdelrahman, suggesting that there was limited opportunity for such an interaction to have taken place within the dates reported by Ms C.

22. Turning to the overall strength of Ms A's allegations, Ms Tanchel submitted that the evidence supporting them was weak, vague, and tenuous, primarily due to inconsistencies, lack of independent testimony, and contamination arising from personal relationships.

23. Ms Tanchel highlighted the evidence of Ms D, the senior coordinator and the sole independent witness called by the GMC. Ms D confirmed that she had no recollection of the complainant mentioning any inappropriate conduct by Dr Abdelrahman either at the time of the alleged incident in the kitchen or during Ms A's return-to-work meeting with Ms D in November 2023.

24. Ms Tanchel submitted that despite being aware of the general allegations from office discussions, Ms D claimed that the complainant had not raised the matter with her directly. Ms Tanchel argued that had such a conversation occurred earlier, it would have been raised in the return to work meeting. Furthermore, Ms D's professional duty to escalate any concerns made it implausible that she would have failed to report such a serious issue if she had been made aware of it.

25. Ms Tanchel noted that allegations of inappropriate behaviour would likely have been witnessed by others if the events occurred. Additionally, she observed that the complainant's claims of inappropriate behaviour, such as hugging and taking selfies, remained vague and lacked support from credible, independent witnesses. The complainant's failure to report these incidents promptly and the absence of corroborating evidence further suggested that the allegations were tenuous. Ms Tanchel highlighted that despite the allegations made by Ms A, no independent witnesses, including those present in the department, had observed Dr Abdelrahman acting inappropriately with anyone. The CCTV footage could not be reviewed, and therefore, it could not support the claims made by Ms A. Furthermore, the timing and nature of the alleged incidents were vague and inconsistent with the complainant's initial reports.

26. In summary, Ms Tanchel argued that the evidence presented was inconsistent, unreliable, and potentially contaminated, with significant issues regarding the credibility of the key witnesses, including Ms A, Ms B, and Ms E. She submitted that the case brought against Dr Abdelrahman by the GMC was fundamentally weak. She contended that the evidence was tenuous, vague, and inconsistent, with no independent corroboration. Given the absence of concrete, supporting evidence, Ms Tanchel submitted that no properly directed Tribunal could reasonably find the allegations proven.

Submissions on behalf of the GMC

27. Ms Hill submitted that it appeared Ms Tanchel was relying on the second limb of the test set out in Galbraith and not the first limb. Therefore, there was a concession that there is at least some evidence for this Tribunal to consider. Ms Hill submitted that Ms Tanchel suggests that the evidence is of tenuous character. She submitted that the GMC's position that the strength or weakness of the evidence depends on the view to be taken of the reliability of a witness, or other matters which are within the province of the Tribunal. Ms Hill submitted that if there is evidence on which the Tribunal could properly find the facts proved then the Tribunal should allow the matter to continue.

28. Ms Hill submitted that one view of the facts, there is indeed evidence upon which this Tribunal can make findings of facts in relation to the paragraphs of the Allegation. She submitted that the Tribunal should consider the whole of the evidence in its entirety, before assessing the reliability of that evidence and the weight that should be given to it.

29. Ms Hill submitted that there is agreement that the burden of proving the case rests on the GMC, on the balance of probabilities. She submitted that this means that the Tribunal will assess the cogency of the evidence, and it will consider the evidence with due care and

caution. She submitted that the credibility of the witness is entirely a matter for the Tribunal, and it will also consider whether there is any contemporaneous evidence.

30. Ms Hill submitted that the evidence that Dr Abdelrahman engaged in unwanted sexually motivated conduct with Ms A is evidence that comes from her and her alone. She submitted that this is direct evidence from Ms A and not circumstantial evidence. She submitted that this is what could be described as a one witness case with regards to direct evidence. She submitted that this is common in cases such as this with sexual impropriety so the GMC does not accept the proposition that the Tribunal should effectively conclude at this stage because there is no supporting evidence before it.

31. In respect of the conversation that had taken place between Ms A and Ms B during the course of the proceedings, Ms Hill submitted that it is not improper or inappropriate for two best friends to have a conversation. Ms Hill submitted that Ms A was also honest about her brief telephone conversation with Ms E prior to her giving evidence.

32. Ms Hill submitted that there is a suggestion of contamination between the evidence of Ms A and Ms B, but this is not accepted. She submitted that the Tribunal has seen the evidence of the demonstration of what allegedly happened in the kitchen. Ms Hill submitted that if the witnesses had discussed the demonstration, then there would be no difference between the demonstration given by Ms A and Ms B.

33. In respect of the evidence relating to an ‘erect penis’, Ms Hill submitted that Ms A did not initially mention the erect penis in her Trust investigation meeting, but when asked directly, ‘was his penis erect’, Ms A answered ‘yes’. Ms Hill submitted that Ms A also mentioned the erect penis in her witness statement to the police. She submitted that Ms B’s statement mentioned Dr Abdelrahman thrusting his penis into Ms A’s bottom. Ms Hill submitted that within Ms A’s witness statement dated 26 April 2024, she repeats that Dr Abdelrahman pressed his erect penis into her bottom. Ms E also provides evidence on this topic.

34. Ms Hill disagreed with Ms Tanchel’s submission that Ms A’s conversation with Ms D on the day of the alleged kitchen incident was untenable. Ms A stated in her witness statement that she told Ms D Dr Abdelrahman was acting “creepy” in the kitchen, and that she didn’t feel comfortable working with him, but did not disclose the full details of what had occurred due to shock and embarrassment. Ms Hill pointed out that this account is consistent with Ms A’s oral testimony, where she explained that she was in a state of shock and couldn’t remember every detail of what she had said to Ms D. Ms A had clarified that she did not disclose that a sexual assault had taken place.

35. Ms Hill stressed that Ms A's evidence was not a disclosure of a sexual assault. In fact, Ms A's account did not mention sexual assault, but instead described Dr Abdelrahman's behaviour as "creepy." Ms Hill argued that this was not "recent complaint evidence" but merely a report of discomfort. Ms Hill noted that Ms D did not recall any conversation with Ms A regarding Dr Abdelrahman in January 2023. In Ms D's witness statement, she confirmed that she did not remember any such conversation. However, Ms Hill distinguished between not recalling an event and a witness categorically denying that an event occurred. She also highlighted that Ms D was not asked whether she had discussed any specific details with Ms A about a sexual assault.

36. Ms Hill acknowledged the busy nature of the ward where Ms A worked, a fact that was consistent across witness testimonies. However, she argued that Ms Tanchel's suggestion that the incidents could not have occurred due to the busy environment, was unfounded. Ms A had testified that the behaviour she described might have been "hidden in plain sight", meaning it could have been witnessed but not recognised for what it was.

37. Ms Hill addressed the criticism from Ms Tanchel regarding Ms A's failure to mention the theatre incident in her witness statement. She submitted that during cross-examination, Ms A was repeatedly asked to provide examples of when Dr Abdulrahman put his arm around her. Ms A acknowledged that she did not keep a record of such incidents and did not document dates and times. As the questioning continued, Ms A provided an example from the operating theatre, where Dr Abdulrahman put his arm around her, but she made it clear that she couldn't specify the exact locations of all the places where he touched her inappropriately.

38. In respect of the paragraph of the Allegation relating to 'whispering', Ms Hill submitted that Ms A had stated that whispering was not unusual during ward rounds and was not challenged on this point. Ms Hill emphasised that whether Dr Abdulrahman did stand close enough for Ms A to hear him whisper, is a factual matter for the Tribunal to determine.

39. On the issue of photos, Ms Hill noted the inconsistency in Ms Tanchel's submissions. On the one hand, Ms A was criticised for not taking photos of the room where an incident with a patient present took place, but on the other hand, Ms A was criticised for taking photographs of the kitchen.

40. Turning to the issue of whether Ms A and Ms C discussed the case, Ms Hill submitted that Ms C had been clear and consistent in her evidence that they did not discuss the

evidence. Ms Hill rejected any suggestion that Ms A had behaved inappropriately by XXX to Ms C, pointing out that there was no evidence that doing so would be improper.

41. Ms Hill addressed Ms A's detailed description of her interactions with Dr Abdulrahman, particularly her testimony regarding the hugs. Ms A explained that Dr Abdulrahman would often hug her from the side with one arm, but there was never any front-to-front hugging. Ms Hill also referred to Ms A's clarification that she did not consent to these embraces and would always pull away. Ms Hill stressed that Ms A had been consistent in her evidence that this behaviour occurred on multiple occasions. Whether the Tribunal finds Ms A's evidence credible, and whether the GMC can prove the incidents as either a hug or an attempted hug, was, in Ms Hill's submission, a matter for the Tribunal to consider based on the evidence presented.

42. Ms Tanchel had argued that Ms A's evidence was inconsistent because, in her police statement, she referred to D Abdelrahman trying to take "selfies" in the plural, but in her witness statement, she referred to a "selfie" in the singular. Ms Hill suggested that this discrepancy did not undermine Ms A's overall credibility, and it was a relatively minor detail in the context of the broader allegations.

43. Ms Hill addressed the topic of whether the conversation between Ms C and Dr Abdelrahman actually took place. She highlighted that the description of what was said had been consistent across various occasions: in her witness statement, during her interview with the Trust, and in her evidence before the Tribunal. Ms Hill emphasised that the consistency of Ms C's testimony further supports the reliability of her account.

44. Ms Hill invited the Tribunal to carefully review the paragraphs of the Allegation, specifically paragraphs 1 to 4. She noted that Ms A had been entirely consistent in her testimony regarding the events she described, including the hugging (or attempted hugging) by Dr Abdelrahman, the incident where he placed his hand on her lower back, and the attempted selfie.

45. Ms Hill stressed that Ms A had consistently described Dr Abdelrahman putting his arm around her shoulders, an incident which occurred in front of a patient. She further pointed out that Ms A had been clear about the other details, such as the whispering and the incident in the kitchen.

46. Ms Hill addressed the fact that Ms A had not kept a record of the dates and times of the incidents. She acknowledged that Ms A had explained this, and she submitted that the absence of precise timestamps did not diminish the overall credibility of her evidence. Ms Hill

argued that the lack of exact details should not be held against Ms A, especially when considering the context of the events, the passage of time, and the nature of the incidents.

47. In conclusion, Ms Hill submitted that the evidence provided by Ms A was not vague. She invited the Tribunal to consider the full context of Ms A's testimony, including the explanations she provided for not recording the specific times and dates of the incidents. Ms Hill argued that the submissions made by Ms Tanchel were without merit.

Relevant Legal Principles

48. The Legally Qualified Chair ('LQC') gave the following legal advice to the Tribunal.

49. The LQC reminded the Tribunal that the purpose at this stage was not to make findings of fact, but to determine whether sufficient evidence, taken at its highest, has been presented by the GMC, such that the Tribunal could properly find the relevant paragraphs proved.

50. The LQC referred the Tribunal to the test as set out in the criminal case of *R v Galbraith*, which has been applied to and affirmed in regulatory proceedings such as these. When applying the *Galbraith* test to regulatory proceedings the Tribunal should take the following approach:

a. Where the Tribunal concludes that the GMC's evidence in respect of any part of the allegation, taken at its highest, is such that it, after being properly directed as to the law, the Tribunal could not properly make a positive finding of fact upon it, it is the Tribunal's duty to stop the case in respect of that paragraph of the allegation;

b. Where GMC's evidence in respect of any part of the allegation is such that its strength or weakness depends on the view taken of a witness's reliability, or other matters which are generally speaking within the province of the Tribunal in its jury role and where, on one possible view of the facts, there is evidence upon which the Tribunal could properly come to the conclusion that a positive finding of fact can be made in respect of that part of the allegation, then the Tribunal should allow the case to proceed;

51. The LQC reminded the Tribunal that when considering the evidence, they must consider only matters that are in evidence as part of the GMC case. The Tribunal is entitled to consider all evidence presented by the GMC, applying appropriate weight where necessary.

However, it is not open to the Tribunal to rely on evidence that may be adduced or has yet to be adduced, such as, for example, any explanation provided by Dr Abdelrahman.

The Tribunal's Decision

Paragraph 1 of the Allegation

1. Between October 2022 and February 2023, while working at Queen Elizabeth Hospital, you engaged in unwanted conduct with Ms A, in that on one or more occasion you:

- a. hugged Ms A; **To be determined**
- b. attempted to hug Ms A in passing; **To be determined**
- c. placed your hand on Ms A's lower back; **To be determined**
- d. placed your arm around Ms A's shoulders; **To be determined**
- e. attempted to take a picture of yourself and Ms A. **To be determined**

Paragraphs 1a and 1b

52. The Tribunal considered Ms A's written Trust statement, the formal investigation meeting, her witness statement to the police and Ms A's witness statement to the GMC, all of which provided a description of Dr Abdelrahman hugging or attempting to hug Ms A. In oral evidence, Ms A described the nature of these interactions, by explaining that Dr Abdelrahman putting an arm around her shoulder and attempting to pull her in towards him. She explained that she would pull away in response. Ms A had described this behaviour as occurring on more than one occasion.

53. In her written and oral evidence, Ms A did not provide specific details of dates, times, or locations for each instance of the alleged conduct. Ms A, in her oral evidence, explained that she had not made a contemporaneous note of the incidents as they occurred. However, she consistently asserted that Dr Abdelrahman had attempted to engage her in a hug or had hugged her on several occasions during the time period in question. The Tribunal noted that Ms A's definition of a 'hug' was specific, describing it as an 'arm around the shoulder' type of embrace, which is consistent with the description provided in the police statement and other evidence. It also reminded itself of Ms B's witness statement provided to the GMC, dated 13 May 2024:

'I first became aware of Dr Abdelrahman when [Ms A] [XXX], and she would briefly mention him and things he had done to make her feel uncomfortable at work. I am

unable to recall specific times and dates as I did not keep a formal log of the conversations I had with [Ms A].

Initially, [Ms A] would [XXX] and tell me [XXX] things like Dr Abdelrahman had stopped her in the corridor and placed his arm around her shoulders, attempting to give her a hug. This happened on multiple occasions. I recall [Ms A] telling us that Dr Abdelrahman had attempted to take a picture on his phone of him and [Ms A]... The frequency of incidents increased quite quickly, and it appeared that every interaction Dr Abdelrahman had with [Ms A] would involve physical touch which was not reciprocated by [Ms A].’

54. The Tribunal bore in mind that this provided some corroboration of Ms A’s account and her assertion that Dr Abdelrahman’s conduct was part of a wider pattern of behaviour within the workplace.

55. Although Ms A did not provide specific dates, times, or places for each individual event, Ms A had given evidence that Dr Abdelrahman would stop and hug her (or attempt to) on ‘multiple occasions’ and that ‘every interaction’ would be initiated by some form of physical touching from Dr Abdelrahman.

56. The Tribunal noted the submissions of Ms Tanchel, namely that this was a busy department and that it would not have been conceivable for Dr Abdelrahman to have acted in this way without being seen. It also considered the submission that Ms A had introduced a new alleged incident when giving oral evidence, namely an occasion when Dr Abdelrahman hugged her in the operating theatre.

57. The Tribunal found that the lack of specificity around dates, times and locations of hugs or attempted hugs did not render her evidence inherently weak or vague. Given that it was Ms A’s account that ‘every interaction’ would be initiated by some form of physical contact, it was not wholly unusual that Ms A would not be able to provide dates, times and locations of each alleged incident. As to the mention of an incident in theatre, this evidence was given after she had been pressed for an example of a location of at least ‘one’ occasion that he had hugged her.

58. As stated in the case of *Galbraith*, the test for assessing the sufficiency of evidence requires the Tribunal to consider whether, on one view of the facts, there is evidence upon which to make a finding of fact. Whilst it would be necessary for the Tribunal to assess the overall reliability of the evidence of the complainant, alongside the other evidence at the end of the facts stage, it did not find the evidence to be tenuous or inherently weak. The Tribunal

bore in mind that while the lack of specific details may introduce some level of uncertainty, it does not render the evidence unreliable or unworthy of consideration.

59. In respect of paragraphs 1a and 1b of the Allegation, the Tribunal determined to refuse the application made on behalf Dr Abdelrahman, pursuant to Rule 17(2)(g) of the Rules and finds that there is a case to answer in respect of that paragraph.

Paragraph 1c, 1d and 1e

60. The Tribunal considered the documentary evidence and noted that when Ms A complained to the Trust (in a written statement) on 12 May 2023, she had alleged that Dr Abdelrahman had put his hand on her lower back on more than one occasion. She repeated this assertion in her GMC witness statement and in oral evidence.

61. In Ms A's complaint (written statement) to the Trust, her formal investigation meeting with the Trust, her statement to the police, her GMC witness statement and in oral evidence, she has described Dr Abdelrahman putting his 'arm around her'.

62. In relation to the allegation that Dr Abdelrahman attempted to take a picture of himself and Ms A, the Tribunal noted that this allegation had been repeated at all stages by Ms A. The Tribunal noted that Ms A's police statement appears to be written in a manner which suggests that Dr Abdelrahman may have taken pictures on more than one occasion. In oral evidence, Ms A said that she did not write the police statement and she did not check its contents sufficiently. In answer to Tribunal questions, she confirmed that this had happened on one occasion. In her witness statement, Ms B also referred to the alleged incident where Dr Abdelrahman attempted to take a 'selfie' with Ms A. The Tribunal would need to carefully consider any apparent inconsistencies when assessing the overall reliability and credibility of the witnesses and the evidence. At this stage, the Tribunal did not consider the evidence in respect of the alleged selfie to be inherently weak or vague.

63. The Tribunal considered the submissions of Ms Tanchel that a witness repeating the same evidence on several occasions does not equate to the evidence being truthful. However, it bore in mind that this is a matter for the Tribunal to take into account in its consideration at the facts stage rather than an inherent weakness that should cause the case to stop at this stage. The Tribunal concluded that it will determine which weight to apply to the evidence in its consideration.

64. In respect of paragraphs 1c, 1d and 1e of the Allegation, the Tribunal determined to refuse the application made on behalf Dr Abdelrahman, pursuant to Rule 17(2)(g) of the Rules and finds that there is a case to answer in respect of these paragraphs.

Paragraphs 2 and 3 of the Allegation

2. On one occasion between September and December 2022, at a morning ward round, you whispered in Ms A's ear that you loved working XXX and XXX. **To be determined**
3. When you made the comment as set out at paragraph 2, you knew that Ms A's set shifts were on XXX and XXX. **To be determined**

65. The Tribunal noted that Ms A had consistently repeated this allegation in her complaint (written statement) to the Trust, in the formal Trust investigation meeting, in her GMC statement and in oral evidence. The Tribunal considered the minutes of the formal Trust investigation meeting, dated 29 June 2023, in which Ms A stated, *'I told him the days I worked, [XXX]. Then one day he whispered, he loved working [XXX] and [XXX].'* In the witness statement of Ms B, she stated *'[Ms A] told me that Dr Abdelrahman had stood behind her in the handover and whispered into her ear that he loved working [XXX] and [XXX], which were [Ms A's] [XXX] shifts.'*

66. The Tribunal also reminded itself of the oral evidence of Ms A in which she stated that it was not uncommon for colleagues to whisper to each other in a clinical setting, particularly in a patient's room as they did not want to disrupt any conversation between a leading clinician and the patient. Ms A also gave evidence of how this discussion could have taken place without anyone else present in the room hearing.

67. The Tribunal considered that, on one possible view of the facts, it could find the paragraphs of the Allegation proven due to the corroborating evidence and the fact that Ms A informed Ms B of the alleged whispering soon after it happened. It took the view that, taking the GMC case at its highest, there was a case to answer regarding this incident.

68. In respect of paragraphs 2 and 3 of the Allegation, the Tribunal determined to refuse the application made on behalf Dr Abdelrahman, pursuant to Rule 17(2)(g) of the Rules and finds that there is a case to answer in respect of these paragraphs.

Paragraphs 4a and 4b of the Allegation

4. In or around January 2023 you:

- a. stood behind Ms A and placed your ~~hand~~ hands on her hips; **amended under Rule 17(6) To be determined**
- b. pressed your penis and groin area against her bottom. **To be determined**

69. The Tribunal considered the GMC case in respect of paragraph 4 of the Allegation. There were no witnesses present during the alleged incident. The GMC relied upon the witness statement of Ms A, her description of the alleged incident in the complaint (written Trust statement), in the formal Trust investigation meeting and in her statement to the police. In addition the GMC submit that Ms B's evidence supports Ms A's allegation of the events in the kitchen, because Ms B was informed by Ms A of the incident on the day it occurred.

70. Whilst it did not form part of the specifics of the paragraph of the Allegation, Ms Tanchel had raised concerns about how the word 'erect' came to be used by Ms A. The Tribunal noted that within the minutes of the formal Trust investigation meeting held on 29 June 2023, Ms A was asked if Dr Abdelrahman's penis was erect and she responded 'yes'. It therefore noted that this information was provided after she was specifically asked about it and Ms A did not provide this information when asked to explain what happened with Dr Abdelrahman in the kitchen.

71. The Tribunal noted Ms B's evidence, namely that Ms A had told her about the alleged incident on the day it happened. Ms B made no specific mention of being told that the penis was 'erect'. In her GMC witness statement, Ms B said, *'[Ms A] relayed that she was washing her lunchbox in the staff room when Dr Abdelrahman had come up behind her, put his hands on her waist and thrust his penis into her bum.'*

72. It then noted the witness statement of Ms E, which states *'She told me that during a shift with him, he had pressed his erect penis into the small of her back/bum whilst they were in the kitchen area.'* Ms E stated that Ms A told her about the incident in March 2023.

73. In her initial complaint (written statement) to the Trust on 12 May 2023, Ms A said *'The final incident took place when I was in the staff kitchen on Delivery suite washing up my lunch box on my own. I did not hear anyone enter the kitchen as the tap was running. I felt someone press their groin/penis against my buttocks and take hold of my hips and then lean over my shoulder at which point I realised it was Dr Abdelrahman.'*

74. The Tribunal noted that the fact that Ms E was present at the formal Trust investigation meeting with Ms A on 29 June 2023. The overall reliability and independence of

Ms E's account would therefore need to be subjected to scrutiny and considered alongside the other evidence.

75. Further, the apparent difference in description of the alleged incident by Ms A, and the evidence of Ms B, needed to be carefully considered. The Tribunal would also need to consider how much weight to place on concerns it may have about conversations that had taken place between witnesses during the proceedings and the lack of any contemporaneous electronic communication between witnesses at the time of the alleged incidents.

76. At the appropriate stage, the Tribunal would need to consider the overall reliability and credibility of Ms A as a witness, bearing in mind the observations made by Ms Tanchel. This included concerns raised around Ms A's recollection of seeing the Trust investigation minutes and the evidence of Ms D, who did not recall any conversation with Ms A where she referred to Dr Abdelrahman acting 'creepy'. Further, Ms Tanchel had pointed to the lack of independence of witnesses and the potential for their evidence to have been contaminated. The Tribunal acknowledged these concerns but determined that, on their own or collectively, they did not render the evidence unreliable or inherently weak.

77. The Tribunal considered that the strength or weakness of the GMC case would depend on the view taken of the reliability of the witnesses, or other matters which are generally speaking within the province of the Tribunal. At this stage, on one possible view of the facts, the Tribunal did consider that there was evidence upon which the Tribunal could properly come to the conclusion that a positive finding of fact can be made in respect of this paragraph of the allegation.

78. The Tribunal concluded that in respect of paragraphs 4a and 4b of the Allegation, the Tribunal determined to refuse the application made on behalf Dr Abdelrahman, pursuant to Rule 17(2)(g) of the Rules.

ANNEX F – 20/06/2025

Application under Rule 34 to adduce evidence

1. On 13 June 2025, during Dr Abdelrahman's oral evidence and after the close of the GMC case, Ms Hill made an application under Rule 34(1) of the Rules, to admit into evidence two separate documents. The first was a document produced by the Trust in which they set out the dates on which Ms A and Dr Abdelrahman worked on shifts at the same time. The

second was a table produced by Ms Hill, containing extracted data from the first document to make it clearer to read and understand.

Submissions on behalf of the GMC

2. Ms Hill submitted that the GMC wished to introduce these documents in rebuttal of evidence Dr Abdelrahman gave in cross-examination. Namely, that he had told the Tribunal that he had not previously seen a document produced by the Trust setting out the dates when he and Ms A had worked shifts together. She submitted that Dr Abdelrahman only accepted being provided with a document that explained the number of shifts that they had worked together.

3. Ms Hill submitted that the GMC had not foreseen that Dr Abdelrahman would be unsure, or unable to agree, that he worked with Ms A on XXX and XXX. She submitted that Ms A's evidence was that her and Dr Abdelrahman would see each other frequently whilst on her XXX shifts of XXX. Ms Hill submitted that Ms A does not seek to attribute dates and times to Dr Abdelrahman's behaviour due to its frequency. She submitted that Dr Abdelrahman, in his witness statement to the GMC, did not set out that he disagreed that he worked with Ms A.

4. Ms Hill submitted that, in his oral evidence, Dr Abdelrahman claimed that he did not have a record of the dates that he worked together with Ms A. She submitted that the GMC seeks to adduce rebuttal evidence in relation to Dr Abdelrahman's final answer of whether he had been provided with information about the dates he and Ms A worked together. She suggested that the answer provided by Dr Abdelrahman in his oral evidence was untruthful and that he had previously been given information about the dates that he and Ms A worked together, and the GMC wished to adduce relevant evidence on this point.

5. Ms Hill submitted that the documents amount to rebuttal evidence that potentially could disprove the answer given by Dr Abdelrahman. She submitted that the GMC is not seeking to establish that the content of the document is agreed by Dr Abdelrahman, just that he received it.

6. Ms Hill submitted that the documents are fair to admit at this stage, during the course of the doctor's evidence, as it has arisen at this stage.

Submissions on behalf of Dr Abdelrahman

7. Ms Tanchel submitted that the application was misconceived and was an attempt to adduce evidence, which should have been adduced during the course of the GMC's case.
8. Ms Tanchel submitted that this documentation involves multiple hearsay. She submitted that the evidence amounts to a table produced by the Trust without the source of the material. Ms Tanchel submitted that the first document is Ms A's rota which has been generated by somebody within the Trust without any accompanying witness statement or identification of the individual who produced it. She submitted that this introduces difficulties in cross examining the legitimacy of the document. Ms Tanchel stated that admitting this evidence would be grossly unfair, as had the document been adduced during the GMC's case, she would have had the opportunity to cross examine Ms A on a number of issues that arise from the document.
9. Ms Tanchel submitted that the second document has been prepared by Ms Hill. She submitted that this document has not been shown to the doctor as it was prepared by the GMC during the course of the last week. Ms Tanchel submitted that the legal basis for introducing this document is unclear and Ms Hill cannot be subject to cross-examination as the author of the document. She submitted that Ms Hill intends to undermine Dr Abdelrahman's credibility based on a document she has produced from another document which has been prepared by an unidentified third party who also cannot be cross-examined.
10. Ms Tanchel submitted that allowing this document would be unfair to Dr Abdelrahman as there is no evidence about how the document came to be. She reminded the Tribunal that evidence in rebuttal may be appropriate where something arises unexpectedly.
11. Ms Tanchel submitted that it is not disputed that Ms A and Dr Abdelrahman worked together. She submitted that Dr Abdelrahman did not refute this suggestion.
12. She submitted that the GMC cannot advance a positive case that these incidents happened on a XXX or a XXX and this fundamentally undermines the application, as the GMC cannot produce evidence of any such incident occurring on any of these days. She submitted that she is unable to cross examine Ms A on the important issue of how many of those occasions herself and Dr Abdelrahman actually worked in the same area because it is not provided in the evidence and Ms A had already given evidence.

13. Ms Tanchel submitted that this document has been available to the GMC during the course of their case and was available at the very early stages of their investigation, over 12 months ago. Ms Tanchel submitted that even if evidence arises ex improviso, the Rules dictate that the evidence is only admissible at the Tribunal's discretion. She submitted that this ought to have been done when the GMC's case was still open.

14. Ms Tanchel further submitted that she could not agree to this evidence being admitted without taking instructions from Dr Abdelrahman, who was part way through giving oral evidence. Ms Tanchel submitted that there is a legal obligation to treat all witnesses the same and Dr Abdelrahman does not have fewer rights than others.

15. Ms Tanchel submitted that the application is misconceived and should not be allowed.

The Tribunal's Decision

16. In making its decision, the Tribunal had regard to Rule 34(1) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'), which states:

'34(1) The Committee or a Tribunal may admit any evidence they consider fair and relevant to the case before them, whether or not such evidence would be admissible in a court of law.'

17. The Tribunal took account of the submissions from Ms Hill and Ms Tanchel. It acknowledged that it could adduce evidence at any stage of the proceedings if the Tribunal considered the evidence to be fair and relevant to the case.

18. The Tribunal noted the submission made by Ms Hill, namely that the purpose of adducing the evidence would be to demonstrate that Dr Abdelrahman was untruthful, when he gave oral evidence that he had not been provided with the dates by the Trust, that he and Ms A had worked on the same shifts together.

19. Whilst Ms Hill explained that the purpose of adducing the evidence from the Trust, was not to prove the days, dates and number of shifts that Ms A and Dr Abdelrahman had worked together, the Tribunal had been made aware that the document from the Trust contained this information.

20. It noted that if it allowed the application made by the GMC, there would be significant prejudice caused to Dr Abdelrahman. Firstly, it was not clear who had created this document, how it was created, and if the rota reflected who *should* have been working on those days or if it shows who *actually* worked on those days. XXX. Thirdly, it was unclear whether the document made it clear where in the department each person had allegedly worked on each shift. For example, there had been evidence about people working in different parts of the ward. There would be no individual available to answer the aforementioned questions, as the document was not accompanied by a witness statement explaining who had created it and how. Fourthly, the GMC case had been concluded and Dr Abdelrahman was part way through giving evidence. Therefore, Ms Tanchel was unable to take instructions about the content of the document. Finally, the timing of the application meant that Ms Tanchel would not be able to cross-examine Ms A about the content of the document.

21. The Tribunal acknowledged that the evidence from the Trust had potential relevance, as the GMC wished to adduce it to demonstrate that Dr Abdelrahman had been untruthful when giving oral evidence.

22. However, taking into account the prejudice that would be caused to Dr Abdelrahman by allowing the evidence from the Trust to be admitted, the Tribunal determined that it was unfair to admit the evidence, having considered all relevant factors.

23. Having considered that it would be unfair to admit the document from the Trust in evidence, the Tribunal considered that it would also be unfair to admit a document prepared by Ms Hill that sought to present the evidence from the Trust in a clearer format.

24. The Tribunal therefore refused the application.