PUBLIC RECORD

Dates: 24/11/2025 - 03/12/2025

Doctor	Dr Bitrus Jugul DANBOYI
GMC reference number:	6145100
Primary medical qualification:	MB BS 1989 Ahmadu Bello University

Type of case	**Outcome on facts**	**Outcome on impairment**
New – Misconduct	No facts found proved	Consideration of impairment not reached

Summary of outcome

Case concluded

Tribunal:

Legally Qualified Chair	Mr Robin Ince
Registrant Tribunal Member:	Dr Syed Zaidi
Registrant Tribunal Member:	Dr Anna Gevers

Tribunal Clerk:	Ms Jemine Pemu

Attendance and Representation:

Doctor:	Present, not represented
GMC Representative:	Mr Peter Byrne, Counsel
Special Counsel:	Ms Fiona McNeill, Counsel

Attendance of Press / Public

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

Overarching Objective

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

Determination on Facts - 03/12/2025

Background

1. Dr Danboyi qualified in 1989 from Ahmadu Bello University in Nigeria. Besides working in Nigeria, he also worked in Ghana and The Gambia. In 2004, he was sponsored to study an MA in the UK and arrived here with XXX. Having obtained his MA, he returned to Nigeria to honour the remainder of his employment contract in Nigeria and then returned to the UK as a Highly Skilled Migrant in 2006. Since then, he has lived in the UK with his family and has worked in hospitals in the NHS. Dr Danboyi is a Locum Consultant Ophthalmologist and at the relevant time, he was working at Whipps Cross University Hospital ('the Hospital'), part of Barts Health NHS Trust in the emergency department eye treatment centre.

2. The allegation that has led to Dr Danboyi's hearing can be summarised as follows. It is alleged that, on 26 June 2024, Dr Danboyi carried out a consultation with Patient A at Whipps Cross Hospital ('the Consultation') during which he inappropriately asked Patient A: "do you have a boyfriend"; where she lived; and exactly where she lived at the location referred to in Schedule 1, or words to that effect. It is also alleged that Dr Danboyi said to Patient A, "it shouldn't be hard for a woman who looks like you to get a boyfriend"; and that he would love to take her to a bakery at the location referred to in Schedule 2, or words to that effect. Dr Danboyi also allegedly handed Patient A a note with his name and mobile telephone number written on it and said to Patient A that if she had any issues or wanted to go to the bakery, then she should call him, or words to that effect.

3. It is further alleged that, following the Consultation, between around 26 June and 4 July 2024, Dr Danboyi obtained Patient A's mobile telephone number from her medical records when it had been provided for medical purposes, and used it to contact her for non-medical purposes. It is also alleged that, on 4 July 2024, Dr Danboyi inappropriately telephoned Patient A on her mobile telephone number via WhatsApp and repeatedly asked in a deliberate and suggestive tone if Patient A was still using the "lubricant without preservatives"; and said to Patient A "I'm just in my car right now, passing your area. We

should go for food. There's a bakery nearby I want to take you to, it would be great to meet up", or words to that effect. It is also alleged that on 6 July 2024, Dr Danboyi inappropriately telephoned Patient A on her mobile telephone number via WhatsApp; and sent Patient A a WhatsApp message, which he later deleted.

4. It is alleged that Dr Danboyi's conduct was in pursuit of an improper emotional relationship with Patient A, and/or sexually motivated.

5. The initial concerns were raised with the GMC on 11 July 2024 by Patient A via a GMC online complaint form.

The Outcome of Applications Made during the Facts Stage

6. At the outset of the hearing, the Tribunal granted the GMC's application, made pursuant to Rule 35(4) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), for the anonymity of the witness, Patient A. The Tribunal's full decision on the application is included at Annex A.

7. On day 2 of the hearing, 25 November 2025, following the conclusion of the GMC case, Dr Danboyi made an application pursuant to Rule 17(2)(g) of the Rules. The Tribunal refused the application. The Tribunal's full decision on the application is included at Annex B.

The Allegation and the Doctor's Response

8. The Allegation made against Dr Danboyi is as follows:

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

1. On 26 June 2024, you consulted with Patient A at Whipps Cross Hospital ('the Consultation') and during the Consultation you inappropriately:

    a. asked Patient A:

        i. "do you have a boyfriend"; To be determined

        ii. where she lived; To be determined

        iii. exactly where she lived at the location referred to in Schedule 1; To be determined

    or words to that effect;

b. said to Patient A:

i. "it shouldn't be hard for a woman who looks like you to get a boyfriend"; To be determined

ii. you would love to take her to a bakery at the location referred to in Schedule 2; To be determined

or words to that effect;

c. handed Patient A a note with your name and mobile telephone number written on it; (this sub-paragraph Admitted and found proved) - the allegation that the Doctor acted "inappropriately" as alleged in the stem of the charge, To be determined

d. said to Patient A that if she had any issues or wanted to go to the bakery, then she should call you, or words to that effect. To be determined

2. Following the Consultation:

a. between around 26 June and 4 July 2024, you took Patient A's mobile telephone number from her medical records when it had been provided for medical purposes, and used it to contact her for non-medical purposes; To be determined

b. on 4 July 2024, you inappropriately telephoned Patient A on her mobile telephone number via WhatsApp (the part of this sub-paragraph stem that alleges that, on 4 July 2024, the Doctor telephoned Patient A on her mobile telephone number via WhatsApp, Admitted and found proved) - the allegation that the Doctor acted "inappropriately" as alleged in that stem, To be determined

and you:

i. repeatedly asked in a deliberate and suggestive tone if Patient A was still using the "lubricant without preservatives"; To be determined

ii. said to Patient A "I'm just in my car right now, passing your area. We should go for food. There's a bakery nearby I want to take you to, it would be great to meet up"; To be determined

or words to that effect.

3. On 6 July 2024 you inappropriately:

a. telephoned Patient A on her mobile telephone number via WhatsApp; (this sub-paragraph Admitted and found proved) - the allegation that the Doctor

acted "inappropriately" as alleged in the stem of the charge, To be determined

b. sent Patient A a WhatsApp message, which you later deleted. (this sub-paragraph Admitted and found proved) - the allegation that the Doctor acted "inappropriately" as alleged in the stem of the charge, To be determined

4. Your conduct as set out at paragraph(s) 1-3 was

a. in pursuit of an improper emotional relationship with Patient A; To be determined

b. 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 Admitted Facts

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

The Facts to be Determined

10. In light of Dr Danboyi's response to the Allegation made against him, the Tribunal is required to determine whether, during the consultation on 26 June 2024, he inappropriately: asked Patient A personal questions about having a boyfriend and where she lived, made comments about her appearance and taking her to a bakery, and told her to call him if she wished to go there. The Tribunal must also determine whether, between around 26 June and 4 July 2024, he took her mobile telephone number from her medical records for non-medical purposes, and whether, on 4 July 2024, he inappropriately telephoned her via WhatsApp and spoke in a deliberate and suggestive tone about "lubricant without preservatives" and suggested meeting for food, or words to that effect.

11. The Tribunal must further determine whether, on 6 July 2024, Dr Danboyi's WhatsApp call to Patient A and the message he later deleted were inappropriate, and whether his conduct as alleged in paragraphs 1 to 3 was undertaken in pursuit of an improper emotional relationship with Patient A and was sexually motivated.

12. The Tribunal noted that Mr Byrne confirmed that, in relation to the meaning of the word "inappropriately", the GMC put its case that the Doctor's actions were inappropriate if the Tribunal considered that they were either sexually motivated or in pursuit of an improper emotional relationship with Patient A and/or did not have a clinical or medical reason.

Witness Evidence

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

- Patient A, dated 17 November 2024, and a supplemental statement dated 9 June 2025;
- Ms B, a friend of Patient A, dated 3 May 2025.

14. Both Patient A and Ms B gave oral evidence in addition.

Special Counsel

15. Patient A was cross examined on Dr Danboyi's behalf by Ms Fiona McNeill, Counsel, appointed by the MPTS pursuant to Rule 36 (5).

Dr Danboyi's evidence

16. Dr Danboyi provided his own witness statement, dated 24 October 2025, his rule 7 response, dated 17 February 2025, and also gave oral evidence at the hearing.

17. In his oral evidence, Dr Danboyi told the Tribunal that, based on all the evidence the GMC had presented, Patient A had no issues with him during the consultation on 26 June. In his account, the exchange of telephone numbers was entirely consensual. Patient A read her number out, he wrote it on a piece of paper, and he tore off a piece containing his own number to give to her because she had no pen. According to Dr Danboyi, this exchange took place because Patient A was anxious about the swelling on her face, the pain in her eye, and an upcoming work presentation, and she repeatedly asked for reassurance.

18. During the consultation, Dr Danboyi said he took a history in the usual way, including asking where Patient A lived. He described this as part of his method of breaking the ice with a tense patient. Conversation about the XXX area, and the bakery he passed having driven

XXX to work was, in his evidence, nothing more than an attempt to put her at ease. Patient A, in his view, responded warmly to this and made comments about liking fresh bread. Dr Danboyi maintained that nothing about the interaction was flirtatious or inappropriate, and he relied on Patient A's evidence that he had not flirted with her, shown any interest in her, or sought any kind of relationship.

19. Turning to the call on 4 July, Dr Danboyi said he remembered that he and Patient A had agreed that he would follow up, and he made the call at 07.04am whilst driving to work after dropping off XXX. In his account, the number was already saved on his phone from 26 June (and referred to Patient A, not by her name, but as something like "*Patient with the eye problem*") and he had had no access to Patient A's hospital records at the time of the call. Patient A, as he described it, sounded happy and their discussion focused on her recovery, the improvement in her eye, and the continued use of preservative-free lubricating drops appropriate for contact lens users. Dr Danboyi stated that the word "lubricant" was used purely as a medical expression. He denied inviting her to meet, asking her to go to the bakery, or suggesting any form of social encounter.

20. Although the following does not form part of Dr Danboyi's response, the Tribunal considers it appropriate to record that, following the telephone call, Patient A immediately called her friend, Ms B, who did not answer, so Patient A left a message for her to call back. Ms B did so at 07.29, following which they spoke for 10 minutes.

21. Their evidence as to what was precisely said during this conversation is somewhat unclear. In her written statement, Patient A stated that: she felt terrible and was really shaken up; Ms B had to help her to calm down; and that having a doctor call her and say he was near her house made her feel really uncomfortable. In her supplemental statement, Patient A merely stated that she told Ms B "what had happened" but did not go into details. In her oral evidence, Patient A said that, besides asking her about her eye and the treatment, Dr Danboyi did not ask her anything about her private life (except possibly what her plans for the day were) but also said that he had said that it would make sense for them to go to the bakery together. She was also asked about her complaint to the GMC, where she said that the Doctor had also said that they should meet during the weekend and have "*dinner or a fun time*". Patient A replied that she recalled mention of a fun time but not dinner.

22. In her written statement, Ms B stated that Patient A had, during their conversation on Thursday 4 July, told her about the Doctor asking about her eye and the treatment. She also stated that Patient A said she found the call "*strange*"; found the Doctor's comments

"*unsettling*" and that before the call ended he had said that "*I'll see you on Saturday*". She also stated that she had asked Patient A whether she had given Dr Danboyi her telephone number and that Patient A had replied "*No*" and that Ms B had said that he must have obtained it from her patient records.

23. There followed further WhatsApp messages between them, during which Ms B relayed the opinions of her parents (her mother is a nurse) that this was "*stalker*" behaviour and that the Doctor should be reported to the GMC, or at least that he be sent a message asking him not to contact her again. At 08.16am Patient A therefore sent the following message (which was in fact drafted by Ms B's father) by WhatsApp to the Doctor which read "*Thanks for checking in with my eye but I don't feel that conversation was appropriate and would appreciate you not contacting me again*". The Tribunal noted that Patient A confirmed, during her oral evidence and after checking her WhatsApp messages, that Dr Danboyi had only opened this at 20.12 pm on 6 July, over two days later.

24. As to events on Saturday 6 July, Dr Danboyi said he again remembered something he had forgotten to tell Patient A regarding when she could resume wearing contact lenses. He telephoned her but she did not answer. It was only later on the evening of 6 July, while checking his WhatsApp messages, that he noticed her text stating that she found the earlier conversation inappropriate and asking him not to contact her again. Dr Danboyi said he was shocked by this because he believed his conduct had been entirely professional. He replied asking why she had sent the message, but after reflecting on her request, he deleted/recalled his text and deleted her number from his phone.

25. Although the following does not form part of Dr Danboyi's response, the Tribunal considers it appropriate to record that, after the attempted telephone call at 14.13pm on 6 July, there was a long exchange of text messages between Patient A and Ms B in which: Ms B told Patient A to call the police; Patient A asked "*what would I even say…like I don't think [he's] actually here or anything*"; Ms B maintained that she should as the police might see it as stalking and that "*even if they don't do anything if he does turn up it's already on the record*" before adding "*he's clearly mentally unwell*"; to which Patient A responded "*I don't think it's like that. I don't think he'll turn up. But no idea why he'd call me after I sent that text*"; Ms B then stated "*because he said he'd see you Saturday*" to which Patient A replied "*Fuck is that what he said - I [can't] even remember - I think I told you when I called you and then my brain kinda forgot about it*". Patient A then texted "*well I didn't pick up and he hasn't called since or messaged or anything*". She then stated that she was going to call the hospital link/number that Ms B sent her but that she didn't think the police were necessary because

Dr Danboyi didn't reply to the message she had sent "*so I thought OK it's fine he's left me alone*". She reiterated that she didn't think that the police were needed and that calling them would be "*so overreacting… at the end of the day all he's done is called me twice*". Later that evening, after 21.30pm, Patient A advised Ms B that she had decided to call the hospital on the following Monday and concluded "*I really wanna know what he said now.. What is the message he deleted?*" to it to which Ms B replied "*yeh same*".

26. In her first witness statement, Patient A reported that on 6 July Dr Danboyi called her again, but she did not answer and that he sent her a message which she did not see before he deleted it. She stated that "*I'm not sure why he called, but I assume it was to follow up on our previous conversation. Since it was a Saturday, I have no idea what his reason might have been.*" In her supplemental statement, Patient A confirmed that Ms B advised her to block Dr Danboyi and go to the police but Patient A was initially hesitant as she did not want to overreact and preferred to report it to the hospital.

27. Overall, in Dr Danboyi's account, he said that Patient A herself did not originally see anything wrong in their interactions, either during the consultation or the 'phone call. His evidence was that Ms B had exercised a strong influence over Patient A and, with her parents, encouraged Patient A to reinterpret events, to assume motives that he did not have, and to report him. Dr Danboyi pointed to sections of the WhatsApp exchanges which, in his view, showed Ms B putting ideas into Patient A's mind, including the suggestion that he had taken her number from hospital records or that arrangements had been made for a Saturday meeting, and even alleging that he was mentally ill. Patient A's acceptance in cross examination that she could have given him her number was relied upon by Dr Danboyi as consistent with his account.

28. In addressing the allegation of sexual motivation, Dr Danboyi said there was nothing improper in anything he said. The terminology he used, including "preservative-free lubricant," was, he said, standard in ophthalmic practice and had no sexual connotation whatsoever. He expressed confusion as to how such a medical term had been construed as sexual.

29. In relation to the absence of some of the things they discussed from his clinical notes, Dr Danboyi explained that casualty work requires concise records and does not allow for every detail of the conversation to be written down. Information about Patient A's family background, her work concerns, and the reasons for her anxiety, were, he said, clinically

relevant to his holistic assessment even if not recorded verbatim. He reminded the Tribunal that Patient A herself accepted in her evidence that she had been anxious.

Documentary Evidence

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

- GMC Your Concern Form completed by Patient A, dated 11 July 2024;
- WhatsApp message from Patient A to Dr Danboyi, dated 4 July 2024;
- Patient A medical records, 26 June 2024;
- WhatsApp messages between Patient A and Ms B, dated 4 to 6 July 2024.

The Tribunal's Approach

31. In reaching its decision on the facts, the Tribunal will apply the civil standard of proof. This means that the Tribunal must decide whether, on the balance of probabilities, the GMC is able to prove it is more likely than not that the matters occurred as alleged. The burden of proof rests with the GMC and it is for the GMC to prove the case that it is presenting against the doctor. There is no burden on the doctor to prove or disprove anything.

32. The Tribunal will approach fact finding by firstly identifying agreed facts and evidence. To reach a decision on the disputed facts, the Tribunal will assess the evidence in the round. It will consider what conclusions and inferences can be drawn from the documentary evidence. The Tribunal will then consider the available oral evidence and subject that evidence to critical scrutiny against the agreed facts and documentary evidence to consider a witness' reliability and credibility. The Tribunal should not decide reliability and credibility based on the demeanour of a witness alone.

33. The Tribunal was advised that Dr Danboyi has no adverse regulatory findings, in particular nothing in the last 19 years since working full time in the UK from 2006. It must therefore consider his good character when assessing his credibility and the likelihood of him having behaving as alleged. His good character is not a defence to the Allegation, it is simply one factor to consider when considering all of the evidence in the round. The weight to assign to Dr Danboyi's good character is a matter for the Tribunal to determine.

34. The Tribunal was advised that, when considering whether Dr Danboyi's actions were sexually motivated, it needed more than for the complainant/subject of that act to perceive it as a sexual act. The Tribunal was to have regard to the case of *Basson v GMC [2018] EWHC 505* which states:

> *"A sexual motive means that the conduct was done either in pursuit of sexual gratification or in pursuit of a future sexual relationship...*
> *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*".

35. The Tribunal was further advised that it must consider whether there was a plausible alternative explanation before determining if the conduct was sexually motivated. It was directed to consider the case of *Haris v General Medical Council [2021] EWCA Civ 763*.

36. Finally, the Tribunal has taken into account the respective submissions of the parties in relation to this Facts stage, notwithstanding that it has not detailed them in this determination.

The Tribunal's Analysis of the Evidence and Findings

Tribunal's assessment of witness evidence

Patient A

37. The Tribunal found Patient A to be an articulate and generally clear witness. She presented her evidence in a measured manner and, for the most part, her account aligned with the details set out in her written complaint to the GMC. She appeared thoughtful and reflective in her answers and at times became emotional when recalling events. Although there were some inconsistencies within her evidence, the Tribunal considered that, potentially, these may be partly explained by the lapse of time since the events took place. Overall, the Tribunal formed the view that Patient A was a reasonably reliable and credible witness.

38. Patient A demonstrated credibility by showing fairness in her answers and by being prepared to make concessions. The Tribunal noted, in particular, her clear acceptance that she did not perceive any flirtatious behaviour on the part of Dr Danboyi during the

consultation, and the fact that she was willing to state when she was uncertain about specific matters. Her readiness to make such concessions was regarded as supportive of her honesty.

39. However, the Tribunal considered that her reliability on certain significant aspects of the evidence was weaker. Some of her recollection appeared to be affected by anxiety. Her actions immediately before the first consultation, including calling the emergency services despite being a well-educated person with private medical insurance, suggested that she was likely very anxious when she attended the appointment. The Tribunal considered that this level of anxiety may have influenced both her perception of events and her ability to remember them accurately. Her lack of clarity as to whether she gave her telephone number to the doctor was of particular note, as this was a central issue in the case. After reflection, she stated that she did not give him her number, though the Tribunal found it unusual that she did not state this firmly from the outset.

40. Patient A's evidence also revealed a lack of clarity in relation to whether any suggestion was made about meeting on the Saturday. This was an important issue in the case. Her inability to recall this, together with the absence of any reference to it in her oral evidence, contrasted with what she had apparently said to Ms B in the WhatsApp messages, Ms B having to remind Patient A that she had confirmed this to Ms B in an earlier conversation. The Tribunal did not necessarily consider this to be evasive, but regarded it as indicative of limitations in her recollection.

41. The Tribunal also considered the extent to which Patient A may have been influenced by Ms B during their discussions following the telephone call on 4 July. The WhatsApp exchanges demonstrated that Ms B was an active and encouraging voice and that Patient A was, at times, suggestible when speaking with her. This was taken into account when assessing those parts of Patient A's evidence that may have been shaped by external discussions rather than independent memory.

42. Despite the inconsistencies, the Tribunal considered that Patient A gave her evidence in good faith. She presented as a sincere witness and the Tribunal found no basis to suggest that she had fabricated any aspect of her account or acted maliciously. There was no reason for the Tribunal to doubt that she believed she was giving a truthful account as she remembered it.

43. The Tribunal also noted that elements of Patient A's evidence supported an innocent explanation for certain aspects of the doctor's conduct. She accepted that she understood

the provision of the doctor's telephone number as being for reasons of reassurance and possible follow-up. She also accepted that it was possible, although "*unlikely*", that she may have provided him with her own number during the consultation. The Tribunal found it notable that only at the end of her evidence, when re-examined, did she come close to stating categorically that she had not given her number by replying "*I do not*" to Mr Byrne's question "*On reflection, can you say whether you gave your telephone number or not?*" In addition, she did not give any oral evidence that the Doctor had asked to take her to the bakery on the Saturday, despite having apparently suggested this to Ms B in their telephone conversation on 4 July, as referred to in the messages. The Tribunal regarded this omission as significant when considering the reliability of that part of her complaint.

44. The Tribunal considered Patient A's immediate contact with Ms B after the call on 4 July to be an understandable response to her concern. It also found it unsurprising that Ms B urged her to take some form of action. Patient A appeared to be doing her best to provide an accurate account, but her evidence nonetheless contained inconsistencies and a lack of clarity in relation to events that were central to the allegations, particularly the exchange of the telephone numbers and any arrangement to meet. Moreover, the Tribunal also noted that the WhatsApp messages between Patient A and Ms B also contained unexpected humorous references, such as, on 4 July, in Ms B's message "*keep it short and mean ahha – Not short and sweet*", Patient A's reply "HAHHHAHA" and Ms B's further response "*HaHaHa okay*"; and Patient A's comment on 6 July "*bc it was fucking stressful lol* [which the Tribunal understands is an acronym for "*Laugh out loud*" or "*Lots of laughs*"]. The Tribunal appreciates that neither Patient A nor Ms B were asked to elaborate upon these (neither in evidence in chief nor in cross-examination) and it accepts that it is possible that people use humour to defuse tension, but it did appear to the Tribunal to be somewhat inconsistent with the concern that both Patient A and Ms B said they were feeling at the time.

45. In all the circumstances, the Tribunal concluded that while Patient A was a credible witness who gave her evidence honestly, there were aspects of her reliability that were weakened by her anxiety at the time, the passage of time, external influence, and limitations in her recollection.

Ms B

46. The Tribunal found Ms B to be a credible witness who appeared to give her evidence carefully and thoughtfully. She presented as genuine in her concern for Patient A and reflected, at several points, on whether aspects of her own understanding were based on her

interpretation rather than direct knowledge. The Tribunal noted that she had not been closely involved in events since July 2024 and that this distance from the circumstances may have contributed to some lack of clarity in her recollection. Her evidence was, nonetheless, considered to be balanced and sincere.

47. Ms B was candid about the limits of her knowledge. It was clear throughout her testimony that much of what she understood about the consultation and subsequent interactions was based on what Patient A had reported to her rather than her own direct observation. She accepted that she could not remember every detail and acknowledged that certain views she had formed, particularly in the immediate exchanges with Patient A, may have been influenced by her assumptions or interpretations rather than fact. The Tribunal regarded this openness as supportive of her overall credibility.

48. Ms B's written statement and the account she gave under oath were, in the Tribunal's view, broadly consistent. She did not attempt to embellish her evidence beyond the information she had been given, and she made concessions where necessary. The Tribunal found her honesty to be notable, particularly her acceptance that there had been an element of persuasion when she encouraged Patient A to consider reporting the matter. She also accepted that her conclusions at the time were shaped by her concern for her friend and her wish to support her.

49. The Tribunal considered it significant that Ms B's evidence made clear that, in her conversations with Patient A, there was no suggestion that Patient A had perceived any flirtatious behaviour or that Dr Danboyi had expressed any romantic interest in her. This was consistent with Patient A's own concession on the point and was a factor the Tribunal took into account when assessing both witnesses' evidence regarding the nature of the interactions.

50. There were, however, aspects of Ms B's recollection that caused the Tribunal concern. In particular, her evidence that she understood Patient A to have been invited to meet the doctor at the bakery on the Saturday did not align with what Patient A was able to recall in her own evidence. The Tribunal recorded this as a lack of clarity and concluded that it appeared likely that this understanding had arisen from Ms B's interpretation of events rather than from a clear and reliable recollection.

51. The Tribunal accepted that Ms B's responses during the WhatsApp exchanges on 4 and 6 July were the reactions of a concerned friend to information provided by Patient A. It

was evident from her oral evidence that she believed she was acting in Patient A's best interests and was attempting to help her navigate a situation that had caused her anxiety. The Tribunal noted her evidence that, at the time of the second telephone call on 6 July, she and Patient A believed the Doctor to be persisting in contacting Patient A despite a request not to do so, and it considered that this belief was central to Ms B's view of the situation. The Tribunal observed that Ms B and Patient A were unaware that the Doctor had not read Patient A's message before attempting to call her on 6 July and considered that this misunderstanding may have influenced their perception and reaction at the time.

52. In all the circumstances, the Tribunal found Ms B to be a credible witness who gave her evidence honestly and without exaggeration. While her recollection was limited by her lack of direct involvement and by reliance on what she had been told by Patient A, she was open about these limitations and made appropriate concessions. The Tribunal found no reason to doubt her sincerity or her belief that she was describing the events as she understood them.

Dr Danboyi

53. The Tribunal found Dr Danboyi to be a clear, consistent, and measured witness. Throughout his evidence he remained steady in his account of the key matters in dispute. He consistently denied: asking Patient A whether she had a boyfriend; making comments suggesting that she would have no difficulty finding one; asking her exactly where she lived beyond what was professionally relevant; and suggesting that she accompany him to any bakery. He was also consistent and insistent in his evidence that he did not obtain Patient A's telephone number from her medical records but that it was exchanged consensually during the consultation. He pointed to the absence of any evidence from the GMC of improper access to records and drew the Tribunal's attention to the lack of any audit trail that might be expected if her number had been obtained in that way.

54. Dr Danboyi accepted aspects of the consultation and telephone call that were not in dispute. He did not shy away from acknowledging the use of the term "lubricant" in his telephone conversation with Patient A and maintained that this was used in a clinical context, in reference to the lubricant eye drops she had been prescribed. He accepted that he spoke to Patient A about the bakery during the consultation and asked her general background questions, including information about her family and medical history, as part of forming an understanding of her circumstances and concerns. His account of the consultation was detailed and appeared internally coherent.

55. Dr Danboyi explained the rationale behind the use of the term “lubricant,” stating that it was a common ophthalmic term and directly related to ensuring the continuation of appropriate treatment so as to avoid damage to the cornea. He also gave evidence that he had referred to “lubricant eye drops without preservatives” more than once in the consultation, and that Patient A herself stated in her own evidence that he used those words on at least two occasions during the telephone call. The Tribunal noted the force of his point that it was unclear why the same wording was not perceived as inappropriate when used face to face in the clinical consultation, but was given a different meaning when heard over the telephone.

56. The Tribunal also considered his evidence that Patient A did not appear concerned by anything said or done in the consultation, and that it was only after later discussions with Ms B that the situation developed into a complaint. His explanation that Patient A appeared anxious during the consultation and that he approached her holistically, with a view to reassuring her, was consistent with the overall account he gave. He accepted that he may have been enthusiastic in his approach to reassuring her, and that he referred to the bakery simply because she had mentioned that she liked fresh bread. His evidence that the bakery had no seating and was not the sort of establishment to which one would invite a person for social engagement was also noted by the Tribunal as relevant to the plausibility of his account.

57. The Tribunal found Dr Danboyi’s description of the consensual exchange of numbers and the reasons for maintaining brief follow-up contact to be potentially plausible. In assessing this, the Tribunal took into account the fact that eight days passed before he initiated any contact with Patient A. His evidence in relation to the consultation was viewed by the Tribunal as reasonable and coherent, particularly in light of the inconsistencies in Patient A’s own recollection on matters central to the allegations.

58. The Tribunal observed that throughout his evidence, Dr Danboyi conducted himself professionally and with composure, notwithstanding the strain of the proceedings. He spoke with evident passion for his work, emphasised his holistic approach to patient care, and referred to a cultural background in which communication and support within the community is common and natural. He also acknowledged that this approach may have resulted in a degree of blurring of professional boundaries, but he denied any sexual interest in Patient A or any intention to pursue an emotional relationship with her. The Tribunal appreciates that Dr Danboyi’s demeanour during the giving of oral evidence is not

determinative, but has borne it in mind in conjunction with the other information relating to the question of his credibility which was presented to it.

59. The Tribunal took into account Dr Danboyi's unblemished professional history. He has worked as a doctor in the United Kingdom for 19 years and there was no evidence of any prior concerns or complaints. The Tribunal was satisfied that he is of good character and that his evidence reflected a genuine concern for the welfare of his patients.

60. In addition, the Tribunal noted that on the one occasion when it was possible to check the Doctor's veracity independently, namely in relation to his assertion that he only found out about Patient A's WhatsApp message to him in the evening of 6 July (after his attempt at contacting her for a second time earlier that day) he was found to have told the truth. Furthermore, both the fact that his withdrawal/deletion of his message in response that day indicated a respect for Patient A's wishes, and the fact that he only attempted to call Patient A once on 6 July and did not persist, were on the face of it also supportive of his credibility. Furthermore, when telephoning Patient A, he did not attempt to obscure his identity.

61. The Tribunal noted Mr Byrne's submissions regarding Dr Danboyi's suggestions that Patient A and Ms B had, effectively, conspired together to make this complaint about the Doctor. Mr Byrne also asked the Tribunal to draw adverse inferences from Dr Danboyi's suggestion that Patient A could have telephoned him at some stage. The Tribunal did not share Mr Byrne's concerns regarding these suggestions by the Doctor. In the first place, the Tribunal considered that it was perfectly possible that Dr Danboyi was speculating about Patient A's and Ms B's motives/actions in an attempt to understand why these accusations were being made. Such speculation does not, in the Tribunal's opinion, automatically indicate guilt; it could equally indicate that an innocent person was trying to understand why false accusations were being made. Finally, in any event, the Tribunal reminded itself that, as the burden of proof is on the GMC, the Doctor does not have to prove anything and was not obliged to provide any alternative motive for the accusations being made.

62. In all the circumstances, the Tribunal considered Dr Danboyi's evidence to be credible and consistent. His account of the consultation and subsequent communications was coherent, detailed and supported by his professional background. After balancing the evidence, and taking into account the inconsistencies within Patient A's recollection, the Tribunal resolved to prefer the evidence of Dr Danboyi over that of Patient A, in particular in relation to the events that occurred during the consultation.

63. In summary, the Tribunal found itself in the position where the evidence before it, not only documentary but also oral, was very finely balanced and amounted to one of those rare occasions where it was difficult, if not impossible, to decide precisely where the truth lay.

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

Paragraphs 1a(i),(ii) and (iii)

65. The Tribunal first set out to determine whether on 26 June 2024, Dr Danboyi consulted with Patient A at Whipps Cross Hospital ('the Consultation') and during the Consultation he inappropriately asked Patient A: "do you have a boyfriend"; where she lived; and/or exactly where she lived at the location referred to in Schedule 1, or words to that effect.

1a(i)

66. The Tribunal considered the oral evidence of Patient A, Ms B and Dr Danboyi, together with the contemporaneous WhatsApp messages that were available. It determined that Patient A's evidence on this matter contained a lack of clarity. She did not report in her complaint that Dr Danboyi asked whether she had a boyfriend; she accepted during oral evidence that there was no flirtatious behaviour from the doctor; and she could not recall clearly whether the question had been asked. The Tribunal noted that, in re-examination, Patient A stated that she had not included any reference to a boyfriend in the complaint to the GMC because the consultation "*was not my primary concern*", but the Tribunal also noted that Patient A had made some reference in her complaint to the consultation in that she stated that, although Dr Danboyi had given her his telephone number, she had not given him hers. Moreover, Ms B made no mention, either in her statement or in her oral evidence, that Patient A had told her that the Doctor had mentioned anything about a boyfriend.

67. The Tribunal took into account Dr Danboyi's consistent denial that he asked whether Patient A had a boyfriend or made any comments of that nature or implication. It was also significant to the Tribunal that there was an eight-day period between the consultation and any further contact with Patient A. If Dr Danboyi had been seeking to pursue Patient A in a personal or romantic capacity arising from a question about her relationship status (or a suggestion that he found her attractive) the Tribunal considered that it would be more likely

than not that some form of contact or message would have occurred far sooner than 4 July 2024.

68. The Tribunal further noted Dr Danboyi's reaction upon reading Patient A's message on 6 July. He stated that not only did he compose a reply apologising and asking why she had sent the message, he then, on reflection, chose to delete his message and remove her number from his phone in order to respect her wish for no further contact. The Tribunal considered that this response was inconsistent with an intention to pursue a personal relationship or to continue contact. Had he been interested in forming a relationship, it would be expected that he would have continued communication or waited for further messages from Patient A.

69. Taking all the evidence into account, and bearing in mind the inconsistencies in Patient A's recall and the absence of contemporaneous corroboration for the alleged comment, the Tribunal preferred the evidence of Dr Danboyi.

70. The Tribunal therefore found paragraph 1a(i) of the Allegation not proved.

1a(ii)

71. The Tribunal bore in mind that on Dr Danboyi's own evidence, he asked Patient A where she lived. In Dr Danboyi's Rule 7 response dated 17 February 2025, he stated:

> '*She needed a review and follow up and we often advice Patients to attend their local hospital so I asked her where she was residing and she said near the Morrison's or Sainsbury's around … road. I then said I know that area. And she asked how. I told her that [XXX] and pass through [XXX] where I often buy fresh hot bread for my family and work colleagues from The [XXX] Bakery there*.'

72. Dr Danboyi explained that this question was asked for the purpose of determining her nearest hospital should a follow-up appointment be required. He further explained that, when Patient A described the area, he commented that he was familiar with the locality because XXX, including occasionally buying bread from a bakery in that area.

73. The Tribunal accepted that this question was asked. However, having considered the context in which it arose, and taking into account the wider evidence, the Tribunal did not consider that asking Patient A where she lived amounted to inappropriate conduct. It

accepted that this enquiry was made in a clinical context and related to potential follow-up arrangements rather than personal interest or motive.

74. The Tribunal therefore found that, although paragraph 1a(ii) of the Allegation was proved as a matter of strict fact, on the basis why the question was asked, taking account of the stem of the Charge, it was not proved overall in relation to any inappropriate motive or intention.

75. The Tribunal therefore found paragraph 1a(ii) of the Allegation not proved.

1a(iii)

76. The Tribunal next considered whether the GMC had established, on the balance of probabilities, that Dr Danboyi inappropriately asked Patient A exactly where she lived, or words to that effect. Patient A's evidence on this issue lacked clarity. She stated that she could not clearly recall her exact exchanges with the doctor during the consultation. Moreover, in her oral evidence, when it was put to her that she was not suggesting that the Doctor had asked for her specific address, Patient A replied that she "*could not remember – it's possible that he asked about the general area*". There were also further inconsistencies regarding whether any discussion about meeting up occurred, and the Tribunal noted that in her statement and in her oral evidence Patient A did not say that she had been asked to attend the bakery specifically on the Saturday, despite the suggestion in messages with Ms B. Finally, the Tribunal repeats its earlier observations regarding the lack of reference to this question in Patient A's complaint to the GMC.

77. The Tribunal was, however, assisted by Patient A's clear oral evidence that she did not feel there was anything sexual or flirtatious during the consultation. This was a significant factor in the Tribunal's assessment as to whether any question about where she lived was asked for an inappropriate purpose. The Tribunal also took into account Dr Danboyi's explanation that he asked generally where Patient A lived in order to understand which hospital would be closest to her for a potential review, which was consistent with his Rule 7 response.

78. While the Tribunal accepted that Dr Danboyi asked Patient A where she lived, it did not find sufficient evidence that he pressed Patient A for her exact residential address in a way that amounted to inappropriate enquiry. This was a finely balanced issue, but when taking into account the inconsistencies in Patient A's recollection, the absence of supporting

evidence, and the explanation provided by Dr Danboyi, the Tribunal concluded that the GMC had not discharged its burden.

79. The Tribunal therefore found paragraph 1a(iii) of the Allegation not proved.

Paragraphs 1b(i) and (ii)

80. The Tribunal next set out to determine whether, on 26 June 2024, Dr Danboyi consulted with Patient A at Whipps Cross Hospital ('the Consultation') and during the Consultation he inappropriately said to Patient A: "*it shouldn't be hard for a woman who looks like you to get a boyfriend*"; and/or, he would love to take her to a bakery at the location referred to in Schedule 2, or words to that effect.

81. The Tribunal considered the oral evidence, witness statements and contemporaneous messaging. Patient A accepted in her evidence that nothing said during the consultation was flirtatious or sexualised. Her account of the precise wording allegedly used was not consistent, and she did not maintain in her oral testimony that Dr Danboyi had asked her to accompany him to the bakery. While references were made to the bakery, including by Dr Danboyi, Patient A did not recall any invitation during the consultation.

82. The Tribunal also considered the clarity of Dr Danboyi's evidence. He accepted that he mentioned the bakery and was enthusiastic about it in conversation, but he was consistent in his denial that he said he wished to take Patient A there or suggested meeting in any social capacity. He also pointed out that the bakery in question had no seating facilities and was not the sort of premises where one would invite another person for a meeting.

83. Taking these matters into account, including Patient A's clear statement that nothing in the consultation was perceived by her as flirtatious, and the absence of reliable corroboration for the statement attributed to the doctor, the Tribunal was not satisfied that the GMC had discharged the burden of proof in respect of either alleged comment.

84. The Tribunal therefore found paragraphs 1b(i) and 1b(ii) of the Allegation not proved.

Paragraph 1c

85. The Tribunal set out to determine whether on 26 June 2024, Dr Danboyi consulted with Patient A at Whipps Cross Hospital ('the Consultation') and during the Consultation he

inappropriately handed Patient A a note with his name and mobile telephone number written on it.

86. The Tribunal considered the oral and written evidence and noted that Dr Danboyi accepted that he provided Patient A with a piece of paper on which he had written his name and mobile telephone number. Patient A did not dispute that this occurred. The Tribunal did not consider this to be an example of best practice, but it took into account the explanation offered by Dr Danboyi. His evidence was that Patient A appeared anxious at the consultation, particularly in light of a forthcoming presentation, and that she sought reassurance about her condition. He stated that he gave his number so that she could contact him if she had concerns or if her symptoms deteriorated, and because he was not easily reachable through conventional hospital communication systems.

87. The Tribunal considered this explanation to be plausible in the context of the consultation. It also once again took into account Patient A's evidence that she did not experience the consultation as flirtatious or sexual, and that she perceived no improper motivation from the doctor at that time. When viewed against that background, and the fact that no further issues arose for eight days after the consultation, the Tribunal did not consider that the act of giving his telephone number, in the particular circumstances of this consultation, amounted to inappropriate conduct.

88. The Tribunal therefore found that whilst paragraph 1c of the Allegation was proved in part, it was only to the extent that Dr Danboyi handed Patient A a note with his name and mobile telephone number written on it. However, the Tribunal found paragraph 1 c not proved overall since the Doctor did not have any inappropriate motive or intention.

Paragraph 1d

89. The Tribunal set out to determine whether on 26 June 2024, Dr Danboyi consulted with Patient A at Whipps Cross Hospital ('the Consultation') and during the Consultation he inappropriately said to Patient A that if she had any issues or wanted to go to the bakery, then she should call you, or words to that effect.

90. The Tribunal considered the evidence in the round, including Patient A's oral testimony, the content of her written complaint, and the explanations provided by Dr Danboyi. It noted that Patient A's complaint was primarily directed at the events of 4 and 6 July rather than at anything said or done during the consultation itself. Patient A was clear in

her evidence that she did not consider anything said in the consultation to have been flirtatious or sexualised and in her oral evidence she stated that the Doctor had given her his telephone number in case she had "*any concerns*". Although she referred, when giving evidence, to having felt uncomfortable when leaving the consultation, she was unable to explain the basis of that discomfort, and there was no indication that she expressed any concern to her family or to Ms B at the time. There was also no apparent objection by her at the end of the consultation to the swapping of telephone numbers.

91. The Tribunal accepted that Dr Danboyi said to Patient A that she could contact him if she experienced any further problems or had any concerns. This was consistent with both witnesses' evidence and with the context of an anxious Patient receiving clinical reassurance. The Tribunal did not consider that this, in itself, constituted inappropriate behaviour.

92. The Tribunal also accepted that reference to the bakery was made during the consultation. Dr Danboyi's evidence was that he mentioned it after learning the general area in which Patient A lived and that it arose naturally in conversation about fresh bread. Patient A's evidence did not establish that he suggested she contact him if she wished to visit the bakery – certainly, she made no mention of it in her complaint to the GMC. The Tribunal therefore found proved that the bakery was mentioned but was not satisfied that the evidence established that Dr Danboyi told Patient A to contact him if she wished to go there.

93. Accordingly, the Tribunal found that paragraph 1d was proved only to the extent that Dr Danboyi said Patient A could contact him if she had any further concerns, and that he mentioned the bakery in the context described. However, the Tribunal did not find proved that he told her to contact him if she wished to go to the bakery, nor did it consider that any aspect of what was said constituted inappropriate conduct.

94. The Tribunal therefore found paragraph 1d proved only in part and not in relation to any inappropriate invitation.

95. For completeness, although the Tribunal found certain elements of paragraph 1 proved either in whole or in part (namely 1a(ii), 1c, and 1d), it did not find that Dr Danboyi acted "inappropriately" as required by the stem of paragraph 1.

96. Accordingly, paragraph 1 as a whole was not proved.

97. The Tribunal pauses there to indicate that, having found Charge 1 not proved in its entirety, particularly having regard to Patient A's acceptance that the Doctor had not acted flirtatiously towards her and had not made any sexualized comments during the consultation, it has considered the remaining disputed charges against this background of a lack of inappropriate or sexualised behaviour during the consultation.

Paragraph 2a

98. The Tribunal set out to determine whether following the Consultation, Between around 26 June and 4 July 2024, Dr Danboyi took Patient A's mobile telephone number from her medical records when it had been provided for medical purposes, and used it to contact her for non-medical purposes.

99. The Tribunal considered the evidence on this point with particular care. It noted that the first suggestion that Dr Danboyi obtained Patient A's mobile telephone number from her hospital records arose in the WhatsApp messages exchanged between Patient A and Ms B on 6 July 2024. By contrast, Dr Danboyi consistently maintained that he and Patient A consensually exchanged numbers during the consultation. His evidence was that he wrote his number on a small strip of paper, torn from an ophthalmic product leaflet, and that Patient A read her number aloud, which he wrote down and saved in his phone, identifying her as a "*patient with an eye problem*" or words to that effect. He stated that this arose from a mutual understanding that she might want reassurance or advice, given her evident anxiety, and that he would follow up to ensure improvement.

100. Patient A's oral evidence was that she did not believe she had given her number to the doctor during the consultation. However, when questioned further, she accepted that it was "possible but unlikely" that she had done so. Her position on this point lacked clarity, and the Tribunal was mindful that there was no reference in her contemporaneous WhatsApp discussion with Ms B on 4 July to any discomfort about having exchanged numbers, nor any assertion at that stage by Patient A that the doctor had obtained her number improperly. Although Ms B, in her written statement, had said that Patient A had, when asked during this discussion whether she had given the Doctor her number, confirmed that she had not, Patient A did not corroborate this discussion in her written statements. The concern appeared to develop later, in the context of discussions with Ms B on 6 July which, the Tribunal notes, was conducted in their shared belief that Dr Danboyi had deliberately ignored Patient A's text message to him sent on 4 July but only opened by him during the evening of 6 July, after his attempted telephone call to Patient A at 14.13 earlier that afternoon.

101. Importantly, the Tribunal noted the complete absence of independent evidence from the GMC to support the allegation that the number was taken from medical records. There was no audit trail, no digital footprint, no testimony from the hospital regarding any record access, and no documentary material indicating that Dr Danboyi had viewed or extracted Patient A's number post-consultation. Nor was it suggested by the GMC how such access might have occurred. In the Tribunal's judgment, this evidential gap was significant.

102. In contrast, the Tribunal found Dr Danboyi's account to be clear, consistent, and logically coherent. Although it did not consider that Patient A or Ms B had fabricated their concerns, it also concluded that their evidence on this point did not dovetail together, contained inconsistencies and appeared to have developed retrospectively in a manner that reduced its reliability, particularly in their incorrect belief that the Doctor was attempting to contact Patient A despite being told by her not to. In those circumstances, the Tribunal preferred the evidence of Dr Danboyi.

103. The Tribunal further considered whether Dr Danboyi used Patient A's number for non-medical purposes. While non-clinical matters were referenced in the 4 July call, the Tribunal accepted that the purpose of the call, viewed fairly, was predominantly medical: to enquire about her symptoms, recovery and treatment, and to offer reassurance. Any reference to the bakery appeared to the Tribunal to be peripheral and incidental.

104. The Tribunal therefore concluded that the GMC had not provided sufficient evidence to discharge the burden of proof that Dr Danboyi took Patient A's number from her medical records, nor that the use of the number was for non-medical reasons.

105. The Tribunal therefore found paragraph 2(a) of the Allegation not proved.

Paragraph 2b(i)

106. The Tribunal set out to determine whether following the Consultation, on 4 July 2024, Dr Danboyi "inappropriately" telephoned Patient A on her mobile telephone number via WhatsApp and he repeatedly asked in a deliberate and suggestive tone if Patient A was still using the "lubricant without preservatives" or words to that effect.

107. The Tribunal noted that Dr Danboyi accepted that he telephoned Patient A on that date and that he asked whether she was continuing to use preservative-free lubricating eye

drops. He denied that the call was inappropriate and denied that the term was used with any suggestive emphasis. His evidence was that this language was a standard clinical expression in ophthalmic practice and directly relevant to her treatment, recovery and the potential resumption of contact lens use.

108. The Tribunal carefully examined the GMC's evidence regarding the Doctor's tone. Patient A was not asked, during her oral evidence, to demonstrate or describe the manner in which the words were allegedly spoken. There was therefore no evidence before the Tribunal to allow it to assess whether the language was delivered in a deliberate or suggestive way. Moreover, the Tribunal considered that, in her witness statement dated 17 November 2024, Patient A indicated a lack of clarity as to whether the phrasing had any sexual implication, stating:

> *"Have you been using the lubrication without preservatives?" it felt as though the emphasis was on "lubrication without preservatives." I was not sure if it was a standard medical term or possibly a sexual reference. During the conversation I treated it as a medical term and confirmed that I had been using it and that it was helping."*

109. The Tribunal considered that Patient A's lack of clarity, coupled with her own decision at the time to treat the phrasing as a medical question, did not support the proposition that it was delivered in a suggestive tone. In addition, she accepted that the term was associated with her prescribed treatment. On that basis, the Tribunal found that while Dr Danboyi may have repeated the question about continued use of lubricating drops, if it was repeated, it was for clinical reasons rather than in pursuit of any improper motive.

110. Accordingly, the Tribunal did not find proved that the comment was made in a deliberate and suggestive tone, or that the call was inappropriate for that reason.

111. The Tribunal therefore found paragraph 2b(i) of the Allegation not proved.

Paragraph 2b (ii)

112. The Tribunal set out to determine whether following the Consultation, on 4 July 2024, Dr Danboyi "*inappropriately*" telephoned Patient A on her mobile telephone number via WhatsApp and he said to Patient A "*I'm just in my car right now, passing your area. We*

should go for food. There's a bakery nearby I want to take you to, it would be great to meet up", or words to that effect.

113. The Tribunal accepted that contacting a patient at around 07.04am was unusual. However, it also took into account Dr Danboyi's explanation that he had already purchased bread from a bakery he had mentioned to Patient A at the consultation, that passing it reminded him of their agreement that he would follow up, and that this prompted him to call to enquire about her symptoms, recovery, and treatment adherence.

114. In his Rule 7 response, he stated:

> '*As usual, I buy bread for my colleagues to eat at work. It was then I remembered my Patient A and wanted to know how she was recovering as we agreed. I called her and she picked the call. I told her it was me and she was excited and told she was a lot better and that the presentation went well.*'

115. Dr Danboyi denied saying, or implying, "*We should go for food… it would be great to meet up*" or that he wished to take her to the bakery. The Tribunal also noted that Ms B's witness statement made no mention of any invitation to a bakery or suggestion of meeting socially on that date. The Tribunal considered Patient A's evidence with care. While references to the bakery appeared in the WhatsApp messages as part of the later discussion with Ms B, it concluded that they did not amount to reliable proof that Dr Danboyi had invited Patient A to meet him there. In particular, the Tribunal considered that this issue was made more unclear and confused by the references in the text messages to the Doctor allegedly stating that he would see Patient A on the Saturday, which suggestion appeared to come as a surprise to Patient A, who had to be reminded of it by Ms B. Indeed, this confusion begs the question whether Patient A misunderstood what Dr Danboyi was saying in relation to the bakery. Furthermore, Patient A made no reference to the bakery in her complaint to the GMC.

116. Again, having regard to Patient A's own evidence that she did not perceive any flirtatious conduct during the consultation, her lack of clarity about details concerning the call, and the absence of reliable corroboration of any invitation to meet up, the Tribunal did not find that the alleged statements had been proved to the requisite standard.

117. The Tribunal therefore found paragraph 2b(ii) of the Allegation not proved.

118. For completeness and clarity, while the Tribunal found proved that Dr Danboyi telephoned Patient A on 4 July 2024 and asked about her use of preservative-free lubricant, it did not find that he did so "inappropriately". In relation to paragraph 2b(i), although it was satisfied that the question was asked, it did not find proved that it was delivered in a deliberate and suggestive tone. In relation to paragraph 2b(ii), the Tribunal found that although mention of the bakery was made, there was no reliable evidence that he invited Patient A to meet him there or elsewhere.

119. The Tribunal therefore found paragraph 2b of the Allegation not proved.

Paragraph 3a

120. The Tribunal set out to determine whether on 6 July 2024 Dr Danboyi inappropriately telephoned Patient A on her mobile telephone number via WhatsApp.

121. The Tribunal has considered Paragraph 3a on the basis that Dr Danboyi acted as alleged in the absence of any knowledge that Patient A had sent him the WhatsApp message at 08.16am on 4 July.

122. The Tribunal noted that Dr Danboyi admitted making the telephone call on that date, but not that it was inappropriate. His evidence was that the purpose of the call was, once again, clinical. He stated that he wished to follow up with Patient A, to enquire about her recovery, and to advise that she could resume wearing contact lenses whilst continuing with the preservative-free lubricating eye drops. The Tribunal considered this explanation to be plausible and consistent with his earlier evidence as to the reason for the consensual exchange of numbers during the consultation.

123. The Tribunal recognised that, given the context of the WhatsApp message sent by Patient A on 4 July asking Dr Danboyi not to contact her again, it was understandable that Patient A, and subsequently Ms B, would have viewed the call with concern. However, the Tribunal was mindful that Patient A did not answer the call and its content was therefore unknown, and that the GMC presented no evidence of any alternative motive for the call to contradict the clinical purpose consistently described by Dr Danboyi since his first response to the investigation. Furthermore, the Tribunal noted that Dr Danboyi made no attempt to call again that day, which it considered was not commensurate with someone seeking an improper relationship with another person.

124. Consequently, while the Tribunal accepted that the call was made, it found nothing in the evidence to suggest that it was made inappropriately. The Tribunal therefore concluded that the GMC had not discharged the burden of proving that the call on 6 July was inappropriate.

125. The Tribunal therefore found paragraph 3(a) of the Allegation not proved.

Paragraph 3b

126. The Tribunal set out to determine whether on 6 July 2024 Dr Danboyi **inappropriately** sent Patient A a WhatsApp message, which he later deleted.

127. The Tribunal bore in mind that Dr Danboyi has admitted this charge with the exception of the word 'inappropriately'. The Tribunal noted that Dr Danboyi accepted that he sent a WhatsApp message to Patient A on that date and that it was later deleted, but he denied that any aspect of this conduct was inappropriate. His evidence was that, upon reading Patient A's earlier message, he was surprised and confused by it, and initially drafted and sent a response apologising and asking why she had sent it. He explained that, on reflection, he decided that further contact was not what Patient A wanted, and therefore deleted the message and removed her contact details from his phone.

128. There was no evidence before the Tribunal to contradict that account, and the GMC provided no alternative explanation or basis for concluding that the sending or later deletion of the message was inappropriate. The Tribunal considered Dr Danboyi's explanation to be credible, consistent with his wider evidence, and reflective of an intention to respect Patient A's expressed wish not to be contacted. Indeed, the Tribunal considered that it was arguable that deleting a message already sent, in the knowledge that the intended recipient had indicated would be unwelcome, could not be described as "*inappropriate*".

129. Accordingly, although satisfied that a message was sent and later deleted, the Tribunal did not consider that conduct to be inappropriate.

130. The Tribunal therefore found paragraph 3(b) of the Allegation not proved.

131. For completeness and clarity, although the Tribunal found that sub-paragraphs 3(a) and 3(b) were factually proved to the extent that a call was made and a message was sent and deleted, it did not find proved that either act was carried out "inappropriately," as

required by the stem of the charge. The absence of inappropriate conduct in both sub-paragraphs meant that the allegation under paragraph 3 was not proved as a whole.

132. The Tribunal therefore found paragraph 3 not proved.

Paragraphs 4a and 4b

133. Having found none of the alleged actions in paragraphs 1 to 3 of the Allegation were carried out "*inappropriately*", the Tribunal determined that it was therefore unnecessary for it to go on to consider whether Dr Danboyi's conduct was in pursuit of an improper emotional relationship with Patient A or was sexually motivated.

134. Accordingly, the Tribunal automatically found paragraphs 4(a) and 4(b) of the Allegation not proved.

The Tribunal's Overall Determination on the Facts

135.The Tribunal has determined the facts as follows:

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

1. On 26 June 2024, you consulted with Patient A at Whipps Cross Hospital ('the Consultation') and during the Consultation you inappropriately:

    a. asked Patient A:

        i. "do you have a boyfriend"; **Not proved**

        ii. where she lived; **(This sub-paragraph proved as a matter of strict fact but the question found not to be asked "inappropriately" as alleged in the stem of the charge, therefore) Not proved**

        iii. exactly where she lived at the location referred to in Schedule 1; **Not proved**

    or words to that effect;

    b. said to Patient A:

        i. "it shouldn't be hard for a woman who looks like you to get a boyfriend"; **Not proved**

ii. you would love to take her to a bakery at the location referred to in Schedule 2; Not proved

or words to that effect;

c. handed Patient A a note with your name and mobile telephone number written on it; (This sub-paragraph proved by way of admission but the Doctor's action found not to be carried out "inappropriately" as alleged in the stem of the charge, therefore) Not Proved

d. said to Patient A that if she had any issues or wanted to go to the bakery, then she should call you, or words to that effect. (The part of this sub-paragraph that reads "said to Patient A that if she had any issues…then she could call you" proved as a matter of strict fact; with the part that reads "or wanted to go to the bakery" Not proved as a matter of fact, with the former found not to be stated "inappropriately" as alleged in the stem of the charge, therefore) Not proved

2. Following the Consultation:

a. between around 26 June and 4 July 2024, you took Patient A's mobile telephone number from her medical records when it had been provided for medical purposes, and used it to contact her for non-medical purposes; Not proved

b. on 4 July 2024, you inappropriately telephoned Patient A on her mobile telephone number via WhatsApp and you:

iii. repeatedly asked in a deliberate and suggestive tone if Patient A was still using the "lubricant without preservatives"; Not proved

iv. said to Patient A "I'm just in my car right now, passing your area. We should go for food. There's a bakery nearby I want to take you to, it would be great to meet up"; Not proved

or words to that effect.

3. On 6 July 2024 you inappropriately:

a. telephoned Patient A on her mobile telephone number via WhatsApp; (Admitted and found proved with the exception of the word "inappropriately" as alleged in the stem of the charge; Not proved in relation to the word "inappropriately" therefore) Not proved

b. sent Patient A a WhatsApp message, which you later deleted. {Admitted and found proved with the exception of the word "inappropriately" as alleged in the stem of the charge; Not proved in relation to the word "inappropriately" therefore) Not proved

4. Your conduct as set out at paragraph(s) 1-3 was

a. in pursuit of an improper emotional relationship with Patient A; Not proved

b. sexually motivated. Not proved

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

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

Postscript

137. Notwithstanding that the Tribunal found the case against Dr Danboyi was not proved, the Tribunal considered that it was appropriate to make the following observations about his conduct in the hope that they would assist him in the future.

138. The Tribunal considered that, although it found the Dr Danboyi's actions did not have any inappropriate or improper motive, certain of his actions did cause the Tribunal some concern, especially as it considered that they were capable of being misunderstood by his patients (not that it was a particular feature of this case that misunderstandings were at the core of the evidence before the Tribunal). In particular, although the Tribunal appreciated Dr Danboyi's reasons for giving Patient A his personal mobile telephone number, the Tribunal wishes to emphasise that this is not good practice and, if done at all, should be done sparingly and in exceptional circumstances. Second, the Tribunal was concerned that Dr Danboyi telephoned Patient A on the first occasion eight days after the initial consultation without warning and at 07.04am. The Tribunal considered that, at the very least, this was an unconventional time to be contacting a patient, especially given that: it was not an emergency; it was over a week since the consultation; and there had been no contact from Patient A, which potentially suggested that no follow up was required. Although the Tribunal appreciated that the Doctor stated that he made the call on the spur of the moment having been reminded of Patient A because he had just gone to the bakery, the Tribunal would emphasise that, in future, he be more aware of the appropriateness of contacting patients "out of hours" in this way. Finally, the Tribunal would caution Dr Danboyi about becoming over-enthusiastic when talking about non-clinical matters, such as his particular fondness for a type of food establishment near to where a patient lived, which, again, could be misinterpreted by patients as over-familiarity.

139. The Tribunal wishes to make it clear that it makes the above comments in order to be helpful to Dr Danboyi in his future practice. The Tribunal considers that a number of the allegations against him could have been avoided had he, before acting as he accepts he did, stopped and considered the potential ramifications of what he was about to do or say.

140. The Tribunal was informed that there is currently an interim order on Dr Danboyi's registration. Having found none of the facts proven and in the absence of any objection from the GMC, the Tribunal revoked the interim order on Dr Danboyi's registration.

141. That concludes the case.

ANNEX A – 24/11/2025

Application for Witness Anonymity

142. On 24 November 2025 (Day 1), prior to the case opening, Mr Peter Byrne, 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 Patient A be granted anonymity throughout proceedings.

Submissions on behalf of the GMC

143. Mr Byrne submitted that the hearing will be held in public. He stated that there is no good reason why the identity of Patient A should not be anonymised and the patient's identity does not help the Tribunal determine any of the issues in the proceedings. He submitted that there is no obvious reason how the anonymity of the patient could prejudice the hearing or restrict how the doctor presents his case.

144. Mr Byrne submitted that Dr Danboyi's conduct was sexually motivated. He stated that Patient A was XXX years old at the time of the alleged conduct and sets out in her witness statement how she felt at various stages:

a. Patient A states that she felt '*uneasy and uncomfortable during the conversation [consultation] and just wanted to leave*'.

b. After the telephone call she states that '*I felt terrible and was really shaken up. I called my best friend to ask if this was normal. She had to talk me down and help me calm down. I vividly remember trying to do my makeup while on the phone with her, but I was too shaken up to continue*'.

c. She altered her normal routine after the call. She had planned to go out to meet friends but was so concerned about the doctor being close to her home address, she appears to have changed plans and spoken to a friend about how stressed she was. She felt '*incredibly uncomfortable*' in her home address.

145. Mr Byrne submitted that the effect on the patient at the time was significant and she will have to re-live her experience when giving evidence. He submitted that Patient A will be reassured, and better able to concentrate on her evidence, if she is not concerned that her identity may be revealed.

146. Mr Byrne submitted that an order that the patient's identity is anonymised is appropriate in all the circumstances.

On behalf of Dr Danboyi

147. Dr Danboyi did not object to this application.

The Tribunal's approach

148. The LQC gave advice in relation to this application. The LQC confirmed that anonymity is dealt with under Rule 35(4), which states that *'The Committee or Tribunal may, upon the application of a party, agree that the identity of a witness should not be revealed in public'*. The LQC advised that this decision was within the Tribunal's discretion.

149. The LQC confirmed that all witness names in MPTS proceedings are anonymised in any published decision. He reminded the Tribunal that Patient A is to be treated as vulnerable in that the allegations maintain that Dr Danboyi's actions were sexually motivated.

150. Further, the LQC emphasised that, at all stages, the Tribunal should consider the overarching objective to protect the public, uphold professional standards and to maintain public confidence in the profession.

Tribunal's Decision

151. The Tribunal had regard to the relevant Rules, the submissions of both parties and the LQC advice.

152. The Tribunal found the application to be properly made and, particularly since there was no objection by Dr Danboyi, determined to grant the application for anonymity of Patient A.

ANNEX B – 26/11/2025

Application under Rule 17(2)(g)

153. On day two of the hearing, 25 November 2025, following the conclusion of the GMC case, Dr Danboyi made an application 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'.

Submissions

Dr Danboyi

154. Dr Danboyi submitted that there was no case to answer for those paragraphs of the Allegation he had not admitted, namely paragraphs 1a, 1b, 1d, 2a, the remainder of 2b, the remainder of 3, 4a and 4b. He submitted that the state of the evidence at the close of the GMC's case was such that, taken at its highest, no reasonable Tribunal properly directed could find the allegations in issue proved.

155. Dr Danboyi referred the Tribunal to the test to be applied by the Tribunal is as set out in *R v Galbraith [1981] 2 All ER 1060*. He submitted that the correct test at half-time is whether there is evidence upon which a reasonable tribunal, properly directed, could find the allegation proved. Where the GMC's evidence on a material element is tenuous, self-contradictory or inherently unreliable, the tribunal should not call upon the practitioner to answer those allegations.

156. Dr Danboyi submitted that, applying the two-fold test in Galbraith and Rule 17(2)(g) of the Medical Practitioners Tribunal Rules, there is no case for him to answer. He submitted that the Tribunal has now heard the evidence of Patient A and Ms B, both called by the GMC, and has had the opportunity to observe each witness under cross-examination. He submitted that the evidence relied upon by the GMC is speculative, inconsistent and contradictory, and that, even taken at its highest, is incapable of supporting the allegations in law.

157. Dr Danboyi submitted that the Tribunal must ask whether there is evidence upon which a properly directed Tribunal could find the allegations proved. He submitted that it is not enough that the evidence could theoretically be believed; it must be capable, as a matter of logic and law, of supporting the allegation. He submitted that where the evidence is so unreliable and contradictory that no reasonable Tribunal could rely upon it, the case must be stopped under Rule 17(2)(g).

158. Dr Danboyi submitted that the GMC's case rests entirely on the accounts of Patient A and Ms B. He submitted that the evidence of Patient A has shifted in material respects, including her account of the alleged telephone call, the timing of the call, the words allegedly used, and how she says he obtained her telephone number. He submitted that these are not minor discrepancies but go to the heart of the allegation, particularly as the GMC seeks to attribute improper intent and a sexual motive to him.

159. Dr Danboyi submitted that Ms B's evidence does not corroborate Patient A, but contradicts her. He submitted that their respective accounts are incompatible on key issues. Dr Danboyi submitted that Ms B's narrative concerning the alleged telephone call, the timing, the words used and the manner in which he obtained her phone number had shifted materially. He submitted that Patient A's witness statement gave an account which is incompatible with Ms B's version of events. Dr Danboyi submitted that Ms B also introduced details that do not appear in Patient A's original complaint, which indicates embellishment and reconstruction rather than independent recollection.

160. Dr Danboyi submitted that both Patient A and Ms B relied heavily on speculation, assumption and reconstructed memory rather than on contemporaneous recollection. He submitted that there is no contemporaneous note, complaint, record or other objective evidence to support the alleged conduct. Dr Danboyi stated that this demonstrates features strongly suggestive of fabrication or exaggeration. He submitted that, where the only evidence has these features and is internally contradictory, no reasonable Tribunal could rely upon it to make adverse findings on the balance of probabilities.

161. Dr Danboyi submitted that the allegation that he improperly accessed Patient A's telephone number from her medical records is unsupported by any evidence. He submitted that the GMC has produced no objective data, no audit, and no witness evidence showing that he accessed the records for non-clinical purposes. Dr Danboyi submitted that the Tribunal cannot infer improper access from mere suspicion. He submitted that a finding of misconduct cannot be based on conjecture and that, where the evidence amounts to speculation alone, the allegation is incapable of proof and must be stopped.

162. Dr Danboyi submitted that the allegation regarding the word "lubricant" being used in a sexualised tone has no evidential foundation. He submitted that Patient A accepted that no explicit sexual language was used, that he did not show any sexual interest in her, and that she did not report any sexualised conduct either during the consultation or at the time of the alleged call. Dr Danboyi submitted that his explanation that any reference to lubricant would

have been medical or contextual is consistent with the clinical nature of the consultation. He submitted that the allegation of sexualised language rests solely on inconsistent and unreliable assertions that have been influenced by others and are unsupported by any objective material.

163. Dr Danboyi submitted that, although he has admitted handing Patient A a note with his mobile telephone number on it, this admitted conduct cannot, in isolation, support any of the GMC's further allegations. He submitted that the GMC cannot convert such an admitted fact into proof that he was pursuing an emotional relationship or was sexually motivated without reliable evidence to give it such character, and he submitted that there is no such evidence.

164. Dr Danboyi submitted that, taking the GMC's evidence at its highest, it is internally inconsistent, contradicted by the GMC's own witnesses, contains elements of fabrication or embellishment, is based on speculation rather than facts, and is unsupported by any objective or documentary evidence. He submitted that no reasonable Tribunal could find the alleged misconduct proved on such a foundation. Dr Danboyi submitted that it would be inappropriate and procedurally unfair for the case to continue in the face of such serious evidential deficiencies.

165. Dr Danboyi therefore submitted that the evidence is incapable, as a matter of law, of sustaining any of the allegations, and he respectfully invited the Tribunal to conclude that there is no case to answer and to stop the proceedings at this stage under Rule 17(2)(g).

On behalf of the GMC

166. Mr Byrne submitted that the present application should be on the basis that it has been advanced under the second limb of *Galbraith*. He stated that the GMC's position is that all allegations should proceed and that the guidance given in Galbraith applies directly to the circumstances of this case. He submitted that the principle set out in *Galbraith* is clear: where the strength or weakness of the evidence depends upon the Tribunal's assessment of the reliability of a witness, and where on one possible view of the evidence a reasonable Tribunal could find the allegation proved, then the case should continue.

167. Mr Byrne stated that this approach was effectively adopted in *Solicitors Regulation Authority v Sheikh [2023] EWHC 447 (Admin); [2023] 4 WLR 51*, where it was held that the key question at the half-time stage is whether, on one possible view of the evidence, there is

material on which a reasonable Tribunal, not all reasonable Tribunals, could find the allegation proved. He submitted that, if the answer to that question is "yes", then there is a case to answer.

168. Mr Byrne submitted that this case is precisely the type of situation envisaged by those authorities. He stated that Tribunals are routinely required to consider evidence that is challenged or imperfect, and that matters of reliability, consistency and weight fall squarely within the Tribunal's role at the conclusion of the evidence, rather than at the Rule 17 stage. Mr Byrne stated that no witness's evidence is ever perfect and that differences in recollection may arise for a number of reasons, including trauma, the passage of time, or differing priorities when reporting concerns.

169. Mr Byrne submitted that the criticism made that there is no reliable evidence or no corroboration is misplaced. He stated that the question at this stage is not whether the Tribunal ultimately finds the evidence convincing, but whether there is evidence on which a reasonable Tribunal could find the allegations proved. Mr Byrne stated that there is sworn evidence before the Tribunal, comprising statements and testimony from Patient A and Ms B. He submitted that both witnesses were rigorously tested in cross-examination and made concessions where appropriate, yet neither admitted dishonesty, fabrication or inaccuracy in the key allegations, and both maintained their accounts.

170. Mr Byrne stated that the Tribunal will be well aware that corroboration is not required as a matter of law. He submitted that the Tribunal is entitled to accept or reject Patient A's evidence even if it stands alone. He stated that, in re-examination, he put to Patient A the suggestion that she had invented the allegations that the doctor asked her about a boyfriend and suggested meeting up. He stated that Patient A was unequivocal in her response, confirming that she had not fabricated anything. He submitted that this remains her evidence and that she has stood by it throughout.

171. Mr Byrne submitted that it is correct that Ms B does not corroborate certain parts of Patient A's evidence, including references made in the consultation and Patient A's own perception of the tone used in the telephone call. He stated that Ms B could not corroborate matters she was not present to observe and could only recount what she had been told. He submitted that this is not inconsistency but simply a proper reflection of the limits of her knowledge, which she fairly acknowledged.

172. Mr Byrne submitted that there is corroboration in other aspects of Ms B's evidence and in contemporaneous messages. He stated that Ms B described three central concerns arising after the call of 4 July 2024: that the doctor had obtained and used Patient A's number, that he appeared to know where she lived, and that he suggested a meeting. He stated that Ms B confirmed that she stood by those concerns, even if she could not recall the exact wording used. He stated that she clarified that Patient A told her she had not provided the number to the doctor. He emphasised that Ms B had not seen the messages again since the time they were sent, nor when she made her statement, which he submitted lends weight to her account rather than undermines it.

173. Mr Byrne submitted that the contemporaneous messages support and corroborate both the concerns raised and the core allegations. He stated that the messages demonstrate that the doctor appeared to know Patient A's address, that a meeting had been suggested, and that Patient A had not given him her number. He submitted that the concerns expressed in those messages were sufficiently troubling that the possibility of a GMC referral was raised almost immediately. He stated that these messages are consistent with the allegations and corroborative of the witness evidence.

174. Mr Byrne stated that there is no evidential basis to suggest that Patient A has fabricated or embellished her account. He submitted that her frankness in giving evidence, her willingness to assist the doctor by attempting to verify whether her message had been read, and her concessions where appropriate are wholly inconsistent with deliberate invention. He stated that both witnesses described Patient A as someone who avoids conflict, which he submitted is equally inconsistent with any motive to fabricate a complaint against a doctor.

175. Mr Byrne submitted that while he has addressed the criticisms raised by the doctor, the ultimate question under *Galbraith* and *Sheikh* is whether there is evidence upon which a reasonable Tribunal could find the allegations proved. He stated that the matters raised by the doctor are matters of credibility, reliability and weight, and therefore must be determined by the Tribunal at the appropriate stage.

176. Mr Byrne therefore submitted that the application should be refused and that all allegations should proceed.

Advice from the Legally Qualified Chair

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

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

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

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

180. The Tribunal had particular regard to the case *of R v Galbraith [1981] 1 WLR 1039*, which sets out that:

> (1) If there is no evidence that the crime alleged has been committed by the defendant, there is no difficulty. The judge will of course stop the case.
>
> (2) The difficulty arises where there is some evidence but it is of a tenuous character; for example, because of inherent weakness or vagueness, or because it is inconsistent with other evidence.
>
> (a) Where the judge comes to the conclusion that the prosecution evidence, taken at its highest, is such that a jury properly directed could not properly convict upon it, it is his duty, upon a submission being made, to stop the case.
>
> (b) Where, however, the prosecution evidence is such that its strength or weakness depends on the view to be taken of a witness's reliability, or other matters which are generally speaking within the province of the jury and where on one possible view of the facts there is evidence upon which a jury could properly come to the conclusion that the defendant is guilty, then the judge should allow the matter to be tried by the jury.'

181. It also noted that this authority had been applied by the courts to disciplinary proceedings in the case of *Solicitors Regulation Authority v Sheikh [2020] EWHC 3062 (Admin)*. In that case Davis LJ held that the key question at the half-time stage is whether, on

one possible view of the evidence, there is evidence upon which a reasonable Tribunal (not all reasonable Tribunals) could find the matter proved when making the final adjudication. If the answer is 'yes', then there is a case to answer.

Tribunal's Decision

182. The Tribunal reminded itself that its task at this stage is not to determine whether the allegations are proved, but to decide whether there is evidence on which, on one possible view, a reasonable Tribunal could find the allegations proved. The Tribunal applied the approach *in R v Galbraith [1981] 1 WLR 1039* and *Solicitors Regulation Authority v Sheikh [2023] EWHC 447 (Admin)*, namely that where the strength or weakness of the evidence depends upon an assessment of the reliability and credibility of witnesses, the case should ordinarily continue.

183. The Tribunal had regard to the evidence given by Patient A and Ms B, both witnesses called by the GMC. Patient A's evidence has been tested by cross-examination, and she made concessions in a way that the Tribunal considered could be consistent with honest recall. Whilst there were some apparent discrepancies, the Tribunal noted that these were limited and may fairly be attributed to the nature of memory. Patient A nevertheless maintained the core elements of her account, and at this stage the Tribunal found no sufficient basis to disregard her evidence entirely.

184. The Tribunal noted that, although Ms B was not present for the consultation or the telephone call, her evidence concerned what she was told contemporaneously by Patient A. The Tribunal agreed with Mr Byrne that, arguably, this might not be contradictory, but reflective of the limits of her knowledge. It also observed that Ms B had not revisited the messages when making her statement yet nevertheless described concerns consistent with the WhatsApp material. On one possible view of the evidence, this may provide support for Patient A's account.

185. The Tribunal examined the WhatsApp messages exchanged between Patient A and Ms B. It considered these to be contemporaneous, and noted that they contain expressions of distress shortly after the alleged telephone contact, and apparent concern that the doctor had obtained Patient A's telephone number without her providing it. The Tribunal also noted references in those messages to the doctor knowing where Patient A lived and to a proposed meeting. At this stage, the Tribunal considered this material arguably was capable of corroborating aspects of Patient A's account, particularly in relation to the allegations concerning the telephone communications.

186. The Tribunal also considered some of the surrounding circumstances described in evidence. It noted that the first telephone call was made at 7.04am which, on the face of it, was an unusual time for a doctor to contact a patient for what appears to have been a minor eye condition diagnosed by him over a week earlier. It further noted that the doctor admitted that he provided his personal mobile number on a handwritten note. The Tribunal recognised that these matters do not prove the allegations, but it considered that, on one possible view, they may lend support to the GMC's case.

187. In relation to paragraph 1 of the allegation, the Tribunal accepted that there is no triangulated or independent evidence of the precise words allegedly spoken during the consultation. However, the Tribunal noted that Patient A has remained consistent about what she alleges was said and about the context in which the telephone number was provided. On one possible view, her account, having been tested and not discredited, for instance, by any admission of fabrication, could be accepted.

188. As to paragraphs 2 and 3, the Tribunal determined that there is evidence capable of supporting the allegation that the doctor used Patient A's number for non-clinical purposes, and that he pursued further contact via WhatsApp and telephone call. The Tribunal relied on Patient A's evidence in conjunction with the WhatsApp messages and Ms B's oral evidence, which, on one possible view, together provide supporting material.

189. Turning to paragraph 4, the Tribunal considered whether there is evidence capable of supporting the contention that the conduct was in pursuit of an improper emotional relationship and/or sexually motivated. The Tribunal acknowledged that motive is often inferred from conduct rather than explicit statements. The Tribunal considered that, on one possible view, against the background of enquiries about whether Patient A had a boyfriend, compliments about her appearance, the alleged pursuit of contact outside professional boundaries, the apparent obtaining from patient records and the use of a patient's personal number, requests for knowledge of Patient A's location, and suggestions of meeting for food, arguably could be regarded as opportunistic and directed towards forming a personal relationship. In those circumstances, the Tribunal concluded that, if proved, the conduct could reasonably be perceived as sexual in nature or sexually motivated. In any event, the combination of such actions required, in the Panel's view, some form of explanation from the doctor, which in turn indicated that there was a case to answer.

190. Accordingly, the Tribunal determined that, on one possible view of the evidence, a reasonable Tribunal could find paragraphs 1–4 proved. There is therefore a case to answer on all parts of the allegation.