

**PUBLIC RECORD**

**Dates:** 30/09/2024 – 26/11/2024;  
29/11/2024;  
19/12/2024;  
06/01/2025 – 10/01/2025;  
14/02/2025;  
19/02/2025 – 20/02/2025;  
10/03/2025 – 13/03/2025

**Doctor:** Dr Daman SHARMA

**GMC reference number:** 6137845

**Primary medical qualification:** Med Dip 2002 Odessa State Medical University

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

**Summary of outcome**

Erasure  
Immediate order imposed

**Tribunal:**

Legally Qualified Chair	Miss Deborah Gould
Lay Tribunal Member:	Dr Amit Jinabhai
Registrant Tribunal Member:	Dr Janet Nicholls
Tribunal Clerk:	Mr Matt O'Reilly Ms Maria Khan (19/02/2025 & 20/02/2025 only)

**Attendance and Representation:**

Doctor:	Present, represented
Doctor's Representative:	Mr Alan Jenkins , Counsel, instructed by Weightmans Solicitors
GMC Representative:	Ms Sharon Beattie, KC

## Attendance of Press / Public

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

## Overarching Objective

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

## Determination on Facts - 20/02/2025

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

## Background

2. Dr Sharma gained his Medical Diploma from the Odessa State Medical University in Odessa, Ukraine in 2002. He worked at the Mata Vaishno Devi Hospital in Ludhiana, India between July 2002 and June 2004 before moving to the UK in 2004. Dr Sharma then worked as an Assistant Practitioner at the Fairfield Medical Centre, Liverpool from August 2004 until March 2009. He obtained provisional registration with the GMC in January 2009. Thereafter he undertook his Foundation Years (FY) 1 and 2 at Wirral University Teaching Hospital NHS Foundation Trust ('*Arrowe Park Hospital*') between March 2009 and August 2011.
3. Dr Sharma obtained full registration with the GMC in February 2010. After completing his foundation training in August 2011, Dr Sharma immediately commenced his GP training with St Helen's and Knowsley NHS Trust ('*St Helen's*'). Initially he was based at Hunts Cross Health Centre. From February 2012 Dr Sharma undertook a number of training rotations in various departments of the Royal Liverpool University Hospital NHS Foundation Trust ('*RLUH*'). He also undertook a training rotation at Moreton Medical Centre, Wirral.
4. During his GP training, in July 2012, Dr Sharma worked as a locum middle grade Registrar at the Accident and Emergency Department of Alder Hey Children's Hospital NHS Foundation Trust ('*Alder Hey*'). On 27 May 2014 Dr Sharma's GP training was interrupted until 13 July 2015. He resumed his GP training program as a GP Registrar at St Mary's Medical Centre, Oldham.

5. On 28 January 2016 Dr Sharma's GP training was interrupted again and he did not work again until 12 June 2019, when he started work as a locum middle grade Registrar at Liverpool University Foundation Hospital Trust ('*Aintree Hospital*'). He then worked at Aintree Hospital until November 2021.

6. The Allegation before this Tribunal relates to a number of incidents of alleged sexual misconduct towards, and harassment of, eight female colleagues and two patients, in various GP surgeries and hospitals.

7. Ms A, Ms B, Ms C and Ms D, all nurses, complain of conduct between 31 October 2009 and September 2010, during Dr Sharma's foundation training at Arrowe Park Hospital. In respect of Ms G, Ms H, Ms I and Ms J, the conduct is alleged to have occurred between December 2020 and 4 October 2021 whilst Dr Sharma was employed as a locum Registrar at Aintree Hospital.

8. Patient E's complaints are alleged to have occurred during a consultation with Dr Sharma on 2 May 2014 at Alder Hey Hospital. Patient F's complaints arise out of a consultation with Dr Sharma on 26 January 2016 at St Mary's Medical Centre, Oldham. Both patients are said to be vulnerable due to their age at the time.

9. It is further alleged that Dr Sharma was dishonest in that he advised the police that the NHS Trust responsible for managing Arrowe Park Hospital had not upheld the allegations concerning his alleged misconduct at that hospital. Dr Sharma is also alleged to have behaved dishonestly by failing to declare his removal from the Performers' List to the Health Education England ('*HEE*'), St Helen's and his Responsible Officer ('*RO*'). Separately, Dr Sharma is alleged to have acted dishonestly when applying for employment by Addaction by failing to inform Addaction that his entry on the Medical Register was subject to an interim order of conditions.

### **Outcome of Applications made at this Stage**

10. On day 24 of the hearing, Dr Sharma produced a supplemental witness statement, with exhibits. Ms Sharon Beattie KC, on behalf of the GMC submitted that part of these were inadmissible because they were not relevant to the matters which the Tribunal had to decide. The Tribunal's full decision can be found at Annex A.

11. When the GMC closed its case, on day 25, Ms Beattie applied to amend some paragraphs of the Allegation relating to Ms D and Ms J pursuant to Rule 17 (6).

12. Pursuant to Rule 17(6),

*“Where, at any time, it appears to the Medical Practitioners Tribunal that—*

*(a) the allegation or the facts upon which it is based and of which the practitioner has been notified under rule 15, should be amended; and*

*(b) the amendment can be made without injustice, it may, after hearing the parties, amend the allegation in appropriate terms.”*

13. Ms Beattie submitted that as Ms D and Ms J had refused to attend these proceedings as witnesses, the GMC could not prove paragraphs 10, 33, 34(d) and 34(k) of the Allegation, which depended almost if not exclusively upon their evidence. Ms Beattie therefore applied to amend the Allegation by deleting those paragraphs. Mr Jenkins did not oppose the application.

14. Ms Beattie then referred to Ms B’s oral evidence in which Ms B said that although Dr Sharma had licked her face with his tongue coming to rest at the corner of her mouth she did not suggest that Dr Sharma had tried to insert his tongue into her mouth. Ms Beattie submitted, and Mr Jenkins agreed, that therefore there was insufficient evidence upon which the Tribunal could find the paragraph proved. Ms Beattie therefore applied to amend paragraph 5(a)(v) of the Allegation by deleting that paragraph. Mr Jenkins made no objection to the application.

15. Ms Beattie further applied to amend paragraph 14(a)(ii)(1) of the Allegation pursuant to Rule 17(6) by deleting it. Paragraph 14(a)(ii)(1) alleges that that Dr Sharma touched Patient F’s ‘hip’ during a consultation on 26 January 2016. Ms Beattie submitted that although Patient F had referred to her hip in an interview with the police, she physically demonstrated touching on her upper thigh. Patient F confirmed this in her oral evidence. Ms Beattie submitted that there was therefore no cogent evidence to support paragraph 14(a)(ii)(1) of the Allegation. Mr Jenkins made no objection to the application.

16. Finally, Ms Beattie applied to amend paragraph 30(b) of the Allegation pursuant to Rule 17(6) of the Rules by deleting the words *“and that she needed to re-book a [XXX] scan”*. Ms Beattie submitted that Ms I’s evidence was that Dr Sharma told her that she needed to have an XXX test, not that she needed to re-book a XXX scan. Ms Beattie submitted that the gravamen of incident was Dr Sharma telling Ms I that he had accessed her medical records without her consent, not that she needed a XXX scan. She therefore submitted that Dr Sharma would suffer no injustice by the deletion of the words. Mr Jenkins did not object to the application.

17. The Tribunal considered each application fairly reflected the state of the evidence. Further, Mr Jenkins on behalf of Dr Sharma accepted that Dr Sharma would not suffer any

prejudice as a result. The Tribunal therefore concluded that it would be in the interests of justice to grant each of the applications. The Allegation was amended accordingly. Ms Jenkins accepted that, despite the various amendments, Dr Sharma would not be prejudiced if the balance of the Allegation was proceeded with.

18. Finally, Ms Beattie invited the Tribunal to disregard any statement or exhibit produced by either Ms D or Ms J except that any Whatsapp communications produced by Ms J between herself and Dr Sharma if he accepted this messaging when he gave oral evidence.

19. On day 37 of the hearing, the Tribunal proposed, and made, a further amendment to paragraphs 27 and 28 of the Allegation. Its full determination can be found at Annex B.

20. On 19 February 2025, during its deliberations concerning the facts, the Tribunal amended paragraphs 14d, 31d and 31e of the Allegation. Its full determination can be found at Annex C.

### The Allegation and the Doctor's Response

21. The Allegation made against Dr Sharma is as follows:

#### Ms A

1. On or around 31 October 2009, whilst at work with Ms A:
  - a. in response to Ms A stating that she was going to a friend's house to watch films, you stated that you believed you knew what young girls were like, and that they would probably be watching pornographic films instead, or words to that effect; **To be determined**
  - b. you:
    - i. asked Ms A if she was:
      1. single or in a relationship; **To be determined**
      2. having casual sex with anybody; **To be determined**or words to that effect;
    - ii. on one or more occasion, asked Ms A:
      1. when she had last had sexual intercourse;  
**To be determined**

2. whether it had been a matter of weeks or months since she had last had sexual intercourse; **To be determined**

or words to that effect.

2. Between around November 2009 and January 2010, whilst at work with Ms A:

- a. on one or more occasion you:

- i. told Ms A:

1. you didn't think she could be sexually active because she worked a lot over the weekend; **To be determined**
2. you wanted to take her out; **To be determined**
3. not to worry about you being XXX; **To be determined**

or words to that effect;

- ii. asked Ms A:

1. when she was last sexually active; **To be determined**
2. why she was single; **Admitted and found proved**
3. why she wouldn't let you take her out; **To be determined**

or words to that effect;

- b. in the presence of a patient, you:

- i. asked Ms A:

1. for her phone number; **To be determined**
2. if you could take her out; **To be determined**

- ii. told Ms A not to worry about you being XXX; **To be determined**

or words to that effect.

3. Between around December 2009 and January 2010:

- a. as Ms A was walking along a corridor at work, you approached her from behind and:
  - i. wrapped a tourniquet around Ms A's wrist; **To be determined**
  - ii. pulled Ms A to the side; **To be determined**
  - iii. told Ms A:
    - 1. to stop winding you up and tell you when she had last had sex;  
**To be determined**
    - 2. that she should let you take her out; **To be determined**
    - 3. that if she hadn't had sex in a while, she would dry up;  
**To be determined**or words to that effect;
- b. whilst with another doctor at work, you asked Ms A when she was going to:
  - i. tell you when she had last had sex; **To be determined**
  - ii. let you take her out; **To be determined**or words to that effect.

Ms B

- 4. Between around April 2010 and September 2010, you:
  - a. asked Ms B, a colleague, if you could examine her as you would really enjoy it, or words to that effect; **To be determined**
  - b. looked Ms B up and down and said to her 'mmm you do look gorgeous', or words to that effect, after another female member of staff had paid her a compliment; **To be determined**
  - c. on one or more occasion, asked Ms B for her telephone number.  
**To be determined**
- 5. On or around 22 July 2010:

- a. whilst in the observation ward at Arrowe Park Hospital ('the Ward') with Ms B, you:
  - i. asked Ms B for a hug; **To be determined**
  - ii. put your arms around Ms B; **Admitted and found proved**
  - iii. leant Ms B back against a set of cupboards; **To be determined**
  - iv. licked Ms B's face from the side of her left cheek down to the left side of her mouth; **To be determined**
  - ~~v. tried to put your tongue in Ms B's mouth;~~  
**Withdrawn pursuant to Rule 17(6)**
  - vi. asked Ms B:
    - 1. where she would like you to lick; **To be determined**
    - 2. to meet you after work for a drink; **To be determined**
    - 3. what her husband would think when you and Ms B met;  
**To be determined**or words to that effect;
  - vii. said to Ms B:
    - 1. the words set out in Schedule 1; **To be determined**
    - 2. that you couldn't stop thinking about her;  
**To be determined**or words to that effect;
- b. you attended the female bay of the Ward and:
  - i. pressed up against Ms B from behind; **To be determined**
  - ii. placed your hands on either side of Ms B's arms.  
**To be determined**

6. Between around August 2010 and September 2010:



- a. whilst Ms B was taking a patient's blood pressure, you:
  - i. stood very close to Ms B; **To be determined**
  - ii. put your hand on Ms B's lower back; **To be determined**
  - iii. rubbed your hand in a slow circle on Ms B's lower back whilst Ms B attended to the patient; **To be determined**
- b. you approached Ms B and:
  - i. stroked your hands down her arms and onto her hands;  
**To be determined**
  - ii. said to Ms B that this was you behaving, or words to that effect.  
**To be determined**

Ms C

- 7. In or around May 2010, in reference to an elderly male patient who was moving his hand over his genital region under a blanket ('the Patient'), on one or more occasion you told Ms C, a colleague, that the Patient was waiting for her to:
  - a. sort him out; **To be determined**
  - b. relieve him; **Admitted and found proved**or words to that effect.
- 8. Between around May 2010 and September 2010, during a discussion in the duty room at Arrowe Park hospital about what the initials 'PS' meant in a newspaper article, you:
  - a. made one or more sexual references about the initials, including telling Ms C that it meant 'pussy shaggers'; **To be determined**
  - b. inappropriately referred to XXX; **To be determined**or words to that effect.
- 9. On or around 18 September 2010, you approached Ms C from behind and you:
  - a. put your arm around Ms C's waist; **Admitted and found proved**

- b. on one or more occasion, squeezed Ms C's waist. **To be determined**

Ms D

~~10. Between around June 2010 and September 2010:~~

~~a. on one or more occasion, you:~~

~~i. told Ms D, a colleague, that you wanted to kiss her lip gloss off;~~

**Withdrawn pursuant to Rule 17(6)**

~~ii. asked Ms D why she would not let you kiss her;~~

**Withdrawn pursuant to Rule 17(6)**

~~or words to that effect;~~

~~b. you:~~

~~i. repeatedly asked Ms D if you could meet her outside of work, or~~

~~words to that effect; Withdrawn pursuant to Rule 17(6)~~

~~ii. said to Ms D the words set out in Schedule 2, or words to that effect;~~

**Withdrawn pursuant to Rule 17(6)**

~~iii. told Ms D that you would like to find out if she swallowed, or words to~~

~~that effect; Withdrawn pursuant to Rule 17(6)~~

~~iv. asked Ms D:~~

~~1. where she lived; Withdrawn pursuant to Rule 17(6)~~

~~2. if she would meet you at a local restaurant;~~

**Withdrawn pursuant to Rule 17(6)**

~~or words to that effect.~~

Patient E

11. On or around 2 May 2014, you performed an examination of Patient E, a minor,  
(‘Patient E’s Exam’) and you:

- a. lifted Patient E’s top and grabbed one of her breasts;

**To be determined**

- b. slid your hand under Patient E's leggings and grabbed her vulval area.

**To be determined**

- 12. After Patient E's Exam, you said to Patient E 'we're going to have to get you some sausages to eat', or words to that effect. **Admitted and found proved**
- 13. At all material times Patient E was vulnerable due to:
  - a. her age; **Admitted and found proved**
  - b. a mental health condition. **Admitted and found proved**

Patient F

- 14. On 26 January 2016 you consulted with Patient F, a minor ('the Consultation'), and during the Consultation you:
  - a. touched:
    - i. on one or more occasion, Patient F's:
      - 1. thigh; **To be determined**
      - 2. knee (in the alternative to paragraph 14(a)(i)(1);  
**Admitted and found proved**
    - ii. Patient F's:
      - 1. ~~hip~~; **Withdrawn pursuant to Rule 17(6)**
      - 2. hand; **Admitted and found proved**
  - b. placed your arms around Patient F's shoulders; **To be determined**
  - c. hugged Patient F; **To be determined**
  - d. brushed Patient F's cheeks with your own;  
**Amended pursuant to Rule 17(6)**  
**To be determined**
  - e. asked Patient F:
    - i. for her telephone number; **Admitted and found proved**

- ii. about her relationship status, including:
    - 1. if she had a boyfriend; **Admitted and found proved**
    - 2. why she didn't have a boyfriend;  
**Admitted and found proved**
    - 3. if she wanted a boyfriend; **Admitted and found proved**
  - iii. how many people she had had sex with; **To be determined**
  - iv. where she had had sex; **To be determined**
  - v. whether she had had sex at a bus stop; **To be determined**
- or words to that effect.
15. You failed to record an adequate note of the Consultation. **To be determined**
16. At all material times Patient F was vulnerable due to her age.  
**Admitted and found proved**

Police interview

17. During a Police interview on 28 January 2016, you were asked whether previous allegations made against you by colleagues at Arrowe Park hospital ('the Arrowe Park Allegations') had been investigated by the General Medical Council, or words to that effect, and you stated 'And hospital investigated. Nurses got investigated and it was cleared. There was nothing', or words to that effect.  
**Admitted and found proved**
18. You knew that the Arrowe Park Allegations had concluded with:
- a. allegations of inappropriate behaviour of a sexual nature being upheld against you by your employer; **To be determined**
  - b. you being issued with a final written warning by your employer.  
**Admitted and found proved**
19. Your conduct as described at paragraph 17 was dishonest by reason of paragraph 18. **To be determined**

Failure to advise of suspension from performers list

20. On or around 17 February 2016, you were suspended from the National (medical) Performers List ('NPL') and you failed to inform:
- a. HEE; **To be determined**
  - b. your RO; **To be determined**
  - c. the Trust; **To be determined**
- of your suspension.
21. You knew that you were required to inform:
- a. HEE; **Admitted and found proved**
  - b. your RO; **Admitted and found proved**
  - c. the Trust; **Admitted and found proved**
- of your suspension from the NPL.
22. Your failure as described at paragraph 20 was dishonest by reason of paragraph 21. **To be determined**

Failure to declare IOT conditions

23. On 12 March 2018 an interim order of conditions was imposed upon your registration by an Interim Orders Tribunal ('the IOT Conditions').  
**Admitted and found proved**
24. In May 2018, you applied to work for Addaction and you failed to inform them about the IOT Conditions. **To be determined**
25. You knew that the IOT Conditions had to be declared to:
- a. any prospective employer / contracting body at the time of your application;  
**Admitted and found proved**
  - b. the responsible officer of any organisation where you have applied for practising privileges and / or admitting rights, at the time of your application.  
**Admitted and found proved**

26. Your conduct as described at paragraph 24 was dishonest by reason of paragraph 25. **To be determined**

Ms G

27. Between around December 2020 and February 2021, you:
- a. said the words set out in Schedule 3 to Ms G, a colleague, or words to that effect; **To be determined**
  - b. approached Ms G and:
    - i. stated 'I haven't seen you for a while, you look beautiful today' or words to that effect; **To be determined**
    - ii. leaned towards her, pulling her mask down from her face;  
**To be determined**
  - c. asked Ms G:
    - i. if she was pregnant; **Admitted and found proved**
    - ii. if she was having unprotected sex; **Admitted and found proved**
    - iii. when she finished her last period; **Admitted and found proved**or words to that effect;
  - d. told Ms G that her boyfriend 'wasn't doing a good job' or words to that effect, after she told you that she wasn't pregnant. **To be determined**

Ms H

28. On or around 26 February 2021, you approached Ms H, a colleague, and touched the top of Ms H's back and shoulders when speaking to her. **To be determined**

Ms I

29. On or around 20 September 2021:
- a. you told Ms I, a colleague, that you had changed your shift because you wanted to see her pretty face; **To be determined**

- b. on one or more occasion, you asked Ms I to accompany you outside on your break; **Admitted and found proved**
- c. you asked Ms I if you could follow her halfway home for a kiss;  
**To be determined**

or words to that effect.

30. On or around 26 September 2021, during a night shift, you:

- a. repeatedly approached Ms I and asked her to sit in your car and go with you to McDonalds on your break, or words to that effect; **To be determined**
- b. told Ms I that you had looked at a previous CT scan she had undergone, ~~and that she needed to re-book a XXX scan~~, or words to that effect, despite:  
**Amended pursuant to Rule 17(6)**
  - i. you not being Ms I's treating clinician; **To be determined**
  - ii. Ms I not having given you permission to access her medical records;  
**To be determined**
- c. convinced Ms I to undergo an XXX test ('the Test') with you.  
**To be determined**

31. During the Test, you:

- a. stood over Ms I; **To be determined**
- b. told Ms I:
  - i. to come over and give you a kiss; **To be determined**
  - ii. that no one would see if Ms I kissed you; **To be determined**or words to that effect;
- c. asked Ms I if you could feel her:
  - i. breast; **To be determined**
  - ii. nipple; **To be determined**or words to that effect;

- ~~d. told Ms I you felt like a blow job, or words to that effect;~~
- ~~e. put your hand on Ms I's left knee and rubbed upwards towards her thigh.~~

31A After the XXX test you told Ms I you felt like a blow job, or words to that effect;  
Amended pursuant to Rule 17(6)  
**To be determined**

31B On another occasion, during Ms I's shift on 26 to 27 September 2021, you put your hand on Ms I's left knee and rubbed upwards towards her thigh.  
Amended pursuant to Rule 17(6)  
**To be determined**

32. On 4 October 2021 you sent one or more text messages to Ms I despite her having previously asked you to stop messaging her. **Admitted and found proved**

Ms J

- ~~33. In or around September 2021, you approached Ms J, a colleague, when she was on her break and:~~

~~a. told Ms J that she:~~

~~i. was beautiful; Withdrawn pursuant to Rule 17(6)~~

~~ii. could sit in your car next time, and you would kiss her;~~  
**Withdrawn pursuant to Rule 17(6)**

~~or words to that effect;~~

~~b. asked Ms J to:~~

~~i. go for food with you; Withdrawn pursuant to Rule 17(6)~~

~~ii. sit in your car with you; Withdrawn pursuant to Rule 17(6)~~

~~iii. kiss you; Withdrawn pursuant to Rule 17(6)~~

~~or words to that effect.~~

34. Your conduct as set out at paragraph(s):

a. 1 to 3 was:

- i. harassment of a sexual nature as defined in Section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature



which had the purpose or effect of violating the dignity of Ms A or creating an intimidating, hostile, degrading, humiliating or offensive environment for her; **To be determined**

ii. sexually motivated; **To be determined**

b. 4 to 6 was:

i. harassment of a sexual nature as defined in Section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms B or creating an intimidating, hostile, degrading, humiliating or offensive environment for her; **To be determined**

ii. sexually motivated; **To be determined**

c. 7 to 8a and 9 was:

i. harassment of a sexual nature as defined in Section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms C or creating an intimidating, hostile, degrading, humiliating or offensive environment for her; **To be determined**

ii. sexually motivated; **To be determined**

~~d. 10 was:~~

~~i. harassment of a sexual nature as defined in Section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms D or creating an intimidating, hostile, degrading, humiliating or offensive environment for her; **Withdrawn pursuant to Rule 17(6)**~~

~~ii. sexually motivated; **Withdrawn pursuant to Rule 17(6)**~~

e. 11a and/or 11b, was:

i. carried out without consent; **To be determined**

ii. not clinically indicated; **To be determined**

iii. sexually motivated; **To be determined**

- f. 12 was:
  - i. harassment of a sexual nature as defined in Section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Patient E or creating an intimidating, hostile, degrading, humiliating or offensive environment for her; **To be determined**
  - ii. sexually motivated; **To be determined**
- g. 14 was:
  - i. not clinically indicated: **To be determined**
  - ii. harassment of a sexual nature as defined in Section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Patient F or creating an intimidating, hostile, degrading, humiliating or offensive environment for her; **To be determined**
  - iii. sexually motivated; **To be determined**
- h. 27 was:
  - i. harassment of a sexual nature as defined in Section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms G or creating an intimidating, hostile, degrading, humiliating or offensive environment for her; **To be determined**
  - ii. sexually motivated; **To be determined**
- i. 28 was:
  - i. harassment of a sexual nature as defined in Section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms H or creating an intimidating, hostile, degrading, humiliating or offensive environment for her; **To be determined**
  - ii. sexually motivated; **To be determined**
- j. 29 to 32 was:

- i. harassment of a sexual nature as defined in Section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms I or creating an intimidating, hostile, degrading, humiliating or offensive environment for her; **To be determined**
  - ii. sexually motivated; **To be determined**
- k. ~~33 was:~~
- i. ~~harassment of a sexual nature as defined in Section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms J or creating an intimidating, hostile, degrading, humiliating or offensive environment for her; Withdrawn pursuant to Rule 17(6)~~
  - ii. ~~sexually motivated. Withdrawn pursuant to Rule 17(6)~~

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

### The Admitted Facts

22. At the outset of these proceedings, Mr Jenkins on behalf of Dr Sharma, made admissions to part of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the Rules. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced it found those parts of the Allegation proved.

23. The Tribunal proceeded to determine the remaining parts of the Allegation.

### Factual Witness Evidence

24. On behalf of the GMC, the Tribunal received witness statements with exhibits from:

- Ms A, dated 13 September 2022. Ms A also provided oral evidence;
- Ms B, dated 5 November 2011; and a supplemental witness statement, dated 8 August 2023. Ms B also provided oral evidence;
- Ms C, dated 4 November 2011; and a supplemental witness statement, dated 1 August 2023. Ms C also provided oral evidence;
- Dr K, Consultant in the Accident and Emergency, Arrowe Park Hospital, dated 11 October 2011. Dr K also provided oral evidence;

- Ms L, Ward Sister at Arrowe Park Hospital, dated, 21 October 2021. Ms L also provided oral evidence;
- Dr N, Associate Medical Director for Strategy & Partnerships Arrowe Park Hospital, dated 17 December 2021. Dr N also provided oral evidence;
- Dr O, consultant physician (now retired) at Arrowe Park Hospital, dated 21 August 2021. Dr O also provided oral evidence;
- Patient E, dated 28 September 2021. Patient E also provided oral evidence;
- Ms P, social worker for Liverpool City Council (now retired), dated 4 February 2022. Ms P also provided oral evidence;
- Mr Q, Assistant Vice Principal at XXX (at the material time), dated 27 January 2022. Mr Q also provided oral evidence;
- Patient F, dated 21 June 2018, and two supplemental witness statements, dated 23 April 2019 and 12 June 2023. Patient F also provided oral evidence;
- Ms R, Patient F's mother, dated 29 August 2020. Ms R also provided oral evidence;
- Ms S, Senior Intensive Support Worker employed by Oldham Council, dated 23 August 2019, and a supplemental witness statement, dated 4 May 2023. Ms S also provided oral evidence;
- Dr T, GP at the St Marys Practice in Oldham, dated 3 March 2021 and a supplemental witness statement dated 1 June 2022. Dr T also provided oral evidence;
- PC U, Greater Manchester Police, dated 13 June 2023. PC U did not provide oral evidence;
- Ms G, dated 15 July 2021; also a supplemental witness statement, dated 1 October 2024. Ms G also provided oral evidence;
- Ms H, dated 6 September 2021, and a supplemental witness statement, dated 9 September 2022. Ms H also provided oral evidence;
- Dr V dated 22 July 2021. Dr V also provided oral evidence;
- Ms I, dated 3 March 2022. Ms I also provided oral evidence;
- Ms W, HR Business Partner at the Trust, dated 10 October 2022. Ms W also provided oral evidence;
- Dr X, Consultant Radiologist and Responsible Officer at Aintree, dated 12 July 2021, and two supplemental witness statements, dated 5 May 2023 and 15 June 2023. Dr X also provided oral evidence;
- Professor Y, Director of Postgraduate General Practice Education for Mersey and Head of the Mersey GP School (at the material time), dated 29 August 2019. Professor Y did not provide oral evidence;
- Dr Z, Deputy Medical Director of the Lead Employer Services for the St Helens and Knowsley Trust, dated 10 April 2021. Dr Z did not provide oral evidence;
- Dr AA, Primary Care Dean for Health Education England in the North West Region, dated 23 April 2021, and a supplemental witness statement, dated 9 May 2023. Dr AA did not provide oral evidence;

- Mr AB, Project Coordinator by NHS England, Cheshire and Merseyside Area Team (at the time of events before the Tribunal), dated 26 June 2022. Mr AB did not provide oral evidence;
- Ms AC, Business Support Officer with Addaction, (at the material time), dated 23 April 2021. Ms AC also provided oral evidence;
- Dr AD, Executive Medical Director and Responsible Officer for Addaction, dated 16 August 2019. Dr AD also provided oral evidence;
- Ms AE, Senior Pharmacist at Addaction, dated 30 August 2019. Ms AE also provided oral evidence;
- Dr AF, Aintree. Dr AF provided written answers to Tribunal questions by email, dated 30 October 2024. Dr AF also provided oral evidence. He did not provide a witness statement;
- Ms AG, Accident & Emergency department nurse, Aintree (at the time of events), dated 31 October 2024. Ms AG also provided oral evidence.

25. Dr Sharma provided five witness statements with exhibits, dated 20 September 2024 in respect of Patient E; 24 September 2024 in respect of Ms A, Ms B, Ms C and Ms D; 24 September 2024 in respect of Patient F; 30 September 2024 in respect of Ms G, Ms H and Ms I and paragraphs 17 – 26 of the Allegation; and 31 October 2024 in respect of Ms AG. He also gave oral evidence during the hearing.

### Expert Evidence

26. On behalf of the GMC, Dr AH, General Practitioner, provided two expert reports. One dated 11 February 2021 in respect of Patient F; a second dated 6 January 2022 in respect of Patient E. He also provided a supplemental expert report, dated 7 February 2022, in respect of Patient E and an email dated 15 October 2024 concerning the prescribing of Citalopram. Dr AH also gave oral evidence.

27. On behalf of Dr Sharma, Dr AI, General Practitioner (retired), provided two expert reports, dated 22 September 2024 in respect of Patient E, and 26 September 2024 in respect of Patient F. Dr AI also gave oral evidence.

28. Both experts provided a joint expert report dated 4 October 2024.

### Documentary Evidence

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

On behalf of the GMC

*Arrowe Park Hospital*

30. The Tribunal was provided with various documents gathered during an investigation conducted by Arrowe Park Hospital including; a personal statement, dated 19 October 2010 made by Ms A; investigation meeting notes in respect of Ms A, dated 19 October 2010; Ms B's handwritten account of events, dated 18 September 2010; investigation meeting notes in respect of Ms B, dated 12 October 2010. The Tribunal also received Ms B's police witness statement, dated 20 December 2017; Ms C's handwritten account of events, dated 20 September 2010, notes from an investigation meeting, dated 15 October 2010 and Ms C's police witness statement, dated 4 December 2017. The Tribunal also received the investigation meeting note of a meeting with Dr Sharma held on 11 November 2010 (approved with amendments and additions by Dr Sharma on 19 November 2010).

31. The Tribunal also received the Arrowe Park Hospital investigation meeting notes, dated 12 October 2010 and various letters from Arrowe Park Hospital in respect of the outcome of investigations and disciplinary action against Dr Sharma, dated 19 January 2011, 28 January 2011, 4 March 2011, and 1 April 2011.

*Patients E and F*

32. The Tribunal had before it relevant parts of Patient E's medical records; Mr Q's witness statement, dated 27 January 2022; Ms AJ's statement to the police, dated 23 June 2014; Ms AJ's witness statement, dated 24 July 2024; Ms P's witness statement to the police, dated 29 June 2014; and Ms P's witness statement, dated 4 February 2022. The Tribunal also had before it relevant parts of Patient F's medical records, the Achieving Best Evidence ('ABE') video of the police interview dated 27 January 2016; a transcript of that interview, dated 27 January 2016; the transcript of Patient F's oral evidence and Dr T's oral evidence at Dr Sharma's criminal trial, dated 7 February 2018 and 12 February 2018, respectively; the statement made by Ms R to the police, dated 13 February 2016 and an addendum statement (undated); and the pocket notebook entries of PC U, dated 26 January 2016 and the police witness statement of PC U, dated 4 June 2016. Finally, the Tribunal received a police witness statement from Dr T, dated 8 March 2016 and a transcript of Dr Sharma's police interview on 28 January 2016.

*Aintree*

33. The Tribunal received a note written by Dr X, dated 2 March 2021 summarising a telephoned call by Mr AK notifying her of complaints made to him by Ms G and Ms H; a

summary of a meeting held with Dr Sharma at Aintree in respect of Ms G, dated 5 March 2021; a summary account of a meeting on 9 March 2021 involving Dr X and Dr Sharma; a statement prepared by Dr Sharma for Dr X, dated 12 March 2021; summary accounts of meetings held with Dr Sharma on 12 March 2021 and 19 March 2021; summary account of a meeting held at Aintree with Ms H, dated 5 March 2021; an email containing the written complaint of Ms I, dated 5 October 2021; a summary of an interview with Ms I which occurred on 10 November 2021; a letter from Aintree Hospital excluding Dr Sharma from work, dated 5 March 2021; screenshots of WhatsApp messages between Ms I and Dr Sharma; the GMC referral made by Dr X, dated 9 April 2021 and a summary account of a meeting with Dr Sharma, dated 26 November 2021.

34. The Tribunal also received a letter from Dr X to Dr Sharma giving the outcome of her preliminary investigation, dated 23 March 2021.

*Suspension from the Performer's List*

35. The Tribunal had before it the initial account of Professor Y, Health Education England, prepared for the GMC outlining concerns raised about Dr Sharma, dated 14 May 2019; various emails and letters from NHS England / Health Education England to Dr Sharma concerning his bail conditions, dated 9 February 2016, 1 March 2016, 16 March 2016 and 18 March 2016; various emails and letters to Dr Sharma and the GMC from the School of GP Training, dated 22 December 2014, 1 July 2015, 3 February 2016, 29 June 2016, 26 July 2016; and the formal letter of exclusion from Aintree Hospital sent to Dr Sharma, dated 9 March 2016.

*Failure to declare IOT conditions*

36. The Tribunal had before it various emails between Ms AC and Dr Sharma on dates in May 2018; email correspondence thread between Dr Sharma and Ms AE of Addaction, on various dates in April and May 2018; Dr Sharma's DBS consent form, dated 30 May 2018; a copy of Dr Sharma's CPD log for 2018, the CV provided by Dr Sharma to Addaction; and an email from Ms AE of Addaction, informing Dr Sharma that Addaction would not offer him any work as he was subject to GMC Interim Order conditions, dated 6 June 2018. The Tribunal also received an email from Dr Sharma to Ms AE, dated 5 June 2018 and an email from Dr AD to Dr Sharma, dated 11 June 2018.

*Failure to disclose the correct outcome of the Arrowe Park investigation*

37. The Tribunal received a copy of the interview under caution between the police and Dr Sharma concerning Patient F, dated 28 January 2016.

On behalf of Dr Sharma

38. The Tribunal had before it notes of an investigatory meeting held on 11 November 2010; multi-source feedback analysis, summary, and patient satisfaction analysis from Arrowe Park Hospital; a series of testimonial letters dated between May 2009 and March 2013; and correspondence from Dr Sharma's solicitors to Dr Sharma concerning the compromise agreement with Arrowe Park Hospital, dated 28 February 2011.

39. Dr Sharma also provided relevant sections of Patient E's medical records; a typed note explaining his handwritten consultation notes, dated 2 May 2014; and the Merseyside Police interview concerning Patient E, dated 24 July 2014.

40. Dr Sharma provided relevant sections of Patient F's medical records; a transcript of his evidence at his trial at Manchester Crown Court, dated 13 February 2018; the agreed facts given to the jury; and the certificate of acquittal, dated 15 February 2018.

41. The Tribunal also received pages of Dr Sharma's chaperone log signed by Ms I; various WhatsApp messages between himself and Ms AG; a Behavioural Coaching Report from Dr AL, dated 30 June 2021; XXX.

#### Information requested by the Tribunal

42. During the course of the proceedings, the Tribunal requested and received the following information:

- i. the name of the teacher who attended the multi-disciplinary meeting held on 9 May 2014 concerning Patient E; and the full results of her blood test dated 20 January 2016.
- ii. user access to computer systems at Aintree Hospital called PENS, ICE, EPRO, EDMS and Sigma between 10 September and 5 October 2021. This resulted in email responses dated 23 October, 28 October, 29 October and 30 October 2024 from Dr X and an email from Ms W dated 15 November 2021.
- iii. Ms I's clinical records in relation to 17 August 2021, and 26 to 28 September 2021; a summary of user access records to Ms I's blood test results on the ICE system for blood tests collected on 17 August 2021, 26 September 2021 and 27 September 2021; blood test orders made by Dr Sharma and their results for Ms I for the 26 and 27 September 2021.
- iv. The clinical record for Ms I created by Dr S dated 28 September 2021.
- v. Ms I's Emergency Department Attendance Summary, which included a Discharge Summary created by Dr Sharma, dated 28 September 2021.
- vi. An email from Dr AF, dated 30 October 2024, and oral evidence from Dr AF on the same day.



## The Tribunal's Approach

43. The Legally Qualified Chair provided the Tribunal and parties with her written legal advice. This was accepted by both parties and can be summarised as follows.

- i. The GMC must prove its case on the balance of probabilities. Dr Sharma does not need to prove or disprove anything. Although the standard of proof is the same for every matter alleged, *“the more serious the allegation the less likely it is that the event occurred, and thus the stronger and more cogent should be the evidence before a court determines that on the balance of probabilities, the event did occur.”* [See: *In Re H (Minors) (Sexual Abuse: Standard of Proof)* [1996] AC 563 and *Re B (Children)* [2008] UKHL 35].
- ii. The Tribunal must assess the truthfulness, reliability and accuracy of each witness and draw common sense conclusions based on evidence we conclude is reliable. The Tribunal must assess what weight to give to evidence it concludes is reliable.
- iii. Relying exclusively on a witness's demeanour or presentation as to truthfulness can be unreliable and dangerous *“Rather than attempting to assess whether testimony is truthful from the way it is given, the only objective and reliable approach is to focus on the content of [of a witness's] testimony and to consider whether it is consistent with other evidence (including evidence of what the witness has said on other occasions) and with known or probable facts”*. See: Mr Justice MacDonald in *Cumbria County Council v R (Special Guardianship Order or Interim Care Order)* [2019] EWHC 2782 (Fam).
- iv. No corroboration of a complainant's evidence is required. A complaint made by a witness is part of their evidence and not independent of them.
- v. The Tribunal can reject part of a witness's account as implausible but find another part their account absolutely credible.
- vi. People react in different ways when they are, or believe they are, the subject of inappropriate sexual behaviour. There is no typical reaction.
- vii. The passage of time can affect memory and this should be taken into account in assessing the evidence of all witnesses, including Dr Sharma.
- viii. Expert opinion evidence is admissible, however, it is for the Tribunal to determine the factual matrix and then apply the expert evidence to that. Uncontradicted and unchallenged expert evidence should not be rejected unless there is a rational or proper basis to do so.
- viii. Each paragraph of the Allegation must be considered separately.

- ix. Dr Sharma is a man of good character. This can support his credibility and mean that it is less likely than might otherwise be the case that he behaved as alleged. The Tribunal decides what, if weight to attach to this.
- x. Sexually motivated conduct is behaviour undertaken in pursuit of sexual gratification or in pursuit of a future sexual relationship [see *Basson v GMC* [2018] EWHC 505 (Admin), para 14.] The Tribunal must consider other explanations for any conduct it decides was inappropriate as it may not be sexual [see: *Arunkalaivanan v General Medical Council* [2014] EWHC 873 (Admin)].
- xi. In relation to Patient E, the allegations of touching are only proved if the Tribunal concludes that it is more likely than not that Dr Sharma deliberately grabbed Patient E's breast and/or vagina as she described as Dr Sharma accepts that such touching would not be clinically justified or consented to. Unknowing or accidental touching would mean that the GMC had not proved its case [See: *General Medical Council v Jagjivan* [2017] EWHC 1247 (Admin), [2017] 1 W.L.R. 4438, [2017] 5 WLUK 633 and *Basson v General Medical Council* [2018] EWHC 505 (Admin), [2018] 2 WLUK 460].
- xii. Sexual harassment occurs where a person engages in unwanted conduct of a sexual nature which has the purpose or effect of either violating another person's dignity, or creating an intimidating, hostile, degrading, humiliating or offensive environment for that other person [Equality Act 2010 s.26(1), (2) and (4)]. The Tribunal must apply a two stage test. First, did the alleged victim subjectively perceive themselves to have suffered the effect in question? If so, was it objectively reasonable for that conduct to be regarded as having that effect. The Tribunal must also consider all the other circumstances of the case when reaching its conclusion. [See: *Pemberton v Inwood* [2018] ICR 1291 (CA)].
- xiii. If a paragraph alleges a failure to act, the GMC must prove that Dr Sharma had a duty to do what he is alleged to have failed to undertake.
- xiv. The relevant test for dishonesty is that set out in *Ivey v Genting Casinos (UK) (trading as Crockfords Club)* [2017] UKSC 67. First, the Tribunal must what Dr Sharma genuinely knew or believed the facts to be at the time of the acts said to be dishonest. Then the Tribunal must determine whether that conduct was honest or dishonest by the standards of ordinary decent people.
- xv. Both parties agree that some of the paragraphs of the Allegation, namely;
- a. the paragraphs relating to Ms A, Ms B, Ms C, Patient E, Patient F, Ms G, Ms H and Ms I;
  - b. the paragraphs relating to Patient E and Patient F;
  - c. paragraphs 19,22 and 26 alleging dishonesty are cross admissible in relation to each other.
- xvi. Where evidence is cross admissible it may be relevant because it establishes a propensity to behave in a particular way. Secondly, it may be relevant because it rebuts

the possibility of coincidence. If, having considered the evidence in relation to any one complaint the Tribunal considers it more likely than not that the conduct complained of occurred it must decide whether it was sexually motivated and /or amounted to sexual harassment. If so the Tribunal can use this when deciding whether other similar behaviour, which the Tribunal finds proved, was also sexually motivated and/or amounted to harassment because Dr Sharma has a tendency to behave in that way. If, however, The Tribunal is not sure that Dr Sharma has such a tendency, the fact that he behaved as alleged in respect of one complainant does not support the GMC's case in respect of another. However, even if a person has a tendency to behave in a particular way it does not follow that they are bound to do so. The Tribunal must not find any paragraph proved wholly or mainly on the strength of that.

xix. The GMC's case is that there are similarities between the allegations made by each of the nurses and the junior doctors and, separately in relation to the two patients. If the Tribunal finds i that collusion or contamination is likely to have occurred in respect of any complainant, any similarity between their accounts means nothing. If, it concludes that it is more likely than not that there has been no concoction or influence, the Tribunal can consider the likelihood of two or more people, independently of each other, making similar allegations and use the evidence of one complainant as support for the evidence of another.

xxi. The parties agree that the matters in respect of Ms A, Ms B, Ms C, Ms G, Ms H and Ms I may be cross admissible in relation to each other in relation to both propensity and rebuttal of coincidence. Separately and independently, the paragraphs relating to the two patients may be cross admissible one against the other. It is accepted by the parties that this applies working both forwards and backwards in time.

xxii. The same principles apply to paragraphs 19, 22 and 26, which allege dishonesty.

xiii. No adverse inference should be drawn against Dr Sharma for following his solicitor's advice not to answer questions during the police interview.

xiv. XXX

xv. The Tribunal must give reasons for its decision.

## The Tribunal's Analysis of the Evidence and Findings

44. The Tribunal considered each outstanding paragraph of the Allegation separately and carefully evaluated the evidence to make its findings on the facts.

### Ms A

45. In XXX Ms A qualified as a nurse. She began working at Arrowe Park Hospital on XXX. Dr Sharma was in his first year as a trainee doctor (Foundation Year 1 (FY1)). Between 6 September 2009 and 13 December 2009 Dr Sharma was assigned a rotation to XXX and as a result worked a number of shifts with Ms A.

46. In October 2010, Ms A's friend, Ms D, told her that another nurse (Ms B) had made a formal complaint that Dr Sharma had kissed her and that the Trust had commenced an investigation. Ms D knew that Ms A had experienced difficulties with Dr Sharma. Ms D told Ms A that she had told the ward sister, Ms L, about Dr Sharma's behaviour towards Ms A. Ms D encouraged Ms A to lodge a complaint which Ms A did. On 19 October 2010 Ms A wrote a statement and later attended a Trust investigation interview. Ms A made another statement to the GMC dated 13 September 2022. She also gave oral evidence to the Tribunal. She described a series of incidents which occurred between 31 October 2009 and January 2010.

#### General comments

47. The Tribunal considered Ms A's accounts in totality. It concluded that they are internally consistent and logical and essentially consistent with each other. Although the Tribunal accepted that there are some differences in sequencing, and that in oral evidence Ms A gave more details in certain instances, she gave the same description of core events throughout. The Tribunal also concluded that until the day before the first incident she complained of, Ms A and Dr Sharma had a friendly working relationship. Dr Sharma agreed that he and Ms A had been on friendly terms and produced positive comments she wrote in his MiniPAT survey, dated 30 October 2009, which evidenced that.

48. The Tribunal found no evidence that Ms A had any reason to lie or make up false allegations about Dr Sharma. In her oral evidence, Ms A said that she was a quiet person who did not wish to draw attention to herself, was embarrassed and did not want to come forward and complain. The Tribunal noted that Ms A only complained after a colleague, who she had confided in about some of Dr Sharma's behaviour towards her, disclosed this to her line manager. Consequently, Ms A felt compelled to make a formal complaint because she did not want people to consider her untruthful and because it was *"the right thing to do, it's not professional"*. The Tribunal considered that Ms A gave her oral evidence in a careful and considered way, without exaggeration and acknowledged throughout that Dr Sharma was a competent doctor, making no criticism of his clinical skills.

49. The Tribunal considered Dr Sharma's evidence. It took into account that he is a man of good character with no regulatory findings against him. It also had regard to his positive testimonials, the most recent of which is dated 12 November 2018 and Ms A's positive comments about him in the MiniPAT survey. The Tribunal noted, that the latter predated the incidents Ms A complained about.

50. The Tribunal concluded that while some weight should be given to Dr Sharma's previous good character and testimonials, Ms A's complaints are said to have happened at the start of Dr Sharma's career as a doctor. Dr Sharma therefore did not have a long and unblemished medical career behind him at the relevant time.

51. The Tribunal considered that Dr Sharma's evidence in relation to Ms A was sometimes evasive. On a number of occasions, he deflected rather than answering questions in a straightforward manner. The Tribunal considered whether there could be a cultural reason for this but concluded that there was not. Despite significant intervention concerning professional boundaries, Dr Sharma did not make basic concessions, for example that as an older man and a doctor he was in a position of relative power to Ms A, a younger, XXX female nurse. Furthermore, Dr Sharma suggested that Ms A had repeatedly misinterpreted conversations due to language or cultural differences or that his conduct was due to social or cultural clumsiness or banter. When pressed, however, it became apparent that Dr Sharma's real defence was a denial that, as Ms A alleged, he had persistently questioned her about her sexual relationships, her sex life and whether he could take her out.

Paragraphs 1a and b(i)1&2, (ii) 1&2 of the Allegation

1. On or around 31 October 2009, whilst at work with Ms A:
  - a. in response to Ms A stating that she was going to a friend's house to watch films, you stated that you believed you knew what young girls were like, and that they would probably be watching pornographic films instead, or words to that effect; **Determined and found proved**
  - b. you:
    - i. asked Ms A if she was:
      1. single or in a relationship; **Determined and found proved**
      2. having casual sex with anybody;  
**Determined and found proved**or words to that effect;
    - ii. on one or more occasion, asked Ms A:
      1. when she had last had sexual intercourse;  
**Determined and found proved**

2. *whether it had been a matter of weeks or months since she had last had sexual intercourse; **Determined and found proved***

*or words to that effect.*

52. The first incident Ms A complained of occurred on Saturday 31 October 2009. Ms A said that while working the late shift on XXX, Dr Sharma came to the ward. After attending to a patient, Dr Sharma came to the nursing station where Ms A was sat writing some notes. No one else was present. Ms A stated that Dr Sharma asked her if she had any plans after her shift. Ms A replied that she was going to go to a friend's house to watch some horror films as it was Halloween. Ms A stated that Dr Sharma said, *"he believed he knew what young girls were like and we would probably be watching pornographic films instead."* Ms A stated that she was shocked and told Dr Sharma she would not be watching films like that, but he just laughed. Ms A said she felt uncomfortable because she did not know if Dr Sharma was being serious.

53. Ms A stated that Dr Sharma asked her whether she was single or in a relationship. She told him she was single. Dr Sharma asked if she was having casual sex with anyone. Ms A felt more uncomfortable and told Dr Sharma he should not be asking questions like that. Dr Sharma laughed, told her to relax but continued to enquire when she had last had sexual intercourse, if *"it had been a matter of weeks or months"*. Ms A told Dr Sharma it was none of his business. Dr Sharma repeated the question several more times before Ms A walked away. The same night Ms A told a colleague who advised Ms A to report any further incident to the ward sister.

54. Dr Sharma was spoken to as part of the Trust investigation on 11 November 2010. He denied Ms A's account of the conversation on 31 October 2009. In a detailed response dated 19 November 2010, Dr Sharma said that in 2010 Ms A had approached him and asked if he was working over the weekend. When he asked Ms A the same question out of politeness, she told him that she and a friend would be watching horror movies. Dr Sharma stated he said to Ms A, *"I know when young girls get together they will be drinking amongst other things. I was referring to shouting, screaming and generally having fun"*. Dr Sharma accepted that, on reflection, his response was flippant and unnecessary but said that he was joking.

55. In his witness statement, dated 24 September 2024, Dr Sharma stated that he did not recall any conversation about pornographic films and such a reference was very unlikely. Dr Sharma relied upon the MiniPAT survey to support this.

56. Dr Sharma said that Ms A was either lying about the comments she attributed to him, or unknowingly influenced by rumours circulating about him or adversely influenced by Ms D. Dr Sharma reminded the Tribunal that Ms D had made complaints in 2010 but had not attended the Tribunal to give evidence in support of these. Dr Sharma said Ms D's complaints

were false and pointed out that Ms A accepted Ms D had encouraged her to make a complaint. Mr Jenkins submitted that this supported Dr Sharma's contention that Ms A had been influenced to make a false or inaccurate complaint about him or had misinterpreted innocent comments.

57. The Tribunal reminded itself that Dr Sharma stated that he and Ms A had been on friendly terms when they worked together on XXX. Dr Sharma told the Tribunal in oral evidence that he had upset Ms A at one stage (by saying XXX). However, Dr Sharma also told the Tribunal that he had apologised to Ms A and she had accepted his apology. The Tribunal noted that throughout her evidence, Ms A described Dr Sharma as a clinically competent doctor. The Tribunal concluded that there was no evidence that Ms A bore a grudge against Dr Sharma. The Tribunal further concluded that it did not follow that because the paragraphs of the Allegation concerning Ms D were not proved, that Ms A's complaint must be false, she had been encouraged to make it by Ms D after confiding in her.

58. The Tribunal took into account Dr Sharma's oral evidence that there was a complaints procedure at the Hospital in 2009 which Ms A would have been aware at that time. The Tribunal therefore considered Ms A's explanation for the delay:

- i. she had just commenced her nursing career.
- ii. she was temporary bank staff and wanted a permanent position.
- iii. she thought Dr Sharma was in a position of power compared to her because he was a doctor and she was a nurse.
- iv. she was "*young for her age*"; he was also chronologically older than her.
- v. she was "*mortified*" and embarrassed by Dr Sharma's behaviour.
- vi. she did not want to be considered to be a trouble maker.
- vii. the trigger for her formal complaint was Ms D reported what Dr Sharma had done to her to the ward sister. Ms A felt "*I had to tell them because otherwise it looked like I was making it up which I wasn't*".

59. The Tribunal accepted Ms A's explanation for not making an immediate complaint. It also considered that her description of the conversation was consistent across all of her accounts about it. Her evidence was understated and given without exaggeration. The Tribunal considered that, by contrast, Dr Sharma initially denied remembering a conversation about horror films but later accepted one did occur, albeit in different terms to those described by Ms A. The Tribunal considered that Dr Sharma's acceptance of the fact of a conversation about watching horror films and how the conversation started supported Ms A's account. The Tribunal also concluded that the phraseology that Ms A attributed to Dr Sharma was stylistically similar to that which he attributed to himself.

60. The Tribunal took into account that during cross examination, Dr Sharma accepted that subjecting female healthcare staff to sexually suggestive comments and innuendo was inappropriate. However, he also agreed that when asked about inappropriate conversations at work during the Trust investigation he had replied,

*“I don't enjoy it but I do want to be involved in the team. I would not initiate it but I might have come into the talk and said things but I do not normally enjoy it.”*

61. The Tribunal also took into account that in cross examination, Dr Sharma accepted that he may have said, *“I’m only joking, I know what you girls will be doing.”* Dr Sharma’s case was that either Ms A’s recollection of the exchange had been unconsciously influenced by Ms D so that something which was innocent and jocular had been recast as sexual, or that Ms A was lying. The Tribunal did not accept that Ms A’s recollection could have been unconsciously influenced to the point of it being so fundamentally different to the conversation Dr Sharma suggested had occurred. Further, the Tribunal concluded that there was no room for Ms A’s account to be unknowingly influenced by rumour or gossip or for misinterpretation. The Tribunal concluded that there was a clear factual dispute which it had to resolve.

62. The Tribunal reminded itself that in his Trust investigation interview on 11 November 2010, Dr Sharma described an interaction to demonstrate how he joked with nurses. He said a nurse *“was texting and laughing on her break in the duty room. I said in a jocular manner “are you sending dirty jokes” to which [she] replied that she was not and queried why I should come to this assertion.”* There was, and is, no allegation by that nurse, however, the Tribunal considered it significant that Dr Sharma assumed the texting was sexual (*‘dirty jokes’*) and thought it appropriate to express this to a female nursing colleague. The Tribunal considered that Ms A’s complaint also described Dr Sharma taking an innocuous comment and sexualising it.

63. The Tribunal concluded that Ms A’s account of the balance of the conversation was also accurate. Unlike Ms A’s accounts, Dr Sharma’s evidence lacked consistency. The Tribunal did not consider that it was plausible that Ms A would change from being positive and supportive about Dr Sharma to deciding to make a false complaint about him because of a conversation about her moving into XXX and how things were done differently in XXX. The Tribunal concluded that Dr Sharma sexualising the conversation then progressed this to asking intrusive questions about Ms A’s sex life.

64. The Tribunal therefore concluded for the reasons set out above that the allegations set out in paragraph 1 were proved.

Paragraphs 2a(i)1,2 and 3, 2a(ii), 2b(i) and (ii) of the Allegation



2. *Between around November 2009 and January 2010, whilst at work with Ms A:*
- a. *on one or more occasion you:*
- i. *told Ms A:*
1. *you didn't think she could be sexually active because she worked a lot over the weekend; **Determined and found proved***
  2. *you wanted to take her out;  
**Determined and found proved***
  3. *not to worry about you being XXX; **Determined and found proved***
- or words to that effect;*
- ii. *asked Ms A:*
1. *when she was last sexually active;  
**Determined and found proved***
  2. *why she was single;  
**Admitted and found proved***
  3. *why she wouldn't let you take her out;  
**Determined and found proved***
- or words to that effect;*
- b. *in the presence of a patient, you*
- i. *asked Ms A:*
1. *for her phone number;  
**Determined and found proved***
  2. *if you could take her out;  
**Determined and found proved***
- ii. *told Ms A not to worry about you being XXX;*
- or words to that effect.  
**Determined and found proved***

65. Ms A said that on a number of occasions after 31 October 2009, Dr Sharma said to her that she, *“...wasn’t having any sex because I was always at work physically. I did a lot of overtime as well...I was saving for XXX...[H]e would say he was only messing and it was just a joke...It was always like I was taking it too seriously. If I just answered him then it would be fine...then he would leave me alone; but of course I wasn’t going to go into that detail - it was private”*.

66. Dr Sharma told the Tribunal in oral evidence that he was aware that Ms A was moving out XXX. He said he told Ms A that XXX. He denied her account of the conversation.

67. In her statement to the Trust, Ms A said in December 2009 or January 2010 during a late shift, she had bleeped for a doctor to cannulate a patient. Dr Sharma arrived. The patient was confused, agitated and lacked capacity. Ms A tried to reassure the patient by holding their hand. Ms A stated that while chatting she told Dr Sharma she was looking for a flat and moving out of her parent's house. Ms A stated Dr Sharma said that she should invite him round sometime if she was to have a XXX party and asked for her mobile telephone number as he wanted to take her out. Ms A declined and said she told Dr Sharma he should know better as she was aware XXX, but he laughed it off and said she should not worry about him being XXX. Ms A stated she was embarrassed and left once the procedure was complete. Ms A said that after the incident on 31 October 2009, whenever she was alone with Dr Sharma, he would ask her questions about her sexual activity and when she had last had sex.

68. In his witness statement, Dr Sharma denied any conversations about *“going out”* except concerning a birthday function for a nurse and a wedding reception for another colleague. He denied trying to make any arrangements with Ms A or asking for her mobile telephone number and said the conversation could not have occurred as his rotation on XXX ended in December 2009. In his Trust interview, Dr Sharma stated that he had no reason to ask a colleague such questions and agreed they would be wholly inappropriate.

69. During cross examination on Dr Sharma’s behalf, Mr Jenkins suggested to Ms A that Dr Sharma would ask *“jokey, banterish questions which you found offensive but which it wasn’t made clear to him that you found them offensive”*, including, *“You couldn’t have time for a boyfriend, you’re working all the time”*. Ms A rejected this and said Dr Sharma only behaved this way when they were alone and *“knew exactly what he was doing, because he didn’t do it to any of the other nurses that had been qualified longer...because they wouldn’t have probably put up with it”*. Ms A did accept that Dr Sharma tried to hide his behaviour by dressing it up as joking.

70. The Tribunal took into account Dr Sharma’s admission that he asked Ms A why she was single. It concluded that even on his own account, Dr Sharma exceeded appropriate boundaries in conversations with Ms A. The Tribunal further concluded that Dr Sharma deflected responsibility for his behaviour on to Ms A, suggesting that she was required to tell

him what was unacceptable rather than him being responsible for recognising and respecting appropriate boundaries.

71. The Tribunal accepted Ms A's account of what occurred. Her accounts of events were internally consistent and consistent across her various statements, interviews and evidence. The core elements of her account were present throughout. She gave her evidence in a frank and open manner without exaggeration. Dr Sharma did not specifically deal with the individual instances alleged but recounted conversations without any context to seek to explain part of that described by Ms A. Those conversations were, however, quite different to Ms A's account and did not deal with the entirety of her complaints. In the Tribunal's opinion, her account of the conversations and comments could not have been misinterpreted or confused by her. Either they occurred as she described, or they did not.

72. The Tribunal concluded that Dr Sharma's account of events was not plausible. Ms A had no reason to make a false complaint. The Tribunal considered that the behaviour described by paragraph 2 of the Allegation was part of a pattern of behaviour which commenced on 31 October 2009. The Tribunal also concluded that when Ms A did not make an immediate complaint, for entirely legitimate and understandable reasons, Dr Sharma considered that he could, and did carry on with his inappropriate behaviour.

73. For the reasons stated above, the Tribunal therefore found paragraphs 2a(i)1,2 and 3, 2a(ii), 2b(i) and (ii) of the Allegation proved.

Paragraphs 3a(i)(ii)(iii)1,2 and 3 of the Allegation

3. *Between around December 2009 and January 2010:*

a. *as Ms A was walking along a corridor at work, you approached her from behind and:*

i. *wrapped a tourniquet around Ms A's wrist;*  
***Determined and found proved***

ii. *pulled Ms A to the side; **Determined and found proved***

iii. *told Ms A:*

1. *to stop winding you up and tell you when she had last had sex;*  
***Determined and found proved***

2. *that she should let you take her out; **Determined and found proved***

3. *that if she hadn't had sex in a while, she would dry up;*  
***Determined and found proved***

*or words to that effect;*

74. Sometime after Christmas, possibly in early January 2010, Ms A stated that she was on the main corridor of XXX walking past a side corridor. It was an area where only the nurses needed to go. Ms A was only aware that someone had approached her from behind when she felt a tourniquet on her left wrist. Ms A instinctively moved her arm but the tourniquet tightened and was pulled. She realised it was Dr Sharma pulling her towards him using the tourniquet. Ms A said that Dr Sharma started laughing, asked her about her sex life again, said he was just having fun and told her to tell him. Dr Sharma said, *"Stop winding me up, tell me when you last had sex"* and he *"thought I hadn't had sex for long time and would soon start to dry up"*. Ms A said she felt intimidated and walked away as she did not know what to say and wanted to be near other people.

75. In his witness statement Dr Sharma said he did not recall the incident but accepted habitually carrying his own tourniquet around his wrist so he didn't lose it. He suggested he may have borrowed Ms A's tourniquet and returned it by placing it on her wrist. In oral evidence he admitted he had put the tourniquet on Ms A's wrist but denied pulling her towards him. He stated he believed it was Ms A's tourniquet and he was simply returning it to her.

76. Dr Sharma said in his written accounts that he had had a few discussions with different nurses about dehydration through overwork and *"drying up"* as a result. In cross examination Dr Sharma said these conversations happened commonly on XXX. He said, *"the consultant will come and prescribe – dry this patient. So as an FY1 and FY2 we will drain ascites of the people and they will tell you how much to drain, to try sometimes they (inaudible). So there has been discussion about dehydration, drying the patient of ascites and stuff like that; but it was never said in any sexual way"*. Dr Sharma did not, however, say that he had ever had such a conversation with Ms A. Dr Sharma also said that this was not discussed when he returned the tourniquet. The Tribunal rejected Dr Sharma's evidence that Ms A incorporated a conversation about dehydration which may have happened on a completely different occasion into her account of this incident. It also rejected his suggestion that Ms A confused a conversation about dehydration with one about sex, even had that occurred on another occasion.

77. The Tribunal noted although Ms A did not specifically refer in her witness statement to Dr Sharma saying to her that if she had not had sex in a while she would dry up, she did say there had been a conversation of a sexual nature. The Tribunal did not consider this to be an inconsistency. The Tribunal found Ms A's account in her oral evidence to be consistent with

her previous written accounts. By contrast, the Tribunal considered Dr Sharma gave inconsistent accounts.

78. The Tribunal also considered that the account Dr Sharma gave in his oral evidence to be implausible. Dr Sharma accepted that he routinely carried a tourniquet. He therefore had the item which Ms A said he used to lasso her. Ms A's evidence, which was not challenged, was that XXX nurses were not allowed to take blood or cannulate patients; training doctors did these tasks. The Tribunal concluded that Ms A did not have a tourniquet and Dr Sharma would have known this as he knew she was a XXX nurse. Moreover, Dr Sharma did not need to borrow a tourniquet as he had his own. The Tribunal further concluded that even if Dr Sharma had borrowed a tourniquet and believed it was Ms A's, he would not have returned it in the way described; particularly if she was carrying something in her other hand as he suggested for the first time in evidence. Dr Sharma would either have handed Ms A the tourniquet or asked her where to leave it.

79. The Tribunal also concluded that Ms A's impression, that Dr Sharma was trying to pretend his actions were done in jest, was accurate. The Tribunal accepted her evidence that she found the incident unprofessional and intimidating. The Tribunal concluded that Dr Sharma had waited in an area he knew Ms A would go and where she would be alone in order to ask her sexualised questions and used the tourniquet to reinforce his persistent insistence that she answer them.

80. The Tribunal therefore found paragraphs 3a(i)(ii)(iii)1,2 and 3 of the Allegation proved.

Paragraphs 3b(i) and (ii) of the Allegation

3. *Between around December 2009 and January 2010:*

b. *whilst with another doctor at work, you asked Ms A when she was going to:*

i. *tell you when she had last had sex; **Determined and found proved***

ii. *let you take her out; **Determined and found proved***

*or words to that effect.*

81. In her GMC witness statement Ms A stated that a week or so after the tourniquet incident, she was sitting at a nurses' station completing some documentation. Dr Sharma and another doctor she had not seen before approached her. Ms A said Dr Sharma told her that the other doctor did not speak English. Dr Sharma asked her when she last had sex and when she was going to let him take her out. Ms A said the other doctor did not say anything, but his

body language and lack of eye contact indicated he was uncomfortable. She said she told Dr Sharma that he should not say that. Ms A was embarrassed, annoyed and walked away.

82. Ms A said that she considered matters were escalating as Dr Sharma's was now asking inappropriate questions were in front of a professional colleague or in the hearing of patients. She did not wish to appear complicit in such conversations. Ms A told the Tribunal that she felt *"really stressed out...a bit sick...I didn't know how to handle it...I didn't know what to do...I just felt completely overwhelmed. I felt like I'd done something to cause it, even though I hadn't done...I was just doing my job"*.

83. Later, at the handover to the night shift, Ms A confided in a XXX colleague, Ms AN, who was just coming on duty. Ms A said she decided to tell the ward sister the next time she saw her, however, the next day Dr Sharma came into the ward despite it being his day off and apologised. Ms A understood that Dr Sharma's apology was the result of Ms AN challenging him about his behaviour. Ms A said that Ms AN said, *"I've spoken to him, he's not going to continue to do that to you; it's really inappropriate and if it carries on you're going to have to do something more...Then a few hours later he came in but it was just a general...It was never specific – he just said...he was sorry if he caused any offence and that he didn't mean to. I just said okay...I didn't see him again after that because I think the rotation had finished"*. Ms A said Dr Sharma *"looked worried"*. She accepted the apology. Ms A did not see Dr Sharma again.

84. In the Trust investigation, Dr Sharma agreed that at some time he had said to Ms A that people her age should not be working on weekends and should be out having fun. In his witness statement, Dr Sharma did not specifically address the incident involving the other doctor, save for stating that Ms A did not name him. The Tribunal also noted that Dr Sharma was critical of Ms A for failing to make a contemporaneous complaint.

85. In cross examination Dr Sharma said that the only reason he could offer why Ms A might be upset with him was his account of the conversation about her getting XXX. Dr Sharma said that he asked Ms A if she had a boyfriend and if she was moving in with anyone. He had then gone on a lot about her not having a boyfriend, XXX. Ms A accepted in cross examination that Dr Sharma may have commented about her not having a boyfriend, she did not accept the balance of Dr Sharma's case. Ms A said she was not upset that she had no boyfriend. She denied hugging Dr Sharma and said they were not close enough to have such conversations or for her to hug him. The Tribunal rejected Dr Sharma's account for the reasons set out below. However, it considered it telling that he believes that a single woman would be upset by the thought of not having a boyfriend.

86. The Tribunal concluded that Dr Sharma's acceptance of a conversation about Ms A moving into her own home supported Ms A's account. The Tribunal further considered it

significant that both Ms A and Dr Sharma accepted that Ms A had told Ms AN that he had upset her. The Tribunal considers that, although not a formal complaint, Ms A was sufficiently upset and concerned that she felt the need for external guidance and support. The Tribunal also considered it significant that both agreed that Ms AN confronted Dr Sharma and as a result he visited the ward on his day off and apologised. The Tribunal also took into account that on Ms A's version of events, no further incidents occurred after this.

87. The Tribunal further concluded that Dr Sharma's account of the conversation does not explain why Ms A would be so upset that an independent colleague felt prompted to intervene and confront Dr Sharma. This is particularly so, given Dr Sharma's evidence of his friendly relationship with Ms A. The Tribunal concluded that Ms A's contemporaneous complaint, Ms AN's intervention and Dr Sharma's response indicated that something serious had occurred. The Tribunal also concluded that it was this, and Dr Sharma starting a new rotation, that stopped any further inappropriate behaviour toward Ms A. The Tribunal concluded that Ms A's account provides a more likely explanation for what occurred. The Tribunal's also determined that its conclusions in respect of paragraph 2 are given further support by its conclusions in respect of paragraph 1.

88. Finally, the Tribunal determined that Dr Sharma's accounts of the conversations, although rejected, demonstrate that he believes it acceptable to ask women questions, and comment about, their relationship status. The Tribunal were concerned that this shows a deep-seated attitudinal issue.

89. For the reasons set out above, the Tribunal found paragraphs 3b(i) and (ii) of the Allegation proved.

Paragraph 34 in respect of paragraphs 1 to 3 of the Allegation

34. *Your conduct as set out at paragraph(s):*

a. *1 to 3 was:*

- i. *harassment of a sexual nature as defined in Section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms A or creating an intimidating, hostile, degrading, humiliating or offensive environment for her; **Determined and found proved***
- ii. *sexually motivated; **Determined and found proved***

90. The Tribunal concluded that there was a significant power imbalance between Ms A and Dr Sharma. Dr Sharma was chronologically older. His status was senior to that of Ms A. Dr

Sharma targeted Ms A because of her age and junior status and ensured his conduct occurred when other people were not around or were not capable of understanding what was occurring. He sexualised conversations, physically lassoed Ms A and pulled her towards him so he could demand answers to questions about her sexual behaviour. The Tribunal agreed with Ms A's perception that matters were escalating, with the last incident happening in the presence of a professional colleague.

91. The Tribunal noted that Dr Sharma's behaviour occurred over a period of around 4 months. He persistently and repeatedly asked Ms A about her relationship status, whether she was sexually active, when she last had sexual intercourse, and to go out with him. Ms A told the Tribunal that she was shocked, did not know what to say and that she, *"wasn't used to somebody asking me just outright like that what my sex life was.... I remember feeling quite anxious, when he asked me about it."* It made her feel really anxious, stressed out, scared, that *'he knew what he was doing'* and his actions felt calculated.

92. Ms A told the Tribunal that because of her junior and XXX, her inherent shyness, youth and lack of experience in dealing with such situations, although Dr Sharma's conduct made her feel deeply uncomfortable at work, she felt unable to complain. She told the Tribunal she felt intimidated by him trapping her with the tourniquet when she was alone on a corridor. The Tribunal was particularly concerned that Dr Sharma's conduct caused Ms A to question whether she had prompted his behaviour and that she felt ashamed as a result. The Tribunal was clear that Ms A had done nothing to warrant Dr Sharma's behaviour; his behaviour was his responsibility.

#### *Harassment of a sexual nature*

93. The Tribunal concluded that Ms A's description of how she perceived Dr Sharma's behaviour was that it upset and shocked her, caused her to feel ashamed and created a hostile work environment. Ultimately, she was so concerned that she spoke to a colleague who intervened.

94. The Tribunal considered that, viewed objectively, Dr Sharma's comments and behaviour were unwanted, degrading and humiliating. His questions were intrusive. He physically took hold of Ms A using a tourniquet and pulled her towards him demanding answers to those questions. He humiliated her professionally and personally by asking her inappropriate sexual questions in front of a colleague who was also embarrassed. The Tribunal did not accept that Dr Sharma's comments could be perceived as jokes or were an attempt to make friends and fit in. The Tribunal concluded that Dr Sharma's conduct towards Ms A in respect of the facts found proved had the subjective impact which Ms A described. It had such a profound effect that she turned to a nurse colleague for support. The Tribunal



also concluded, that considered objectively, Ms A's response to Dr Sharma's conduct was entirely reasonable. The Tribunal therefore found paragraph 34a(ii) of the Allegation proved.

*Sexually motivated*

95. The Tribunal concluded that Dr Sharma engaged in conduct of a sexual nature towards Ms A over a period of months. The Tribunal concluded that, particularly in light of his questions about taking Ms A out, that Dr Sharma's conduct was both for his own sexual gratification and in pursuit of a sexual relationship with Ms A. The Tribunal therefore found paragraph 34a(ii) proved.

**Ms B**

96. In 2010 Ms B worked as a nurse in A&E at Arrowe Park Hospital (APH). XXX. Between 7 April 2010 and 3 August 2010, Dr Sharma undertook a rotation in the A&E as part of his FY1 training.

Paragraph 4a of the Allegation

4. *Between around April 2010 and September 2010, you:*

- a. *asked Ms B, a colleague, if you could examine her as you would really enjoy it, or words to that effect; **Determined and found proved***

97. Ms B made a handwritten statement of complaint dated 18 September 2010. By then Dr Sharma had completed his rotation but had returned to A&E as a locum.

98. Ms B stated she and Ms D discussed Dr Sharma and told each other about his conduct towards each of them. XXX.

98. Ms B said that whilst doing a shift in Minors (an area in A&E that deals with less serious cases) XXX she rubbed her abdomen. Dr Sharma asked if could examine her as he "would really enjoy it". During oral evidence, Ms B stated that Dr Sharma's eyes were half-closed "an eye squint" and he was biting his lip, "kind of like mouth movement that was just a bit more suggestive". Ms B said that because of "the word choice and the tone and the expression" she concluded this was sexual. Ms B tried to make light of the exchange and walked away. She repeated this allegation during a Trust investigation meeting on 12 October 2010.

99. On 5 October 2011, Ms B made a witness statement to the GMC describing a number of occasions when she was XXX when Dr Sharma behaved inappropriately towards her. Ms B

said this included Dr Sharma sometimes looking at her in a way which made her uncomfortable and separately, or as well, making inappropriate comments to her.

100. Ms B was cross examined by Mr Jenkins on behalf of Dr Sharma. She agreed that on another occasion another doctor had offered to examine her whilst XXX because she was unwell. Ms B said that Dr Sharma's manner was completely different to that of the other doctor and made her feel so uneasy that she decided to keep as much distance from him as possible.

101. On 20 December 2017 Ms B provided a statement to the police. Her account of the incident was consistent with her previous statements but gave more detail. Ms B stated that she XXX, that no one else was around at the time of the incident and that she thought Dr Sharma might have had a "*crush*" on her.

102. On 11 November 2010 Dr Sharma was asked about the incident during a Trust investigation interview. On 19 November 2010 he provided a detailed written response in which he described an incident when Ms B had her head on a work desk, her left hand on her abdomen and appeared to be very uncomfortable. Dr Sharma said when he asked Ms B if she was OK, she said she was in pain but declined his offer to "*assess her condition*". Dr Sharma stated that Ms B told him to "*have a look for yourself so [he] put his fingers on her tummy and [XXX]. I recall saying, 'it's good that [XXX] although I know its uncomfortable'*". Dr Sharma said he told Ms B to sit down and said he would deal with her duties until the pain subsided. XXX.

103. The Tribunal considered that Ms B's oral evidence was consistent with each of her earlier accounts, each of which was also consistent with each other. Although Ms B provided some additional details when spoken to by the police and during her oral evidence, this was in response to specific questions. The Tribunal considered that the detail about XXX explained why Ms B touched her abdomen. Ms B was clear that she was not experiencing any pain, merely that she felt XXX.

104. The Tribunal reminded itself that Dr Sharma and Ms B both agreed that they had had a good working relationship prior to this incident. Both also agreed that there had been an occasion when Dr Sharma offered to assess Ms B's condition XXX. The Tribunal found no evidence of any motive for Ms B to make a false complaint. The Tribunal noted that Ms B made her complaint shortly after the incident. Finally, the Tribunal considered Ms B gave a short, self-contained and restrained account of events in her oral evidence. The Tribunal concluded that she gave her account without exaggeration or embellishment.

105. The Tribunal considered Dr Sharma's account. The Tribunal concluded that it was not plausible for the following reasons. Firstly, during his oral evidence, Dr Sharma provided a significant amount of detail which he had never previously mentioned. The Tribunal found this surprising given that, for him, it was an unremarkable incident. Secondly, the Tribunal did

not accept that Ms B would have declined a medical assessment but then suggested Dr Sharma could ascertain whether things were “OK” by touching her abdomen. On Dr Sharma’s account, Ms B was in pain. Touching her with two fingers would not enable him to assess the reason for her pain. Moreover, Ms B had no reason to invite Dr Sharma to touch her to XXX. The Tribunal also considered that as an FY1, Dr Sharma had not reached the stage where he could undertake any meaningful medical assessment of Ms B. The Tribunal concluded that had Dr Sharma considered a medical assessment was required, he would have sought an appropriately qualified medical practitioner. Finally, although the Tribunal made its determination based on the evidence of Ms B and Dr Sharma concerning this incident, it considered that the matters proved in respect of Ms A further supported its conclusions.

106. The Tribunal therefore found paragraph 4a of the Allegation proved.

Paragraph 4b of the Allegation

4. *Between around April 2010 and September 2010, you:*

- b. looked Ms B up and down and said to her ‘mmm you do look gorgeous’, or words to that effect, after another female member of staff had paid her a compliment; **Determined and found proved***

107. The Tribunal took into account that Ms B only provided specifics of the allegation in paragraph 4b in her witness statement to the GMC, dated 5 October 2011. The Tribunal noted that by that time Ms B knew that Dr Sharma’s conduct was the subject of a police investigation and that others had complained about him. The Tribunal therefore considered why Ms B had not particularised her complaint earlier.

108. The Tribunal noted that in Ms B’s initial handwritten statement to the Trust, she stated that Dr Sharma made inappropriate comments to her. Ms B explained that she was told to go into a room and write down her concerns. Ms B said that XXX, she wanted to make the statement quickly and provided a brief account of events. The Tribunal noted that during the Trust investigation interview on 12 October 2011, when asked about the inappropriate comments she said Dr Sharma made to her, Ms B said, “*for example, someone may have said to me that I am looking well [XXX] and I would say oh no I’m fat. But if he had said I was looking well, he would look me up and down and say it in a certain way.*” The Tribunal also noted that in her police statement dated 20 December 2017, Ms B stated that Dr Sharma said weird things to her and that he would “*interject in conversations...and he would twist them, adding a sexual element*” but gave no more details about the incident described by paragraph 4b.

109. In her witness statement to the GMC, however, Ms B did give a detailed description. She stated that whilst working in Minors, a female physiotherapist commented in passing

that she looked gorgeous. Ms B expanded on this in oral evidence, saying that the physiotherapist's comment was, "[XXX] and it was more like just a nice comment...a little bit of like, "You look lovely". Ms B said Dr Sharma overheard this and, after the physiotherapist had gone, "looked me up and down and said to me, "Mmm you do look gorgeous." Ms B said that the manner in which Dr Sharma looked at her and spoke to her was, however, quite different. "I felt that he said this in a sexual way and it made me feel uncomfortable". It was, "just a slow look up and down. Again, eyes kind of half squinted, biting the lip and the sound like...'Mmm, yes, you do look gorgeous'...it was kind of the same sentence but said in a completely different way..."

110. Dr Sharma did not recall this event and denied that it had happened.

111. The Tribunal considered whether Ms B's recollection and interpretation of events may have been affected by her knowledge of the police investigation and allegations made by others. It concluded that Ms B had expressed her concerns about Dr Sharma making inappropriate comments from the time she made her first complaint. She was not asked to expand or elaborate about these until spoken to by a professional investigator. Her accounts were consistent on each occasion and consistent with her oral evidence. The Tribunal considered that the lack of detail in earlier documents also arose because Ms B focused on the incidents which caused her the greatest concern rather than inappropriate comments. The Tribunal also found no evidence that Ms B had any reason to make untruthful allegations about Dr Sharma. The Tribunal considered that the comments alleged in paragraph 4b were similar in nature to those found proved in paragraph 4a. They pertained to Ms B's XXX and, as Ms B stated, provided an opportunity to sexualise a conversation.

112. The Tribunal therefore found paragraph 4b of the Allegation proved.

Paragraph 4c of the Allegation

4. Between around April 2010 and September 2010, you:

c. on one or more occasion, asked Ms B for her telephone number.

***Determined and found proved***

113. In her witness statement to the GMC, Ms B stated that Dr Sharma asked her for her telephone number on a number of occasions. Ms B stated that she refused saying she was married. Ms B also referred to these requests in her statement to the police and stated Dr Sharma also asked her about going out for drinks.

114. Dr Sharma, in his witness statement, stated that he and Ms B exchanged phone numbers. The Tribunal noted that in his statement Dr Sharma said he wanted Ms B's phone number as she was "a supportive colleague...and .. I wanted to keep in touch after I left the

*rotation as I was planning on returning to do some Locums in A & E...”. Dr Sharma confirmed that he “may have mentioned going for a juice as well”.*

115. The Tribunal concluded that Dr Sharma wanted Ms B’s phone number. He accepted, as she stated, that he asked her out for a drink. Going for a drink in Birkenhead would have required the use of a motor vehicle and a significant amount of time. Dr Sharma had worked with Ms B on a number of occasions but they were not friends. There is a significant age difference. Both were married. XXX. Dr Sharma said he had made comments which caused upset to another nurse, namely that XXX. The Tribunal took into account that Dr Sharma intended to return to the hospital as a locum. There was no need to exchange numbers to keep in contact. That would happen when they both came back to work at the hospital. The Tribunal considered Dr Sharma’s evidence that he invited Ms B to go for a juice to be implausible. It concluded that Ms B had properly understood his invitation as a date.

116. The Tribunal therefore found paragraph 4c of the Allegation proved.

Paragraphs 5a(i)(iii)(iv) and (vi)1, 2 and 3 and (vii)1 &2 of the Allegation

5. On or around 22 July 2010:

a. whilst in the observation ward at Arrowe Park Hospital (‘the Ward’) with Ms B, you:

i. asked Ms B for a hug; **Determined and found proved**

iii. leant Ms B back against a set of cupboards;  
**Determined and found proved**

iv. licked Ms B’s face from the side of her left cheek down to the left side of her mouth; **Determined and found proved**

vi. asked Ms B:

1. where she would like you to lick;  
**Determined and found proved**

2. to meet you after work for a drink; **Determined and found proved**

3. what her husband would think when you and Ms B met;  
**Determined and found proved**

or words to that effect;

5. On or around 22 July 2010:

a. whilst in the observation ward at Arrowe Park Hospital ('the Ward') with Ms B, you:

vii. said to Ms B:

1. the words set out in Schedule 1; namely 'XXX' **Determined and found proved**
2. that you couldn't stop thinking about her;  
**Determined and found proved**

or words to that effect;

117. Dr Sharma admitted paragraph 5a ii which alleged that he put his arms around Ms B. The Tribunal took his admission into account when considering the balance of the paragraph. It considered the whole of paragraph 5 together as it relates to a single continuous incident.

118. In her handwritten initial account, Ms B said that on 22 July 2010 whilst working on the observation ward, Dr Sharma attended to deal with a patient. He asked if she would miss him when he finished his rotation. Ms B said Dr Sharma asked for a hug, she complied. He hugged her and licked her face from her eye to her mouth. When Ms B told Dr Sharma this was "disgusting", he responded, "Where would you like me to lick?" Ms B told Dr Sharma to stop because she was XXX and married. He replied, "[XXX]". He asked Ms B to meet him after work for a drink and asked what her husband would think when they met.

119. Ms B gave a consistent account of this incident in the Trust investigation meeting and in her GMC witness statement. She said that when Dr Sharma asked her for a hug, he stood up, put his arms around her and pushed her backwards against some cupboards. When he licked her face she pushed his shoulders with both hand to move him away. He "chuckled" when she challenged his behaviour. Ms B also said that Dr Sharma told her he could not stop thinking about her, asked her when he could take her out and made the comment about her husband.

120. Ms B's statement to the police was in similar terms. She stated she agreed to the hug so that Dr Sharma would leave and re-iterated that after pushing him off "he began sniggering and didn't seem fazed by what he had done". Ms B said that after the comment about her husband, she told Dr Sharma to go away and to stay away from her and he asked, "Are we OK?". She replied, "No" whereupon he left.

121. Ms B's oral evidence was also consistent with her written statements. Ms B told the Tribunal that Dr Sharma's comments about XXX made her feel "*horrible*"; XXX. She felt completely shocked, sad that there were no professional boundaries, disrespected and degraded. When Dr Sharma asked what her husband would think when they met, Ms B said she thought "*is he going to say that stuff's happened or – it was then that I started worrying that that was maybe the agenda*". Ms B said she had made it clear to Dr Sharma when they parted that they were "*not OK*" and that she never gave him her number.

122. Dr Sharma agreed how, where and why he encountered Ms B on 22 July 2010. Dr Sharma did not dispute Ms B's evidence that no-one else was present, but said it was a public area where anyone could have seen them. Dr Sharma also accepted in the Trust investigation interview that he had asked Ms B for her phone number but this was because he would be doing locum work at the hospital in the future. He agreed he suggested they could, "*go for a juice*." Dr Sharma said that Ms B gave him her phone number but he never contacted her, even when he returned as a locum. He said they parted on friendly terms. Dr Sharma only explanation for Ms B's complaint was that she had heard lies and rumours circulating about him.

123. In his written evidence, Dr Sharma denied licking Ms B. He said they had a mutual goodbye hug and '*peck*' on the cheek. He said that he and Ms B parted on such friendly terms that she gave him her phone number expecting him to call her and go for a drink if he returned as a locum in the future.

124. In oral evidence Dr Sharma said Ms B's account was a demonstrable lie as he could not have reached to lick from her eye to her mouth because she is XXX taller than him "*plus her heels, [XXX]*". Dr Sharma told the Tribunal that he had experimented by putting a height mark on a wall but been unable to reach it with his tongue which proved Ms B's account was incorrect.

125. Dr Sharma also said in oral evidence that Ms B's interpretation and recollection of events had been influenced by her conversations with Ms D. During cross examination, Dr Sharma said he knew that Ms D had "*encouraged*" Ms A and Ms B to complain because of Ms B's evidence that she imagined Dr Sharma following her home and seeing him outside her window. Dr Sharma said this proved that Ms B had been influenced by Ms D, because Ms D had complained that Dr Sharma had, in fact, followed her part way home in his car on one occasion. Dr Sharma told the Tribunal that, "*the only person alleged that I followed them was Ms D. That's what's influenced that. That's how I know that she got influenced by Ms D*".

126. The Tribunal reminded itself that Ms B's evidence was that Dr Sharma had not followed her home or appeared outside her window. She was explaining that Dr Sharma's behaviour stimulated imaginary fears which she recognised to be just that. The Tribunal

concluded that this supported Ms B's account and demonstrated how much Dr Sharma's unwanted behaviour affected her.

127. The Tribunal did not accept that Ms B had misinterpreted or misremembered the incident due to her conversations with Ms D or because of other rumours she may have heard to the extent that she imagined a sexual assault. The Tribunal considered that there was a factual dispute which it must resolve.

128. The Tribunal noted that Ms B's complaint was made on 18 September 2010, after Dr Sharma returned as a locum. Despite Dr Sharma stating that Ms B gave him her phone number in the event he returned, he had not contacted her to tell her he was returning. Given Dr Sharma's account of their friendly parting, Ms B had no reason to complain about him. On Ms B's account, there was a reason. The Tribunal concluded that the timing of Ms B's complaint supported her account that she made it when she did because of discovering that Dr Sharma had returned.

129. The Tribunal also considered that Dr Sharma's account was not logical or consistent with the timeline. Unlike Ms B, Dr Sharma would have known when his rotation was due to end. Dr Sharma's account was that Ms B hugged him because he mentioned his rotation was ending. However, the dates provided by Dr Sharma indicated that his A&E rotation did not end until 3 August 2010, over two weeks later. The Tribunal concluded that, having found Ms B alone, Dr Sharma's pending, but not immediate, departure, provided him with an excuse to initiate physical contact with her. The Tribunal rejected Dr Sharma's suggestion that when told he was leaving, Ms B initiated a mutual hug and kiss given the Tribunal's conclusions about the previous incidents. The Tribunal accepted Ms B's account that she allowed Dr Sharma to hug her because she thought he was leaving and matters would end.

130. The Tribunal also rejected Dr Sharma's evidence that what Ms B described was physically impossible. On his own account Dr Sharma was able to kiss Ms B on the cheek; his tongue would be able to reach higher than that and to the edge of her eye as Ms B described.

131. Finally, the Tribunal reminded itself of its previous findings in relation to Ms B. The Tribunal did not accept that Ms B would have initiated a goodbye hug or pecked Dr Sharma on the cheek. The Tribunal rejected Dr Sharma's account as implausible and concluded that Ms B's was credible and reliable.

132. Having accepted that Dr Sharma hugged Ms B and licked her face, the Tribunal accepted Ms B's account of the conversation that followed. Dr Sharma's account provided no explanation for such a conversation; on his account it could only be a complete fabrication. The Tribunal has already concluded that Ms B had no reason to make a false complaint about Dr Sharma.



133. The Tribunal therefore found paragraphs 5a(i)(iii)(iv) and (vi)1, 2 and 3 and paragraphs 5a(vii)1 & 2 of the Allegation proved.

Paragraphs 5b(i) and (ii) of the Allegation

5. On or around 22 July 2010:

b. you attended the female bay of the Ward and:

i. pressed up against Ms B from behind; **Determined and found proved**

ii. placed your hands on either side of Ms B's arms.  
**Determined and found proved**

134. In her initial handwritten account, Ms B described that one night, after 22 July 2010, she went into a curtained cubicle on the observation ward to check on a patient. Dr Sharma came into the cubicle behind her and pushed himself against her. The lights were off. Ms B stated she was very nervous. The patient woke up, Ms B checked she was OK and left the cubicle followed by Dr Sharma. Ms B said that Dr Sharma came back later and asked her if she was ok. She tried to avoid talking to him and just said, “‘Yes’ bluntly”. She gave a consistent account to the Trust.

135. In the statement to the police, Ms B said that she went into the curtained cubicle because she saw Dr Sharma approaching her on the ward and was trying to avoid him. The patient was asleep but woke up. She stated that Dr Sharma:

*“came up behind me, standing right behind me and grabbed hold of both of my upper arms. He kept hold of me and pushed against me, with his weight towards my hips. He didn't say anything. I struggled and wriggled free and the patient woke up.”*

136. Ms B said that Dr Sharma approached her later in the shift and asked if she was OK; she told him to stay away from her.

137. Ms B gave a consistent account of the incident in her statement to the GMC.

*“Dr Sharma was all of a sudden standing behind me, pressed up against me. His hands were on either side of my arms and his body was pressing against me.”*

138. In his response to the Trust investigation, Dr Sharma agreed that having returned to the Observation ward he saw Ms B go into a female bay, “I then thought I would see if she needed any help. I went through the curtains and asked if the patient was ok and then I left”. Dr Sharma also told the Trust that the area was “very small and when I went through the curtain [Ms B] was stood right there. I cannot remember any inappropriate behaviour.” In his

witness statement, however, Dr Sharma said that he entered the cubicle because he heard Ms B ask the patient if she was alright but the patient did not reply. He acknowledged that he *“may have been stood quite close to Ms B. Especially since she was [XXX] at the time so would not have been able to stand very close to the bed. The patient was awake and they confirmed that they were alright so I left as I was not needed”*. During the Trust investigation meeting Dr Sharma was asked whether Ms B had misinterpreted his actions. He replied, *“I can only think she thought I was doing too much and not appropriate for someone to ask these things.”*

139. In a further response on 11 November 2010, Dr Sharma said there was no physical contact. He said he heard Ms B ask the patient if she was alright so *“stopped and entered the cubicle to see if she needed any assistance with this patient as it is difficult to get busy doctors to come to obs ward from minors or majors...The cubicles are small and you enter via a curtain. As I entered [XXX] was stood immediately in front of me. I saw the patient who looked fine and I left the cubicle”*.

140. The Tribunal considered that Ms B’s account was consistent throughout. Her oral evidence was considered, careful and contained no exaggeration. The Tribunal took into account that Dr Sharma agreed that he had seen Ms B go into the cubicle and decided to follow her in despite having no proper reason for doing so as he was on the ward to deal with another patient. Ms B had not requested his help and there was no suggestion of any unusual or emergency situation which could have required a doctor’s intervention. As a nurse, Ms B was ostensibly performing a routine task. The Tribunal concluded that Dr Sharma’s decision to enter the cubicle was opportunistic; it occurred after the earlier incident when he had hugged Ms B, pressed her back against the cupboards and licked her face.

141. The Tribunal also concluded that in his witness statement, Dr Sharma conceded standing close to Ms B but sought to explain this by reference to XXX. The Tribunal concluded that the effect XXX in relation to her ability to stand close to the patient’s bed would have been limited at this time and would not have affected how close Dr Sharma would be when he entered the cubicle.

142. The Tribunal concluded that Ms B’s account was credible and reliable. It rejected Dr Sharma account as implausible. The Tribunal therefore found paragraphs Paragraph 5b(i) and (ii) of the Allegation proved.

Paragraphs 6a(i), (ii) and (iii) of the Allegation

6. Between around August 2010 and September 2010:

a. whilst Ms B was taking a patient’s blood pressure, you:

i. stood very close to Ms B; **Determined and found proved**

- ii. *put your hand on Ms B's lower back; **Determined and found proved***
- iii. *rubbed your hand in a slow circle on Ms B's lower back whilst Ms B attended to the patient; **Determined and found proved***

143. In her initial handwritten account, Ms B stated that when Dr Sharma talked to her he would rub her back. In her police statement she described a specific incident when she was standing at the bottom of a patient's bed conducting observations. Dr Sharma stood very close to her and began to rub her lower back. She felt very uncomfortable and moved but felt unable to say anything because a patient was present and it would have been unprofessional. Ms B repeated this account in her statement to the GMC.

144. In oral evidence Ms B added that she had told Ms D about the incident sometime after it happened.

145. During his oral evidence Dr Sharma admitted that he had touched Ms B on the arm, shoulder and hand and advised her to sit down because she had sciatica and back pain. Ms B denied this when she was cross examined. Dr Sharma agreed, however, that there was no need for him to have rubbed Ms B's back for any reason. He denied any inappropriate or sexual touching.

146. The Tribunal concluded that Dr Sharma accepted touching Ms B, and other nurses, without seeking prior permission, and considered this acceptable unless he perceived that the other person felt uncomfortable. He told the Tribunal, "*I can't see any reason why they would feel, and I never felt they felt uncomfortable*". The Tribunal concluded that Dr Sharma considered it was the responsibility of the person touched to raise any concern.

147. The Tribunal concluded that Ms B's account was accurate, no reason had been presented why she should untruthfully assert that Dr Sharma had rubbed her back and touched her arms and Dr Sharma did admit touching people without obtaining prior permission. The Tribunal concluded that Dr Sharma used XXX as an excuse to touch her in an inappropriate and unwanted fashion. The touching was done surreptitiously in circumstances which made it difficult for Ms B to challenge without appearing unprofessional. Finally, the Tribunal reminded itself of its other findings in relation to Dr Sharma's conduct towards Ms B.

148. For the reasons set out above, the Tribunal therefore found paragraphs 6a(i), (ii) and (iii) of the Allegation proved.

Paragraphs 6b (i) and (ii) of the Allegation

6. *Between around August 2010 and September 2010:*

b. *you approached Ms B and:*

- i. *stroked your hands down her arms and onto her hands;*

***Determined and found proved***

- ii. *said to Ms B that this was you behaving, or words to that effect.*

***Determined and found proved***

149. During the investigation meeting Ms B said that after 22 July 2010, Dr Sharma stroked down her arm onto her hand. She told him to behave; Dr Sharma said this was him behaving. Ms B said, “*I just walked away and avoided him*”. In her police statement, Ms B said this incident occurred about ten days after the incidents on 22 July 2010. Dr Sharma’s evidence is that did not begin his next rotation until 4 August.

150. Dr Sharma’s case was that he was concerned about Ms B’s welfare XXX, any touching was only to her shoulder, arm or hand and was not inappropriate. He did not deal with this incident specifically.

151. The Tribunal noted that Ms B’s gave different accounts of the touching. The Trust meeting notes refer to Dr Sharma using one hand, the police statement to two. The Tribunal took into account, however, that Ms B’s account to the Trust was recorded by a third person and Ms B was not given the opportunity to read and sign it because XXX. Moreover, the extent of the difference was that the touching involved Dr Sharma running both his hands from Ms B’s shoulders along her arms to her hands rather than one hand. The Tribunal considered Ms B’s account of the verbal exchange to be consistent throughout. The Tribunal therefore concluded that any difference in account did not affect its assessment of Ms B’s credibility or reliability.

152. The Tribunal reminded itself that Dr Sharma stated that he and Ms B were on friendly terms, had never fallen out and that on 18 September 2010, the day he was suspended, he stated that he had spoken to Ms B who had been friendly towards him. The Tribunal had no evidence to suggest that Ms B had a reason to make up her allegation and noted that she provided a clear explanation for the timing of her complaint. The Tribunal also reminded itself of the straightforward and clear manner in which Ms B gave evidence compared to Dr Sharma, who was more evasive, accepted he would touch Ms B without checking this was OK in advance (albeit he accepted by touching her shoulders to encourage her to sit) and essentially suggested that it was Ms B’s responsibility to tell him if she did not want to be touched by him. The Tribunal finally took into account its findings in relation to the other incidents involving Ms B and considered that the behaviour alleged was part of a course of conduct on Dr Sharma’s part.

153. For the reasons set out above, the Tribunal therefore found paragraphs 6b(i) and (ii) of the Allegation proved.

Paragraph 34b(i) and (ii) in respect of paragraphs 4 to 6 of the Allegation

34. Your conduct as set out at paragraph(s):

b. 4 to 6 was:

- i. harassment of a sexual nature as defined in Section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms B or creating an intimidating, hostile, degrading, humiliating or offensive environment for her; **Determined and found proved**
- ii. sexually motivated; **Determined and found proved**

*Harassment of a sexual nature*

154. The Tribunal considered that the conduct it had found proved consisted of inappropriate and sexualised comments about Ms B's appearance, XXX, requests for Ms B's phone number and asking Ms B to have a drink with him. They were said in a tone and in a manner which made Ms B feel uncomfortable and considered inappropriate, unprofessional and demeaning. Ms B challenged Dr Sharma about his conduct on a number of occasions. Ms B interpreted some of Dr Sharma's comments as a threat to her relationship with her husband and as indicating an intention to continue or escalate his inappropriate behaviour. Ms B told the Tribunal that when Dr Sharma licked and touched her she felt horrible, shocked, disrespected and degraded.

155. The Tribunal concluded that Ms B subjectively perceived Dr Sharma's conduct to be inappropriate, demeaning and degrading. She felt uncomfortable at work, tried to avoid Dr Sharma, moved away from him physically, told him his conduct was unwanted and began to have what she recognised were irrational fears about him following her and visiting her home.

156. During cross examination, Ms Beattie on behalf of the GMC, asked Dr Sharma whether Ms B was particularly vulnerable as a result of XXX. However, when Dr Sharma was asked if he targeted junior and vulnerable people because he thought them less likely to complain, he replied, "no, I don't...[XXX]". The Tribunal reminded itself that Dr Sharma said that he would touch Ms B on the shoulders to encourage her to sit down because of XXX. The Tribunal considered Dr Sharma's answers above to be inconsistent with this assertion.

157. Ms B was XXX. She was vulnerable because of XXX as well as because of her status as a junior nurse. The Tribunal concluded that Dr Sharma used XXX as an excuse to touch her. The Tribunal also determined that Dr Sharma took opportunities to touch and speak to Ms B

inappropriately either when she was alone or when she was with a patient and therefore unable to challenge him because of her desire to maintain her professionalism. The Tribunal concluded that viewed objectively, Ms B's reaction was understandable and reasonable.

*Sexually motivated*

158. The Tribunal considered whether cultural difference and Dr Sharma's experience in working environments outside of the U.K. could have affected his understanding and perception of what behaviour is and is not appropriate and his understanding of personal boundaries. The Tribunal took into account Dr T's evidence that Dr Sharma has a natural and unintentional tendency to get physically too close such that people may feel he is invading their personal space. The Tribunal reminded itself that Dr Sharma was born, raised and educated in India until he went to medical school and that he did his initial medical training in Ukraine. The Tribunal also took into account Dr Sharma's explanation that he was trying to make friends and fit in and may have overstepped what was appropriate in his attempts to do so.

159. The Tribunal did not accept, however, that Dr Sharma's background, "*nature*" or desire to "*fit in*" provided an explanation or an excuse for his inappropriate conduct. After Dr Sharma arrived in the U.K. he spent a number of years working in a G.P.'s practice. He would have seen the manner in which medical and non-medical staff interacted with each other on a daily basis. Dr Sharma then did his medical training to become a qualified doctor in the U.K. during which he would have been provided with clear guidance and role modelling about appropriate conduct. Moreover, Dr Sharma is a mature XXX man.

160. The Tribunal noted that Dr Sharma's behaviour towards Ms B occurred when she was alone, when a patient was present and she could not react or Dr Sharma described it as being kind or caring because XXX. The Tribunal does not accept that casual touching of women and sexual innuendo would be acceptable in any of the cultural settings Dr Sharma has experienced. Moreover, the Tribunal accepted Ms B's evidence that she made it clear to Dr Sharma in a number of ways that his conduct was unwanted and inappropriate. She was a female, married XXX. Each of those facts created clear boundaries which Dr Sharma should have been able to, and the Tribunal concluded did, recognise. He did not, however, respect them. The Tribunal concluded that Dr Sharma persisted in his unwanted attentions and caused Ms B considerable embarrassment and distress.

161. The Tribunal therefore found paragraphs 34b(i) and (ii) in respect of paragraphs 4 to 6 of the Allegation proved.

**Ms C**

162. Ms C was a nurse in Arrowe Park Hospital A&E in 2010. Dr Sharma undertook a rotation in A&E as part of his FY2 between May and August 2010. Dr Sharma returned to the A&E as a locum doctor in September 2010.

Paragraph 7a of the Allegation

7. In or around May 2010, in reference to an elderly male patient who was moving his hand over his genital region under a blanket ('the Patient'), on one or more occasion you told Ms C, a colleague, that the Patient was waiting for her to:

a. sort him out; **Determined and found proved**

b. relieve him; **Admitted and found proved**

or words to that effect.

163. Ms C provided a handwritten account of the incident dated 20 September 2010. She stated that the day it occurred was the first time that Dr Sharma had spoken to her. He said, *"the elderly man in cubicle 4 is waiting for you to sort him out" (can't remember verbatim).* Ms C looked into the cubicle where she saw an elderly man waiting for transport. He was moving his hand which was under the blanket near his genitalia. Ms C said Dr Sharma made further lewd remarks like, *"he is waiting for you to relieve him"*.

164. Ms C repeated her complaint in a Trust investigation meeting on 15 October 2010 and stated that Dr Sharma told her that the patient was waiting for her *"to go and relieve him. He kept saying it"*. Ms C said this carried on for about an hour.

165. In her GMC witness statement, dated 4 November 2011, Ms C stated that the incident occurred in the Minors area of A&E in May 2010. Dr Sharma had been working overnight and was there when she arrived for her day shift around 7.30am. Although there were usually three nurses on duty, she was alone. She thought this may have been because the other two nurses did not start until 8.30am.

166. Ms C gave a similar account in her police statement, dated 4 December 2017. She stated that when she approached Dr Sharma, he told her, *"the elderly man in Cubicle 4 is waiting for you to sort him out"* or words to that effect. Ms C said that initially she did not understand what Dr Sharma meant but she then saw *"an elderly, demented, male patient was sitting up on a trolley...who had a blanket over him, was moving his hand under the blanket in his genital region"*. She stated that Dr Sharma made other comments such as, *"He is waiting for you to relieve him"*. Ms C said she was taken aback and brushed Dr Sharma off but he continued to make comments about the man for the next hour.

167. Ms C made a statement to the police on 4 December 2017. She described how the patient's hand was *"shaking, close to groin area. Dr Sharma said something like 'He's waiting for you to finish him off.' I took it that he was referring to me finishing masturbating him, due to where the male's hand was and how it was shaking. I was shocked...and felt embarrassed, it was obvious the elderly male's movements were due to his age and conditions and nothing more..."*.

168. APH initiated an investigation. Dr Sharma attended an investigation meeting on 11 November 2010. He said that in May 2010 while working in Minors he heard a male patient shouting, *"help me, sort me out"*. Dr Sharma went to the patient who appeared to be struggling with his catheter and was in pain. He told the patient that he could not treat him (as FY1s could not deal with catheters) but would get help. The patient said he had been seen by a nurse and *"she said she will sort me out"*.

169. Dr Sharma said he asked Ms C to assist the patient. The patient shouted for assistance a second time so Dr Sharma asked Ms C again if *"she could relieve him as he was struggling with his catheter. I did not know there was a word like relieve that could be of sexual nature"*. Dr Sharma said the patient was shouting for 15 minutes and he asked Ms C to assist him twice, repeating the patient's words. On this basis Dr Sharma admitted paragraph 7b.

170. Dr Sharma provided a further written response to the Trust on 19 November 2010 in which he stated that the patient was in considerable discomfort and distress. He re-iterated that he said relieve *"in the course of my duties as most other colleagues do...I deny having used inappropriate language or making sexual remarks, and consider that these allegations have been fabricated"*.

171. Dr Sharma repeated his account in his oral evidence. He agreed that he had asked Ms C to relieve and/or sort the patient out. He denied asking Ms C to *"finish him off"*. Dr Sharma reiterated that he did not know relieve also meant masturbate.

172. The Tribunal noted that Ms C accepted that the elderly patient was moving his hand but attributed this to Parkinson's disease or some similar condition. She also told the Tribunal that the patient had dementia. By contrast, Dr Sharma described a coherent conversation with the patient attributing his choice of words to Ms C to the patient. On his account, Ms C had jumped to a conclusion that Dr Sharma was suggesting the movements were the patient masturbating when he was actually trying to express that the patient was in pain with his catheter. The Tribunal also noted that on Dr Sharma's account the patient was shouting out in pain for at least 15 minutes.

173. In oral evidence Dr Sharma said that although Ms C did not go to see the patient, he thought she had things in hand. He then said he was unsure whether the patient was even referring to Ms C. In answer to questions by Ms Beattie, however, Dr Sharma told the Tribunal that Ms C had told him twice that she was dealing with the matter so he assumed



she was the nurse in question. Accordingly, despite the patient shouting in pain for 15 minutes, he did not think he needed to do anything.

174. In answer to questions from the Tribunal, Dr Sharma stated that the patient was holding the catheter tube in his hand on top of the blanket and it would be obvious to an observer if he was moving his hand but the patient was not doing that or shaking. Dr Sharma said it was the beginning of his shift. He said he did not see any other staff but the patient was asking for help loudly enough for everyone to hear. Dr Sharma agreed that he never mentioned a catheter to Ms C because the patient told him, *“The nurse has seen me and she said she will come”, so I thought she knew about the catheter*. Dr Sharma said it was not for him as an FY1 to tell a nurse what to do.

175. The Tribunal took into account that Dr Sharma accepted that save for the reference to *“finishing him off”* he agreed with Ms C as to what he had said.

176. The Tribunal accepted Ms C’s account of events as reliable and rejected Dr Sharma’s account as implausible for the following reasons:

- i. Dr Sharma admitted saying *“relieve him”*. This supported the accuracy of Ms C’s account.
- ii. Although Ms C attributed different phrases to Dr Sharma in some of her accounts (relieve him, sort him out, finish him off), each of the requests was made using language which was capable of having a sexual connotation. Ms C stated that Dr Sharma asked her to do this over a period of about an hour in different ways.
- iii. The Tribunal did not accept that Ms C, an experienced nurse, would have left a patient shouting out in pain for some 15 minutes without checking on his welfare. She said the patient was not in pain. His hand movements arose from a chronic medical condition which she could not alleviate. There was no need for her to attend to him.
- iv. Ms C stated that the patient could not have the conversation attributed to him by Dr Sharma due to his dementia. The choice of words must have come from Dr Sharma not the patient.
- v. Ms C had no reason to fabricate an allegation against Dr Sharma and none had been suggested to the Tribunal. Both Ms C and Dr Sharma accepted that this was their first meeting.

- vi. Had Dr Sharma been present when a patient shouted out repeatedly in pain for some 15 minutes, as an FY1 doctor he would have taken some action, even if that was to find another doctor or a nurse to assist the patient.
- vii. Dr Sharma is a doctor and would have known the importance of clear, simple explanation. Instead of telling Ms C in simple language what he understood the issue to be Dr Sharma only used word with a sexualised meaning, and placed responsibility for the words on the patient. He was unable to explain why he did this.

177. The Tribunal therefore found paragraph 7a of the Allegation proved.

Paragraphs 8a and b of the Allegation

- 8. *Between around May 2010 and September 2010, during a discussion in the duty room at Arrowe Park hospital about what the initials 'PS' meant in a newspaper article, you:*
  - a. *made one or more sexual references about the initials, including telling Ms C that it meant 'pussy shaggers'; **Determined and found proved***
  - b. *inappropriately referred to XXX; **Determined and found not proved***  
*or words to that effect.*

178. In the Trust investigation meeting of 15 October 2010, Ms C stated that Dr Sharma often used inappropriate language and sexualised conversations. She described one occasion when she was in the duty room with a female colleague who was reading an article about sexual preferences, she thought in the News of the World. The colleague asked Ms C if she knew what "P..... S....." meant. Ms C said she did not know but that Dr Sharma butted into the conversation and he said it meant "Pussy Shaggers". Ms C stated that Dr Sharma "kept guessing what it meant using rude remarks. Apparently it actually meant "Paki Shagger".

179. In her GMC statement, Ms C said that she could not remember the other suggestions Dr Sharma made but after it turned out to be "Paki Shagger". She also said that Dr Sharma said XXX was XXX. Ms C said she was stunned and very shocked. In oral evidence, Ms C stated that what she meant by "it turned out" to be "Paki Shagger", was that Dr Sharma said that is what "P....S...." stood for.

180. In oral evidence, Ms C said based upon Dr Sharma's comment, she "imagined that he was from Pakistan".

181. Ms C made a statement to the police on 4 December 2017. She stated that while talking to a female colleague who was reading a tabloid newspaper, Dr Sharma *“asked if we were having a girly conversation and... if he could join in. That was the type of person who he was, he always wanted to be involved but would then say inappropriate sexual things, he seemed to always turn the conversation that way, so much so he was known as the dirty doctor”*.

182. In his written response to the Trust, Dr Sharma said the incident unfolded in a very different way. Dr Sharma stated that everyone was in the duty room. Ms C’s colleague was reading a book with *“naked and vulgar”* images of women on the cover. He asked why she was reading this kind of book but received no response. Ms C’s colleague asked the room what *“P....S.....”* meant then asked Dr Sharma. He suggested it meant *“prostate specific”*. Dr Sharma said that it was only then that the woman told him it was *“something sexual in nature or offensive”* and pressed him *“to suggest additional words which I did not”*.

183. Dr Sharma said that he saw the same nurse again later and asked if she had discovered the meaning of the acronym. Dr Sharma said, *“She replied ‘yes it means Paki Shagger’. She looked at me and laughed...I have never raised this as a formal complaint despite feeling very offended...I have always tried to fit in with the team as I feel that this creates a good working environment which is important for the patients. Making a formal complaint would have made working relationships very strained. As an F2, I am under considerable pressure to make an impression and to undertake my work to the highest standard and I did not want to jeopardise this”*.

184. The Tribunal noted that Ms C and Dr Sharma agreed in broad terms that an incident had occurred where those in the duty room were asked to explain the acronym *“P.....S.....”*. Although on Dr Sharma’s initial account, he had no idea of the context, in oral evidence, he said he suggested *“prostate specific”* because he understood it to be sexual. Although there is a screening test for prostate cancer called prostate specific antigen (PSA), the words *“prostate specific”* are meaningless on their own. The Tribunal did not therefore accept that Dr Sharma suggested prostate specific to explain the acronym and accepted Ms C’s evidence that Dr Sharma suggested it meant *“Pussy Shaggers”*.

185. However, the Tribunal also noted Ms C’s evidence that her colleague asked people generally what the acronym meant and Ms C understood that the expected explanation related to sexual preferences. Dr Sharma did not, therefore, sexualise the conversation nor did he intrude into someone else’s private conversation.

186. The Tribunal did not accept Ms C’s oral evidence that Dr Sharma introduced the term *“Paki Shagger”*. The Tribunal considered that had he done so, Ms C would have said so clearly

in her various written accounts. She only attributed this to Dr Sharma when she gave oral evidence. Dr Sharma's heritage is Indian not Pakistani. XXX

187. The Tribunal accepted Dr Sharma's evidence. XXX

188. The Tribunal therefore found paragraph 8a of the Allegation proved and 8b not proved.

Paragraph 9b of the Allegation

9. On or around 18 September 2010, you approached Ms C from behind and you:

a. put your arm around Ms C's waist; **Admitted and found proved**

b. on one or more occasion, squeezed Ms C's waist.

**Determined and found not proved**

189. In her handwritten account, Ms C stated that on Saturday 18 September 2010 she was walking from Minors to Majors when *"Dr Sharma put his arm round my waist...He then squeezed me in a manner that made me feel uncomfortable"*.

190. In the Trust investigation meeting of 15 October 2010, Ms C said that another doctor had put his arm around her on a different occasion, however, *"Dr Sharma just made me feel so uncomfortable, I was upset by it, I'd never felt that way before, I felt he had invaded my space. I felt it was a bit physical..."*.

191. Ms C also described this incident in her witness statement to the GMC stating that Dr Sharma approached her from behind, put his arm around her waist, walked alongside her and squeezed her waist twice. She gave a similar description in her police statement dated 4 December 2017, stating that she was *"shocked and felt violated"*. She could not recall if he said anything to her or whether she told him to get off or moved away. She did make a complaint shortly afterwards.

192. Dr Sharma admitted putting his arm around Ms C's waist but denies squeezing it. In his witness statement he explained that he had seen other doctors do the same thing, it was not sexual but intended to be friendly. He explained that he wanted to get Ms C's attention and pulled her slightly towards him so that patients in the near vicinity could not hear their conversation. He had just seen Ms C deliver several patients to his department and, in an attempt to be humorous, said *"Are you trying to offload your work onto us?"*. Dr Sharma stated that he did not intend to cause Ms C any offence, and didn't realise from her response that he had done so. Dr Sharma apologised for any upset he may unintentionally have caused Ms C although he did not believe that he had acted in an inappropriate manner.

193. Based on Dr Sharma's admissions, the Tribunal found paragraph 9a of the Allegation proved to the extent that Dr Sharma put his arm around Ms C's waist.

194. The Tribunal heard Ms C give oral evidence. She made clear that she was an older, highly experienced nurse. She demonstrated her robust character through her response to Dr Sharma's comments about the elderly patient (see above). The Tribunal considered that Ms C had formed an immediate, but perhaps understandable, dislike of Dr Sharma based upon her first encounter with him which may have coloured any subsequent encounters.

195. During her oral evidence Ms C said that 14 years after the event she could still feel Dr Sharma's hands on her waist. She said he squeezed it once or twice. On Ms C's account this was a brief encounter on a busy hospital corridor during daylight hours involving a single, short-lived touch to a non-intimate area unaccompanied by any inappropriate conversation. The Tribunal found the level of distress stated by Ms C surprising.

196. The Tribunal concluded that Ms C's perception and recollection of the incident was affected by her dislike of Dr Sharma resulting in an exaggeration of what occurred and its impact.

197. The Tribunal considered that whether or not Dr Sharma had squeezed Ms C's waist was a finely balanced issue, in part because it considered Ms C's evidence about the impact to be exaggerated and in part because Dr Sharma had admitted this incident from the outset, apologised for it and been consistent in his accounts about it. The Tribunal therefore determined that the GMC had not discharged its burden in respect of paragraph 9b of the Allegation and found it not proved.

Paragraph 34c in respect of paragraphs 7a and b, 8a and 9a of the Allegation

34. *Your conduct as set out at paragraph(s):*

c. *7 to 8a and 9 was:*

- i. *harassment of a sexual nature as defined in Section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms C or creating an intimidating, hostile, degrading, humiliating or offensive environment for her; **Determined and found not proved***
- ii. *sexually motivated; **Determined and found proved***

198. The Tribunal reminded itself which paragraphs of the Allegation it had found proved when considering whether the behaviour amounted to harassment of a sexual nature. This

amounted to explaining an acronym, putting his arm around Ms C's waist and inappropriate comments about an elderly patient.

199. The Tribunal did not accept Dr Sharma's evidence that he merely parroted the patient's own words. It accepted Ms C's evidence that the patient had dementia and did not say them. Dr Sharma's evidence was that the patient was in pain and that she had left the patient without intervening. The Tribunal concluded that it was implausible that an experienced nurse would have acted as Dr Sharma described.

200. The Tribunal concluded that Dr Sharma sexualised involuntary hand movements by an elderly, afflicted patient, suggested to Ms C that the patient was masturbating himself and that she should bring him to orgasm. The Tribunal considered these comments to be offensive about the patient and that they undermined his dignity. The Tribunal accepted that Ms C found the comments crude, distasteful, disrespectful, offensive and unprofessional. The Tribunal agreed with her. The Tribunal concluded that Dr Sharma made inappropriate comments for his own sexual gratification.

201. The Tribunal reminded itself that this was the first day that Ms C had encountered Dr Sharma and that his rotation lasted for a number of months. Ms C also considered the comments to be unprofessional. The Tribunal agreed.

202. The Tribunal took into account that this was a single incident although it continued for about an hour and that Dr Sharma repeated the comment in a number of ways. Ms C stated that the impact upon her was that she tried to avoid Dr Sharma. She did not, however, suggest any more impact or that she found her working environment to be hostile as a result of this incident alone.

203. Although the Tribunal found paragraph 8a of the Allegation proved, it also concluded that it occurred in the context of a casual conversation in the duty room initiated by Ms C's colleague which was expected to elicit a sexualised response. The Tribunal formed the view that Ms C was more irritated that Dr Sharma had got involved in the conversation rather than what he said.

204. Similarly, although the Tribunal found paragraph 9a of the Allegation proved, it also concluded that Dr Sharma irritated Ms C by placing his arm around her waist. The Tribunal concluded that she permitted such touching by other doctors but found she did not like Dr Sharma. Dr Sharma wrongly assumed, having seen other doctors interacting with Ms C, that he could do the same. The Tribunal accepted that the reason Dr Sharma put his arm around Ms C's waist was to get her attention.

205. The Tribunal, for the reasons set out above, concluded that this behaviour did not amount to harassment of a sexual nature. It therefore found paragraph 34c(i) not proved.

*Sexually motivated*

206. The Tribunal took into account that it had concluded that Dr Sharma's conduct in relation to putting his arm around Ms C's waist was not sexual in nature or intent. It also took into account that the Tribunal determined that Dr Sharma's explanation of the acronym was part of a wider conversation involving other colleagues about an article concerning sexual preferences. The Tribunal therefore considered that those matters were not sexually motivated.

207. However, the Tribunal then considered the comments made by Ms C concerning the elderly patient moving his hand underneath the blanket. Ms C told the Tribunal that she thought the patient had Parkinson's or some other medical condition that made him shake and his hand just happened to be near his genitalia. The Tribunal noted that there is no suggestion that Dr Sharma touched Ms C or tried to do so. The conduct was purely verbal. The Tribunal noted that:

- i. Ms C was the only nurse on duty in that area when he made the comments.
- ii. Dr Sharma had never met Ms C before.
- iii. The patient was unable to understand or appreciate the comments Dr Sharma made.
- iv. Dr Sharma deliberately chose to sexualise the patient's behaviour.
- v. Dr Sharma was suggesting that Ms C, a nurse, engage sexually with a patient.
- vi. Ms C is female; the comments were sexualised; they were repeated a number of times over the course of an hour.

208. The Tribunal concluded that Dr Sharma was testing the water to see how Ms C reacted, made the comments for his own sexual gratification and that, as a result, they were sexually motivated.

209. The Tribunal therefore found Paragraphs 34c(ii) proved in respect of paragraph 7a and b.

**Patient F**

Paragraphs 14a(i)1, b, c, d, e (iii), (iv) and (v) of the Allegation

14. On 26 January 2016 you consulted with Patient F, a minor ('the Consultation'), and during the Consultation you:

a. touched:

i. on one or more occasion, Patient F's:

1. thigh; **Determined and found proved**

b. placed your arms around Patient F's shoulders;  
**Determined and found proved**

c. hugged Patient F; **Determined and found proved**

d. brushed Patient F's cheeks with your own;  
**Determined and found proved**

e. asked Patient F:

iii. how many people she had had sex with;  
**Determined and found proved**

iv. where she had had sex; **Determined and found proved**

v. whether she had had sex at a bus stop;  
**Determined and found proved**

or words to that effect.

210. Dr Sharma was suspended from the National Performers List (NPL) on 27 May 2014. On 22 December 2014, NHS England advised Dr Sharma that he had been restored to the NPL subject to conditions, including that he must shadow a working GP.

211. On 1 July 2015, Dr Sharma commenced a placement at St Mary's General Practice in Oldham. Dr T, a GP, was appointed to act as Dr Sharma's supervisor. Dr Sharma initially had a chaperone. Dr T put additional safeguards in place, including that Dr Sharma be videoed when undertaking some patient consultations. Dr T continued to act as Dr Sharma's supervisor when the period of Dr Sharma being subject to restrictions expired.

212. The alleged incident occurred on 26 January 2016, the restrictions on Dr Sharma's practice ended the previous week. However, Dr T decided that Dr Sharma must still have a chaperone for intimate examinations of females. Dr Sharma commenced a clinic at 10am. Patient F was one of his first patients that day.



213. The total consultation lasted about 50 minutes. Immediately afterwards, Patient F telephoned her mother in considerable distress and asked to be collected from the surgery. Patient F's mother was seeing a social worker, Ms S, at the time of receiving Patient F's call so both went to collect her. Patient F made a complaint to her mother about Dr Sharma's conduct in the presence of Ms S. Ms S reported the incident a short time later to the police.

214. Patient F participated in an Achieving Best Evidence witness interview (*'the ABE interview'*) on 27 January 2016. The Tribunal viewed this and a summary transcript. Patient F stated that she had gone to her GP to get the results of a blood test taken on 13 January 2016. She was appointed to see Dr Sharma. She and Dr Sharma had a short consultation about the reason for her attendance. He explained her vitamin B12 was low. Dr Sharma then disappeared for a short time. When he returned Dr Sharma said the B12 could be low for several reasons. He then asked Patient F whether she had a boyfriend, how many people she had slept with, things about her sex life, and put his hand on her leg above her knee a number of times.

215. Patient F said she was sitting with her legs crossed. She tried to *"push his hand off a bit"*. Patient F said that Dr Sharma started talking about diet but then asked if she had a boyfriend. When she said no, Dr Sharma asked why not. He then asked for her phone number. When Patient F did not provide this, Dr Sharma put his hand on her leg again and *"said it was a joke"*. Dr Sharma then suggested that the blood test results may have been caused by stress and *"...put his hand back on my leg asked if I wanted counselling...He moved his chair over towards me"*. Patient F said that *"to get his hand off my leg, I reached down towards my bag"*. Patient F said that Dr Sharma asked about her home life and if she wanted any anti-depressant tablets. *"To get out I said yeah" ...When I went to grab my bag to leave, he hugged me, I turned my face and his face went the same way, I pushed away and left"*.

216. In her witness statement to the GMC, dated 21 June 2018, Patient F stated that she had never met Dr Sharma before. The blood test was because she was having headaches. The appointment was to receive the results. She sat diagonally opposite Dr Sharma with the corner of his desk between them. Patient F said that Dr Sharma said, *it could be'...* [referring to the results] but *"did not finish his sentence"*.

217. Patient F said that Dr Sharma started asking her *"weird"* questions, not the sort of thing a doctor asks, including how many people she had slept with and where she had sex. Patient F said she felt awkward and kept replying, *"I don't know"*. She did not understand what the questions had to do with her headaches. When Dr Sharma asked for her phone number she did not respond, *"He turned to his computer, looked at the screen, turned back to face me and said 'I'm only joking' and laughed. As he said this he put his hand back on my right thigh in the same place. I shuffled my legs again and he moved his hand. His hand was probably on my leg for a few seconds. Dr Sharma didn't say why he was asking for my number and I didn't give it to him."*

218. Patient F said after this Dr Sharma asked her how things were at home. She told him that although they were not great everyone was getting the help they needed and she was the happiest she had ever been. Despite this Dr Sharma said he thought she needed anti-depressants. Patient F told him she did not want or need them. He did not mention her blood test result or the reason for her headaches.

219. Patient F said that Dr Sharma asked her more questions about her home life, put his hand on her right thigh for a few seconds and then moved it when she shuffled her legs. Dr Sharma said that he did not want her to leave without anything. She took the prescription so she could go. As she stood up to leave and picked up her bag, Dr Sharma stood in front of her and hugged her over her arms. She moved her head but their cheeks touched. Dr Sharma said make another appointment to see him next week. She was scared and *“just wanted to get out of there.”*

220. Patient F said at one point during the appointment she had her elbows on the desk and was resting her head in her hands. She said that Dr Sharma *“pulled one of my hands down and said that he thought I looked worried. I pulled my hand away and said I was fine and we carried on talking.”*

221. On 13 February 2016 Ms R, Patient F’s mother, made a police witness statement. She said that she expected Patient F to ring her after the appointment to relay the blood test results then go on to work. Patient F rang at about 11.15. She was *“screaming down the phone for me to pick her up”*. Ms R and Ms S drove to the surgery. When they collected Patient F she was crying, hysterical, shaking and screaming to go home. She was holding a prescription form. Ms R asked Patient F several times what was wrong. She eventually replied, *“He’s touched me...the doctor”* and said the doctor *“kept touching her on her leg”*.

222. When Ms R and Ms S arrived back home, Ms S spoke to Patient F then rang the police. Ms R said that afterwards Patient F could not sleep or relax and no longer wanted to seek help from her GP.

223. Ms S, a Senior Intensive Support Worker, made a police witness statement dated 24 February 2016. She confirmed Ms R’s account of Patient F’s phone call and collecting Patient F from the surgery. Ms S said that when Patient F got into the car she burst into tears, sobbed continuously and struggled to explain what was wrong. Patient F said the doctor had *“made a pass at her”*; asked about her sex life, put his hand on her knee and moved it up her leg. Patient F said she did not know why she had been prescribed anti-depressants. She said that the doctor went to hug her so she left. Patient F said she was scared.

224. Dr Sharma was interviewed by the police under caution on 28 January 2016. He agreed that the consultation had taken place and that he sought advice from Dr T about

Patient F's blood test results. Dr Sharma said he was advised to ask about Patient F's "psychosocial history". He decided to explore Patient F's diet and/or eating habits, her psychosocial history, mental health and whether this might explain the blood test results.

225. Dr Sharma said that he told Patient F her results were normal except that her B12 and Ferritin levels were low, which could be for "several reasons" such as diet. He established that she only ate once a day as she was too busy working to eat. When he asked how things were at home, Patient F told him XXX.

226. Dr Sharma's oral evidence was essentially consistent with his earlier accounts, except that he said Patient F may have been referring to XXX. Dr Sharma stated that to explore what social support Patient F had, he asked if she had a boyfriend. When she said no, he asked her why not, which upset her. He tried to pass it off as a joke saying he would leave the matter of the boyfriend to her.

227. During her cross examination at the Crown Court trial, Patient F agreed that Dr Sharma had asked her when she had her last period. Dr Sharma's explanation was that he wanted to ascertain if Patient F was pregnant so asked her when she last had unprotected sex and when her last period was. Dr Sharma stated that he could not get proper answers from Patient F. Patient F agreed she did not answer because the questions were "weird" and not the sort of questions a doctor asks.

228. Dr Sharma told the Tribunal that Patient F was crying when she stood up to leave. He put his hand on her shoulder to reassure her saying, "we will see you in 2 weeks and if you need to talk about anything please let us know and look after yourself."

229. Dr Sharma made the following entry of the consultation with Patient F in her medical records:

<i>"Problem</i>	<i>Stress at home (New)</i>
<i>History</i>	<i>[XXX] just have food on night time works as a sec. 6 days a week. getts headacs, every day tried propranol-no help.</i>
<i>Examination</i>	<i>Maintains good eye contact dressed appropriately No suicidal thoughts no physical examination performed.</i>
<i>Comment</i>	<i>agreed for citalopram.</i>

r/w 2 w.” [As written in the original]

230. Dr Sharma accessed Patient F’s medical records at 10:24, spoke to Dr T between 10:26 and 10:36 and issued her with a prescription for 20mg of citalopram at 10:57. He completed the notes at 11:06 and accessed them again at 13.06.

231. On 11 February Dr T made a note of Dr Sharma’s discussion with him,

*“We discussed that it was likely dietary and that he needed to take a more holistic view and discuss with her psychological and social factors.”*

*...I’ve looked at the consultation since and he has not mentioned any of what we discussed...”*

232. When Dr T gave evidence during Dr Sharma’s crown court trial on 12 February 2018, he agreed that Dr Sharma told him that *“It could be that the patient wasn't taking enough”, i.e. not eating properly, “or could be losing iron”, so losing it?”* Dr T did not remember saying Dr Sharma needed to exclude pregnancy.

233. The Tribunal acknowledged that there were some inconsistencies between the various accounts given by Patient F. Patient F told Ms R that Dr Sharma had gone to hug her; in her ABE and oral evidence she said he did hug her. Patient F also did not mention that Dr Sharma asked her whether she had had sex at a bus stop until she gave evidence at the Crown Court trial. The Tribunal did not consider these to be material. Patient F’s account throughout was consistent in its primary details. She was XXX years old at the time and vulnerable due to her age and social background. She went to a trusted person for a routine appointment. She experienced an unexpected and traumatic event. It is not unusual for people to remember traumatic events piecemeal. Her behaviour immediately after the consultation was wholly consistent with what she described had occurred. The Tribunal also concluded that there was no room for misinterpretation. This was a straightforward factual dispute.

234. Dr Sharma’s explanation for Patient F’s complaint was that she did not like being prescribed anti-depressants. Patient F was a longstanding patient of Dr T. The Tribunal concluded that even if she was unhappy about the prescription, it did not follow that she would make up a false account of being touched inappropriately and asked sexualised questions.

235. The Tribunal also took into account that Patient F made an immediate complaint and that her presentation immediately after the consultation indicated significant distress consistent with what she described had occurred.

236. The Tribunal considered that Patient F was a truthful and reliable witness. She gave her evidence in a clear, unembellished and mature fashion without exaggeration. Her oral evidence was consistent with her written accounts. The Tribunal also took into account that despite the passage of time and having given evidence in the criminal court, she had come to the Tribunal and given evidence again.

237. The Tribunal did not consider Dr Sharma's account to be plausible for the following reasons:

- i. Although Patient F attended the surgery to receive the results of a blood test, Dr Sharma's medical notes confirm that he did not record any explanation for the results or that he discussed any aspect of the blood test results with her. Moreover, he did not connect the blood test results with his diagnosis of depression. Dr T had to have a phone consultation with her to explain the blood test results.
- ii. Although Dr T advised Dr Sharma that diet was the likely cause of Patient F's blood test results and Dr Sharma established early in the consultation that Patient F was only eating once a day, Dr Sharma did not pursue obvious questions. He did not explore what Patient F was having for her daily meal or advising her of the importance of regular meals. Instead, he questioned her about her sexual relationships and behaviour.
- iii. Dr Sharma did not record that he had asked Patient F about her sexual relationships and last period to exclude pregnancy as a reason for the blood test results. Dr T did not recollect discussing pregnancy with Dr Sharma as a possible cause of the blood test results.
- iv. The Tribunal considered that had Dr Sharma really been asking the questions as part of a mental health evaluation, to establish her support network or if she was pregnant, he could have done so in a short, succinct and clear manner. In the Tribunal's opinion Patient F's response was understandable; Dr Sharma's questions were inappropriate. The Tribunal concluded that Dr Sharma did not seriously consider pregnancy to be a potential explanation for the blood test results.
- v. The Tribunal considered Dr Sharma's oral evidence to be telling. Dr Sharma told the Tribunal that he had *"made my agenda in my mind.... I said maybe very little about bloods, which I should have done more. My agenda changed at that time from bloods to the more holistic."* The Tribunal concluded that Dr Sharma had no valid medical reason to question Patient F about her sexual relationships or sexual behaviour. It follows that Dr Sharma had another reason for the questions.

- vi. Dr Sharma told the Tribunal that he assumes there is a mental health issue if a patient is *“...crying, fidgety, if they’re telling me things which makes me feel they’re sad, like eating, not many people who only eat once a day, and all those things made it clear to me that there was some mental health related problems.”* However, Dr Sharma did not explain why he did not record that Patient F was fidgeting and crying. He was also unable to explain why his record stated that she *“Maintains good eye contact”* when on his account she was crying and fidgeting.
- vii. Dr Sharma agreed that an essential element of a mental health assessment is to establish whether a patient has suicidal ideation. Dr Sharma recorded that Patient F *“had no suicidal thoughts”*, however, in his statement he said he did not ask Patient F if she had any thoughts of committing suicide. Dr Sharma stated he made this entry because *“she can still talk to me. She can still look to me and say things”*. The Tribunal concluded that Dr Sharma had not conducted a suicide risk assessment.
- viii. Patient F came to the surgery for blood test results, not because of stress, depression or anxiety. She and her mother expected that she would go on to work from the consultation.
- ix. Dr Sharma said he asked Patient F to confirm her phone number in case the surgery needed to contact her. Patient F stated that Dr Sharma asked for her phone number having established she had no boyfriend. When she did not reply, Patient F said that Dr Sharma *“put his hand on my leg and said, “I’m only joking”, and then turned back to his computer again.”* Dr Sharma agreed that during the consultation he upset Patient F by something he said and that he tried to pass this off as a joke. The Tribunal considered it unlikely that if Patient F was crying and Dr Sharma thought she was depressed that he would joke with her. The Tribunal also did not understand in what way his comment, that whether she wanted a boyfriend was up to her, amounted to a joke. The Tribunal considered that Patient F’s account, that having established she had no boyfriend Dr Sharma then asked for her phone number was more likely. It also explains Patient F’s perception that Dr Sharma had *“made a pass”* at her as she told Ms R immediately after the consultation.
- x. Dr Sharma’s explanation for Patient F’s distress and complaint was that she was unhappy and embarrassed that he prescribed her anti-depressants. Patient F’s medical records showed that she had previously had counselling and spoken to her GP about mental health issues. This had not caused her distress.
- xi. In oral evidence, Dr Sharma said Patient F’s account was untrue. He also stated, *“Any time we saw her [Patient F] in public or giving any interview, any statement,*

*any court hearing, giving evidence here she cried, she tearful...The only time she didn't cry when it suited her to say that "I didn't cry", which was seeing me...the only time it's been suggested she didn't cry when she saw me, and I am telling you that, just to make me feel that I am telling lies, which I'm not."* The Tribunal did not consider it plausible that Patient F had decided to lie and say she did not cry during the consultation did not accept that Patient F was inherently tearful and must therefore have cried when she saw Dr Sharma in consultation. The Tribunal concluded that it was not plausible that Patient F was lying about not crying during the consultation in order to bolster her account.

238. In cross examination, Ms Beattie put to Dr Sharma that the reason relevant matters were not recorded in the medical records and that he had not recorded a specific diagnosis (that Patient F's blood tests were caused by her not eating properly because she was depressed) was because *"during that consultation you were touching her inappropriately and you were saying the things to her that she alleges, and that this was a construct to say, if anybody asked, "I gave her a prescription because she's depressed."*

239. The Tribunal accepted the GMC case. It concluded that Dr Sharma had not conducted a mental health assessment. It further concluded that Dr Sharma had not recorded that Patient F was crying or tearful because she was not. His description of her state, *"maintains eye contact"* is inconsistent with that and inconsistent with her being depressed. The Tribunal further concluded that Dr Sharma was given clear advice by Dr T about what he should ask Patient F and ignored this, choosing instead to ask her a series of questions about her sexual life which were unnecessary and inappropriate.

240. The Tribunal considered the evidence of the two expert witnesses, Dr AH, and Dr AI. Both agreed it was for the Tribunal to determine the facts. They agreed that it would not be in breach of GMP to touch certain patients in certain ways in certain circumstances. Both agreed that a brief touch of the hand or even a hug might be appropriate in relation to a well-known or elderly patient. Dr AI stated that it was poor practice but not a serious breach of GMP to touch a patient's thigh. Dr AH said that this was never appropriate. Dr AH stated that it was *"inappropriate ... unacceptable ...[and] improper"* to touch a patient whilst discussing sexual issues. Both experts agreed that any touching which was sexually motivated, would fall seriously below the appropriate standard.

241. Dr Sharma admitted momentarily tapping Patient F's knee, hand and shoulder. Patient F described more extensive and different touching. She said that Dr Sharma placed his hand on her thigh on three separate occasions for a few seconds, moved his hand up her thigh, hugged her as she left trapping her arms and causing their cheeks to touch. Dr Sharma accepted that he did not obtain Patient F's prior consent to touch her. He justified his account of the touching as comforting her because she was distressed. The Tribunal

considered that there was no room for misinterpretation. Either Dr Sharma's or Patient F's account is correct.

242. The Tribunal accepted Patient F's account of the touching that occurred. The Tribunal has already concluded that Dr Sharma's questions to Patient F were not clinically justified. When he asked for her phone number this was because he learned she did not have a boyfriend. The contemporaneous notes do not support that Patient F was distressed such that comforting her was necessary. Moreover, Dr Sharma had been closely supervised by Dr T who had also modelled appropriate behaviour towards patients to Dr Sharma. Dr T told the Tribunal that he rarely touched patients outside of necessary clinical examinations. Dr Sharma would have seen this whilst shadowing Dr T. The Tribunal also took into account that Dr Sharma had only recently been allowed to have consultations with patients which were not supervised or video recorded. Given that and his previous history, the Tribunal concluded he would have been very conscious of the risks involved in touching people, especially patients and asking questions of a sexual nature. However, almost as soon as he was allowed to practice unsupervised, a complaint was made.

243. The Tribunal therefore found paragraphs 14a-e inclusive of the Allegation proved.

Paragraph 15 of the Allegation

15. *You failed to record an adequate note of the Consultation.*  
***Determined and found proved***

244. Dr AH and Dr AI agreed that there were three elements to an adequate note of a consultation: it must be legible, coherent, and helpful (meaning it would inform a doctor subsequently assessing the patient of what had taken place). Both experts agreed in oral evidence they approached their assessment of Dr Sharma's consultation note on the basis that it contained factually accurate information. Both experts also accepted in oral evidence that if the content of Dr Sharma's consultation record was inaccurate and/or contained false information, it could not be adequate.

245. Both experts agreed that in his witness statement, which formed the basis of their respective expert reports, Dr Sharma said he had not undertaken a suicide risk assessment of Patient F. Both agreed that he should have done so. The Tribunal concluded that Dr Sharma accepted that he had not conducted any or any proper suicide assessment, Patient F's evidence was that she was not asked any questions to establish whether there was a suicide risk. The Tribunal concluded that Dr Sharma had not performed a suicide assessment.



246. Both experts agreed that if Dr Sharma had not conducted a suicide risk assessment, but had recorded in his consultation record that he had done so, it was incorrect. They both agreed that if the record was incorrect it followed that it was not adequate.

247. The Tribunal concluded that:

- i. Dr Sharma had not conducted a mental health examination of Patient F.
- ii. The record made by Dr Sharma was therefore inaccurate and, as such, was inadequate.
- iii. As Dr Sharma's record was inaccurate, it was also unhelpful.
- iv. The Tribunal accepted Dr AH's opinion that Dr Sharma's medical note was seriously below the required standard because of the seriousness of the inaccuracy.

248. The Tribunal therefore found paragraph 15 of the Allegation proved.

Paragraphs 34g(i), (ii) and (iii) in respect of paragraph 14 of the Allegation

34. Your conduct as set out at paragraph(s):

g. 14 was:

- i. not clinically indicated: **Determined and found proved**
- ii. harassment of a sexual nature as defined in Section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Patient F or creating an intimidating, hostile, degrading, humiliating or offensive environment for her; **Determined and found proved**
- iii. sexually motivated; **Determined and found proved**

*Not clinically indicated*

249. The Tribunal concluded that:

- i. the questions Dr Sharma asked Patient F (about sexual activity, whether she had a boyfriend and, when he found out she did not, asking her for her mobile phone number) were inappropriate; and

- ii. Dr Sharma touching Patient F's thigh three times, her hand and hugging her were not clinically indicated.
- iii. Dr Sharma used the consultation with Patient F as an opportunity to ask her inappropriate sexual questions and to touch her inappropriately. His behaviour had no clinical purpose or justification.

#### *Harassment of a Sexual Nature*

250. Dr Sharma was in a position of trust in relation to Patient F, a XXX year old girl who was vulnerable because of her age and a difficult social background. Dr Sharma used a clinical consultation as an opportunity to ask inappropriate questions of a sexual nature which had no clinical justification or purpose. Patient F felt scared and embarrassed as a result. She accepted a prescription for medication which she did not believe she needed, to get away from Dr Sharma. Although Dr Sharma did not touch Patient F in an intimate area, his touching was unwanted and without her consent. She was reduced to tears and, by the time her mother attended, was hysterical.

251. Patient F was adversely affected by what happened for some time. She had difficulty sleeping, could not relax and could not go to work on the day of the consultation. She did not want to go back to her longstanding GP practice even to get her blood test results which had not been addressed by Dr Sharma. The Tribunal concluded that Dr Sharma's diagnosis that Patient F was depressed was incorrect. However, she was diagnosed with depression and required medication after, and because of, what happened in the consultation as shown by her medical records.

252. The Tribunal concluded that Patient F perceived that her dignity had been violated and that Dr Sharma had created an intimidating, degrading and humiliating environment in the consultation room.

253. The Tribunal further determined that Patient F's reaction was entirely reasonable. She was young (XXX) and trusted her GP practice, of which she had been a long-standing patient. She was already vulnerable as a result of a difficult social background which had required social services intervention in her family.

#### *Sexually motivated*

254. Although Dr Sharma did not touch any inherently intimate part of Patient F's body, he should not have touched her at all. There was no clinical reason to do so. Moreover, the touching occurred in the context of questioning Patient F about sexual matters. The touching was repeated and unwanted. Dr Sharma asked Patient F for her telephone number having

established that she did not have a boyfriend. She thought, the Tribunal concluded correctly, that Dr Sharma had *“made a pass at her.”*

255. The Tribunal concluded that Dr Sharma’s conduct towards Patient F was undertaken for his sexual gratification and/or in pursuit of a relationship with her. It was therefore sexually motivated.

256. The Tribunal therefore found paragraphs 34g(i), (ii) and (iii) in respect of paragraph 14 of the Allegation proved.

## Patient E

### Paragraph 11 of the Allegation

11. *On or around 2 May 2014, you performed an examination of Patient E, a minor, (‘Patient E’s Exam’) and you:*

a. *lifted Patient E’s top and grabbed one of her breasts;*

***Determined and found proved***

b. *slid your hand under Patient E’s leggings and grabbed her vulval area.*

***Determined and found proved***

257. Patient E was XXX years old. She was being treated as an outpatient by the Cheshire Eating Disorder Services (‘CHEDS’) for an eating disorder. She had also been referred to the Child and Adolescent Mental Health Service (‘CAMHS’) because she was self-harming. Although Patient E attended school, she had only returned to mainstream classes after XXX.

258. On 4 May 2015 Patient E attended a CHEDS appointment. As she had lost a significant amount of weight in the preceding 2½ weeks, CHEDS told Patient E’s mother to take her to Alder Hey Children’s Hospital (‘Alder Hey’) for blood tests. Dr Sharma was working as a locum Registrar in A&E at Alder Hey when Patient E arrived. The triage nurse’s note described her on presentation as *“bright and alert”*.

259. Dr Sharma was allocated to see Patient E who was accompanied by her mother throughout. He requested blood tests and later physically examined her.

260. During the examination Patient E alleges that Dr Sharma grabbed one of her breasts, grabbed her vagina and said to her *“we’re going to have to get you some sausages to eat.”* Dr Sharma disputed that he had touched Patient E inappropriately. He admitted that he had made the comment but said he also said, *“and chips”*.

261. Patient E made a disclosure some days later. On different occasions she told two members of staff at her school, Ms AJ and Mr Q what had happened to her. Mr Q informed the school safeguarding officer and as a result a social worker, Ms P, attended at the school. She spoke to Patient E who declined to make a complaint or speak to the police. Ms AJ and Ms P made police statements dated 24 June 2014 and 29 June 2014 respectively.

262. Dr Sharma was interviewed under caution on 24 July 2014. His legal representative advised him to make no comment. He gave a prepared statement in which he denied any inappropriate conduct. He was not charged with any offence and there were no criminal proceedings.

263. During the GMC investigation which led to these proceedings, Patient E made a statement dated 28 September 2021. No contemporaneous social services or school records were provided to the Tribunal, although it had copies of Patient E's medical records. Mr Q, Ms AJ and Ms P made statements to the GMC dated 27 January 2022, 4 February 2022 and 24 July 2024 respectively. At the time of their statements they did not have access, or refer, to any contemporaneous documents. Their original police statements do not exhibit or refer to them having accessed any contemporaneous documents when making them.

264. In her GMC statement, Patient E said that after she was triaged bloods were taken. Later, she and her mother were taken to a cubicle where she saw Dr Sharma. Dr Sharma said he needed to examine her. Patient E lay on the examination bed; her mother sat on her left-hand side, the same side as Dr Sharma who stood between her mother and the bed. Patient E said her mother was reading a newspaper.

265. In oral evidence Patient E confirmed that her mother was sitting on her left-hand side but accepted that Dr Sharma was standing on her right-hand side so that he was opposite her mother. Patient E maintained, however, that her mother was reading a newspaper throughout the examination which followed.

266. In her statement, Patient E did not refer to Dr Sharma using a stethoscope during the examination. In oral evidence, however, Patient E accepted that Dr Sharma examined her using a stethoscope.

267. In her oral evidence and in her statement, Patient E said:

- i. that Dr Sharma told her to lie down on the examination bed so he could examine her *"tummy"*.
- ii. she was lying flat.
- iii. Dr Sharma lifted her top to examine her stomach.

- iv. He grabbed one of her breasts briefly. It was a *“firm grab”*. She could not remember which breast or which hand Dr Sharma used.
- v. Dr Sharma then pressed her stomach, slid his hand into her *“pants”* [meaning leggings] and grabbed her vagina. In oral evidence she said this was *“like a grope of it, like cupped”*.
- vi. He did this *“sneakily...very fast so no one could see”*.

268. Patient E said she looked towards her mother but she had not noticed because she was reading the paper. Patient E said that Dr Sharma did not explain what he was doing before or during the examination. She told the Tribunal that she was shocked that a doctor would do this to her in front of her mother, felt disgusted and blamed herself for not wearing underwear because she thought this had encouraged Dr Sharma’s actions.

269. Patient E said that Dr Sharma told her and her mum that there was nothing to be concerned about and left the room to get the blood test results. She said *“I was too scared to have any further checks, so I told my mum to say no if he asked to do any further examination because I felt uncomfortable. I did not tell my mum exactly what had happened or tell her why I didn’t want Dr Sharma to carry out any further checks because I was embarrassed.”*

270. Patient E said that on Dr Sharma’s return he said that the blood test results raised no concerns. He then said, *“we’re going to have to get you some sausages to eat.”* She said that she her mum looked at him because they thought the comment was *“very weird”*. Patient E said in her witness statement that the remark disgusted her; she did not understand it and felt very uncomfortable.

271. In her witness statement and in her oral evidence, Patient E said that she and her mother were keen to leave Alder Hey after Dr Sharma examined her. The medical records state that Patient E’s mother was *“very keen to take child home”*.

272. Patient E said that she was supposed to return to Alder Hey a week or so later. In her witness statement, Patient E said that this was for a check-up with Dr Sharma. In oral evidence, Patient E said that was wrong; it was for a routine appointment with a CHEDS clinic based at Alder Hey. Patient E said that the appointment was during the school day. Mr Q came to collect her but found her sat with a friend on some stairs. She said she was hiding. Patient E told Mr Q that she did not want to go and disclosed what Dr Sharma had done.

273. Dr Sharma broadly agreed with Patient E’s account of the examination but denied any inappropriate conduct. He agreed that he arranged for Patient E to have a blood test. There was a delay of an hour or so while the test was processed so he encouraged Patient E to eat and drink while they waited. At the examination, Patient E’s mother told him Patient E had

eaten a packet of Quavers. During the wait he either saw another patient or ate in the Hospital canteen.

274. Before starting the clinical examination, Dr Sharma stated that he got the blood test results and gave them to Patient E and her mother. The examination took place in a curtained cubicle in A&E. Dr Sharma decided to do a physical examination given Patient E's history. He decided an abdominal examination was necessary to check for rigidity and guarding, assess fluid retention and enlargement of the liver or spleen in case of infection. He also needed to check her chest and heart sounds. Both expert witnesses agreed that those examinations were clinically indicated.

275. Dr Sharma said he stood on the right side of the examination bed; Patient E's mother was seated opposite him on the left side. He told Patient E *"I need to listen to your heart and chest, have a feel of your tummy quickly"*. He considered that this was sufficient to obtain Patient E's consent and that no chaperone was required as her mother was present.

276. Dr Sharma said that Patient E was small and thin for her age, had self-harm marks on her arms, legs and stomach, was low weight and described vomiting anything she ate. In his oral evidence, Dr Sharma said that Patient E was wearing dark clothing. She wore a tight-fitting cropped vest type top (like a woman would wear under a sari) with a *"coat type thing"* over the top, and leggings. He placed his stethoscope in several locations underneath Patient E's top clothing to listen to her heart and chest. He did not notice whether she was wearing a bra or not. Dr Sharma said that if the patient's clothing was higher towards the neck, he would generally ask the patient to move it down so he could put the stethoscope on the second intercostal space on the right and left side of chest wall. Dr Sharma said he would listen to the 5th intercostal space over clothing.

277. Dr Sharma denied grabbing one of Patient E's breasts. He did accept that he may have inadvertently touched her breast when moving the stethoscope around to listen to her chest. He stated that Patient E's mother would have been able to see everything.

278. Dr Sharma said that he would have asked Patient E to lift her top up to about the seventh rib, (around 2 to 3 inches below her breast area). As Patient E had tight fitting lower clothing which went up to her belly button, he would have either asked Patient E to move her own clothing down or moved it down himself to examine her abdomen. Dr Sharma said that to properly examine Patient E he needed to feel her naked abdomen above the top of her pubic bone. He denied putting his hand inside Patient E's leggings or grabbing her vagina.

279. After the examination, Dr Sharma said that he told Patient E that *"we're going to have to get you to some sausages and chips to eat"* because Patient E needed to put on weight. He said that he mentioned sausages and chips because that was the special in the canteen that

day and it was food that would result in weight gain. Dr Sharma agreed that Patient E's mother was keen to take Patient E home but said this was because they had been at the eating disorder clinic all morning and by the time they saw him it was the evening.

280. In his witness statement dated 20 September 2024, Dr Sharma said that during the abdominal examination, he palpated the area above Patient E's pubic bone and would have asked Patient E if she had any pain. He referred to his contemporaneous record of the examination where he had recorded that Patient E's stomach was soft and non-tender. Dr Sharma said that he checked Patient E's bladder, right iliac fossa and left iliac fossa. He demonstrated to the Tribunal how he had put one hand on Patient E's lower abdomen so that his hand was at a right angle to Patient E's torso.

281. In his original statement, which was provided to the defence expert, Dr AI, Dr Sharma said that this examination was conducted over Patient E's clothing, however, at the start of the hearing Mr Jenkins advised that Dr Sharma wished to correct his statement so that it read "*under*" clothing. The Tribunal noted that this correction followed receipt of the report of Dr AH, the GMC expert which stated that abdominal examinations should be done on bare skin and that "*...it wouldn't be rational to examine over the clothes*".

282. Patient E's account was that Dr Sharma deliberately grabbed her breast and deliberately grabbed vagina under her clothing. With the agreement of the parties, the Tribunal proceeded on the basis that if an inadvertent touching with the stethoscope occurred or whilst palpating the stomach above the pubic bone, the relevant paragraph of the Allegation would not be proved.

283. Ms AJ was a manager at the XXX (special unit) in Patient E's school. She saw Patient E at school on Thursday 8 May 2014 and says Patient E gave her an account of what happened at Alder Hey. Ms AJ said Dr Sharma did not explain to Patient E or her mum what he was doing or why he was examining her the way that he was. Patient E also said Dr Sharma touched her breasts whilst using a stethoscope. Ms AJ "*explained to [Patient E] that accidental grazes can happen...*".

284. Ms AJ then said that Patient E told her that Dr Sharma had touched her breasts on at least 3 occasions during the examination which made her feel very uncomfortable. Patient E said Dr Sharma examined her lower stomach although she did not understand why and "*touched her vagina through her clothing...she felt frustrated that her mum who was present, did not ask Dr Sharma why he was examining her in an inappropriate way or ask him any other questions*". Patient E also said while telling her mother about next steps Dr Sharma stroked her thighs. Patient E said Dr Sharma left the room; her mum had asked her if she was okay due to her facial expression so Patient E told her that Dr Sharma had touched her

breasts and vagina during the examination. Her mum said she would make a formal complaint but did not do so.

285. The following day, 9 May, Ms AJ attended a Multidisciplinary meeting about Patient E. The record of the meeting does not mention the incident with Dr Sharma. It discussed concerns that Patient E was falsifying her weight (making herself appear heavier), that she did not want to attend CAMHS and that she was being discharged from CHEDS.

286. Mr Q, who was the assistant vice principal at Patient E's school at the time, gave oral evidence to the Tribunal. He said that he spoke to Patient E because she had XXX and wanted to do a welfare check on her. This happened either the day or the week after she had been taken to Hospital. The medical records showed that Patient E collapsed at school on 13 May 2014 and was taken to A&E although this was not due to an overdose.

287. Mr Q described Patient E as generally quiet, withdrawn and very softly spoken. However, during his conversation with Patient E, Mr Q stated that she became quite angry because she felt her mum had not supported her or stepped in when they were at the hospital when she should have done. Mr Q asked Patient E if she was ok. She replied that her mum did not say anything when the doctor put his hand inside her pants and tried to insert his fingers in her vagina.

288. In his oral evidence Mr Q stated that Patient E's actual words were that the doctor had *"put his hands down her pants and was messing with his fingers"*. He said he did not ask Patient E what she meant; it was his adult interpretation that she meant the doctor had either inserted his fingers into her vagina or tried to do so. Mr Q asked Patient E if her mum had questioned the doctor about why he was putting his hand inside her pants, but he could not remember Patient E's response. He also asked Patient E if the doctor had explained what he was going to do. She told him that the doctor had not explained anything to her before or during the consultation but that she had spoken to her mum because she felt uncomfortable about what the doctor had done. Mr Q reported the matter to the school safeguarding officer who called the police and social services. Mr Q told the Tribunal that XXX.

289. Ms P, a social worker, said in her police statement that she was allocated to Patient E's case on 13 June 2013 following a referral from her school because Patient E had XXX. Ms P provided an additional statement in which she said that she was allocated Patient E's case in 2014 but did not provide the date upon which this occurred. The Tribunal considered this to be an example of the poor quality of professionals' memories in this case, no doubt because of the absence of contemporaneous records.

290. Ms P stated that she went to Patient E's school on 15 May 2014 after receiving the safeguarding referral. She said she was told to only to ascertain; 1) why Ms E had been at



Alder Hey, 2) who was with her during the consultation and 3) whether she wanted to make a complaint.

291. When Ms P attended at Patient E's school she spoke to Mr Q who told her that Patient E was not willing to discuss what happened at the hospital. Ms P spoke to Patient E in the presence of Ms AJ. Patient E told Ms P that she did not want to make a complaint.

292. Patient E said she was not expecting a physical examination; she attended for blood tests. She felt uncomfortable with the examination that occurred. Ms P recorded that Patient E had been in school uniform. Both Patient E and Dr Sharma agree this is incorrect. The Tribunal considered this to be another indication of the inaccuracy of witness statements made without apparent reference to any contemporaneous record. Ms P said the doctor, *"asked her to lift up her top so he could listen to her chest and back. When I asked did he touch any other part of her body she explained that he only pressed on her stomach...He also felt her stomach over her clothing."*

293. Mr Q agreed that he had made his statement from memory without access to any contemporaneous document. He agreed that he might therefore be mistaken about why Patient E attended hospital on the day she made her disclosure to him and the precise detail of what she told him. The Tribunal found Mr Q to be a helpful witness who made sensible concessions given the lack of contemporaneous material. He was clear, however, that he initiated the referral to social services which prompted Ms P's attendance on Thursday 15 May 2014. The Tribunal concluded that although Mr Q had misremembered the reason for Patient E's admission to hospital on Tuesday 13 May 2014, he had spoken to her on Wednesday 14 May 2014. This would explain, and be consistent with, Ms P's attending on 15 May as a result of Mr Q alerting the school safeguarding officer who then informed social services.

294. The Tribunal took into account that Patient E did not give a written account until 2021. Although Ms AJ said that she made a contemporaneous record of what Patient E told her at the time, and said Patient E had read and signed this, Patient E did not recall that and the Tribunal had no contemporaneous document to support this. The Tribunal found the absence of any mention of the incident in the Multidisciplinary meeting on 9 May 2014 deeply concerning. The Tribunal also noted that according to Ms P's statement, she only became aware that Patient E had spoken to Ms AJ after she [Ms P] spoke to Patient E at school. Patient E also told the Tribunal that the first person she made a disclosure to was Mr Q.

295. The Tribunal did not find Ms AJ to be a convincing witness. The timeline of events was not consistent with her receiving a disclosure on 8 May 2014. This conclusion is supported by the absence of any mention about it in the Multidisciplinary meeting on 9 May 2014,

although Ms AJ was present. The Tribunal also noted that Ms AJ did not tell Ms P anything about Patient E's disclosure despite being present when Ms P spoke to Patient E. Additionally, the statement of Ms P demonstrates that Patient E only made a disclosure to Ms AJ after that meeting.

296. The Tribunal took into account that Ms AJ did not ask Patient E even basic questions about what had happened and did not report it to anyone although it raised safeguarding concerns. The Tribunal also noted Ms P's response to Patient E's complaint that Dr Sharma had touched her breasts in some way, was to justify any touching as accidental rather than ascertain from Patient E the details of what had happened.

297. Patient E accepted that she had spoken to Ms AJ about what had happened a short time afterwards, but she could not say when. She did not remember what she said. Patient E accepted that she told Ms AJ that Dr Sharma used a stethoscope during the examination although she did not recall now that she had said this. She also said that whatever she said at the time would have been an accurate account of what occurred although she did not remember now what she had told Ms AJ. Patient E was not specifically asked about the other inconsistencies between her written statement and oral evidence and Ms AJ's account of what she told her.

298. The Tribunal concluded that it could not rely on Ms AJ's recollection about the content of Patient E's disclosure as it could not be confident when the disclosure was made, that Ms AJ had recorded it in any way or that Ms AJ took it seriously at the time. The Tribunal therefore did not consider any apparent inconsistencies between Patient E's oral evidence and the account recorded by Ms AJ as being of assistance in reaching its conclusions.

299. The Tribunal reminded itself that Mr Q did not recall Patient E mentioning Dr Sharma grabbing her breast. The Tribunal took into account, however, that Mr Q was not taking a statement from Patient E and her disclosure to him was unexpected. He was clear that she told him that Dr Sharma had touched her vagina under her clothing which is consistent with her account of events.

300. The Tribunal also accepted that Patient E had told Ms P that, in effect, no inappropriate touching had occurred. The Tribunal reminded itself, however, that although Ms P was Patient E's allocated social worker, they had only met each other for the first time on 15 May 2014. The Tribunal was struck by Ms P's evidence that she was told to only ask Patient E three specific questions and did not deviate from that. Ms P was also told by Mr Q that Patient E would not tell her what had happened. The Tribunal concluded that Ms P did not conduct any effective investigation to establish details of the event.

301. The Tribunal finally took into account Mr Q's description of Patient E as shy and withdrawn and his comments about the lack of interest her mother showed in what had

happened at the hospital, Patient E's difficulties at school and at home and XXX. The Tribunal concluded that Patient E's account to Ms P was unsurprising and did not consider it helpful in reaching its conclusion. The Tribunal also noted that Ms P's account in her statement about what Patient E said to Ms AJ is different to that recounted by Ms AJ. The Tribunal concluded that this supported its conclusions about the poor practices of some professionals involved in this matter.

302. The Tribunal therefore focused upon the evidence of Patient E in her written statement and in her oral evidence before it, and the evidence of Dr Sharma.

303. The Tribunal considered that Patient E found it difficult to give evidence. She did, however, make appropriate concessions and, although she could not remember surrounding details, gave a clear account of two deliberate and inappropriate touches. The Tribunal was also struck by the comment about sausages which Patient E attributed to Dr Sharma which he, essentially, admitted. The Tribunal considered that in her written and oral evidence, the core elements of Patient E's account were consistent. It was accepted by Dr Sharma that Patient E could not have been influenced or contaminated by any other witness, that she was completely unaware that Dr Sharma had been the subject of any other complaint and that she had no reason to make up an allegation about him. The Tribunal also took into account that Patient E had attended this Tribunal and given evidence despite the effluxion of time.

304. The Tribunal concluded that Dr Sharma was evasive when answering questions about Patient E. By way of example, when he was asked by Ms Beattie whether Patient E was '*bright and alert*' as recorded in the notes, he replied "*she was conscious*". The Tribunal also considered that Dr Sharma initially sought to suggest that Patient E had misinterpreted a proper clinical examination, for example he stated that he had to press her stomach hard during the abdominal examination due to scar tissue on her stomach because this would make her tolerance to pain higher. Dr Sharma's expert, Dr AI, stated that this was incorrect.

305. The Tribunal took into account that while Dr Sharma gave a textbook exposition with pictures as to how his examinations should have been conducted, he did not explain what he actually did in this examination. The Tribunal also found it surprising that Dr Sharma did not notice that Patient E was not wearing a bra, but then described a top which needed to be moved for a proper chest examination. Similarly, Dr Sharma said that Patient E's leggings had to be moved down to her pubic bone for him to examine her but said he did not notice she was not wearing knickers.

306. The Tribunal further took into account that Dr Sharma mentioned for the first time in his oral evidence that Patient E was wearing a "*tightfitting thing which is like...a banyan*". The Tribunal understood this to mean the type of short vest top worn under a sari which sits just below the bottom of the breasts but above the navel, leaving her midriff exposed. This was not put to Patient E, who simply said she was wearing "*a top*" but no bra.

307. The Tribunal did not accept Dr Sharma's evidence on this point for the following reasons:

- i. In his witness statement, Dr Sharma did not address what Patient E was wearing on her upper half. The Tribunal considered it surprising that Dr Sharma was able in oral evidence to recall and describe Patient E's top in such detail after such a delay.
- ii. In order to examine Patient E's chest and back with the stethoscope, Dr Sharma needed to ask Patient E to lift the tight-fitting top he stated she was wearing or place his hand underneath it which would have required her consent.
- iii. Had Patient E been asked to lift up the top Dr Sharma said she was wearing, Patient E's breasts would have been exposed. She would not have needed to lift the type of top he said she was wearing to examine her abdomen.

308. Finally, The Tribunal reminded itself that Dr Sharma changed his account about how he conducted the abdominal examination after receiving the GMC expert's report to bring his account into line with how Dr AH stated such an examination should be undertaken. Dr Sharma did not explain this.

309. The Tribunal concluded that Dr Sharma would have known when Patient E lay down for the abdominal exam that she was not wearing a bra and that she was not wearing knickers. He would also have been able to see Patient E's mother clearly.

310. The Tribunal accepted Patient E's evidence that her mother was not paying attention during the examination and was reading a newspaper. This was consistent with Mr Q's description of her lack of interest in Patient E's welfare and consistent with the distress Patient E later relayed to Mr Q about her mother not noticing what Dr Sharma did. The Tribunal concluded that Dr Sharma saw an opportunity to inappropriately touch Patient E who he realised was not wearing underwear and whose mother was not interested in what he was doing, and took advantage of this.

311. The Tribunal also rejected Dr Sharma's explanation about his comment involving '*sausages*'. Patient E was clear in her recollection about what was said. It had a sexual connotation, albeit not one recognised by Patient E. It was said after the touching occurred. The Tribunal could see no reason why Patient E would misremember this comment. Had Dr Sharma mentioned chips, the Tribunal was confident Patient E would have included this because she stated that the comment offended her because of her eating disorder.

312. The Tribunal also did not accept that Dr Sharma would remember the canteen special on that day, or that he would have been so insensitive as to say to a girl with an eating disorder attending because of significant weight loss, that she should eat sausage and chips. Finally, the Tribunal reminded itself of Dr Sharma's evidence that Patient E had eaten a bag of Quavers, at his suggestion, whilst at the hospital. If correct, this would have been an important observation which should have been recorded in the medical notes, and it was not. The Tribunal concluded that Dr Sharma introduced this detail to seek to support his explanation of the 'sausages' comment.

313. Having carefully analysed all of the evidence, the Tribunal concluded that it was more likely than not that Dr Sharma touched Patient E in the way she described and that her recollection of the comment made by Dr Sharma was accurate. Having considered the evidence independently of the wider context, the Tribunal considered that its determination in respect of Patient F provided further support for its conclusions. Both Patient E and Patient F were young patients, vulnerable due to their age and social circumstances. Both referred to inappropriate, opportunistic touching during consultations with Dr Sharma accompanied by inappropriate and sexualised comments.

314. The Tribunal also took into account its findings in relation to other inappropriate and sexualised comments made by Dr Sharma during his training at APH.

315. The Tribunal therefore found paragraphs 11a and b of the Allegation proved.

Paragraphs 34e (i), (ii) and (iii) in respect of paragraphs 11a and b of the Allegation

34. Your conduct as set out at paragraph(s):

e. 11a and/or 11b, was:

- i. carried out without consent; **Determined and found proved**
- ii. not clinically indicated; **Determined and found proved**
- iii. sexually motivated; **Determined and found proved**

*Carried out without consent*

316. Although Patient E gave her consent to be clinically examined, both experts and both parties agree that a deliberate grab of breast and/or vagina was not clinically indicated and her consent would not, therefore, extend to such touching. Patient E said that the touching was quick and done "sneakily" indicating that Dr Sharma was aware that it was wrong and

inappropriate. She was not asked for, and did not give, consent to the touching. It was inappropriate touching which could amount to a criminal offence.

*Not clinically indicated*

317. The Tribunal repeats paragraph 314 above. The touching which it has found proved was not clinically indicated. Dr AH and Dr AI agreed that if such touching did occur, as the Tribunal has found it did, this would fall seriously below the expected standard.

*Sexually motivated*

318. The Tribunal has already determined that the touching was neither consented to nor clinically indicated. Dr Sharma touched intimate parts of Patient E's body; a breast and her genitalia. He touched her under her clothing and with his bare hand. Dr Sharma made an inappropriate and sexualised comment after the touching occurred. Patient E was shocked and distressed as a result of what happened. The Tribunal therefore concluded that the touching was for Dr Sharma's sexual gratification and was therefore sexually motivated.

319. The Tribunal therefore found paragraph 34(e)(i), (ii) and (iii) proved.

Paragraphs 34f (i) and (ii) in respect of paragraph 12 of the Allegation

*Sexual harassment*

320. The Tribunal reminded itself that for harassment to be proved, Patient E needed to perceive that Dr Sharma's comment was sexual in nature. Although Patient E was upset by the comment, this was related to her anorexia and not because she understood it as being sexual in nature.

321. Accordingly, the Tribunal found paragraph 34f(i) not proved.

*Sexually motivated*

322. The Tribunal has found that Dr Sharma touched two intimate areas of Patient E's body without her consent and when it was not clinically indicated. Dr Sharma used his bare hands on Patient E's bare skin. At the end of the consultation Dr Sharma made a wholly inappropriate comment about getting this young patient some sausages to eat after the touching described. The Tribunal did not accept Dr Sharma's evidence that this was to encourage Patient E to eat. In light of Dr Sharma's actions the Tribunal concluded that the

only explanation for this comment was that it was sexually motivated for his own sexual gratification.

323. The Tribunal’s conclusion was supported by its previous findings in relation to other sexually inappropriate comments made by Dr Sharma, but in particular the comments made to Ms C about the elderly patient with dementia.

324. The Tribunal therefore found paragraph 34f(ii) proved.

#### Ms G and Ms H

325. In 2020-2021, Ms G and Ms H were both Foundation Year 1 doctors (FY1) at Liverpool University Foundation Hospital Trust (‘the Trust’). Both undertook rotations in the Accident and Emergency Department of the Trust’s hospital in Aintree (‘Aintree’). At the time, Dr Sharma also worked at Aintree as a Registrar.

#### Ms G

##### Paragraphs 27a, b(i) and (ii), and 27d of the Allegation

27. *Between around December 2020 and February 2021, you:*

- a. *said the words set out in Schedule 3 to Ms G, a colleague, or words to that effect; **Determined and found proved***
- b. *approached Ms G and:*
  - i. *stated ‘I haven’t seen you for a while, you look beautiful today’ or words to that effect; **Determined and found proved***
  - ii. *leaned towards her, pulling her mask down from her face; **Determined and found proved***
- d. *told Ms G that her boyfriend ‘wasn’t doing a good job’ or words to that effect, after she told you that she wasn’t pregnant. **Determined and found proved***

326. The Tribunal noted that Schedule 3 related to the comment “*You are the best [XXX] and you are so sexy*”. The Tribunal further noted that Dr Sharma had admitted paragraph 27(c) in its entirety, namely that he had asked her if she was pregnant, whether she was having unprotected sex and when she finished her last period.

327. In her witness statement to the GMC dated 15 July 2021, Ms G stated that she first met Dr Sharma at Aintree in August 2020, they interacted with each other regularly on a professional basis as they worked in the same department.

328. One of Ms G's colleagues was Dr V. In her witness statement Dr V stated she was in A&E with Ms H when Ms G approached her. She was "*shaken up*" and said she was upset because of a recent conversation with Dr Sharma concerning pregnancy when he said to her that if she was not pregnant "*your boyfriend wasn't doing it right*". Dr V said Ms G also complained that Dr Sharma had previously called her '*really sexy*' and on a number of occasions touched her neck and waist. Dr V encouraged Ms G to make a complaint about Dr Sharma's inappropriate behaviour.

329. In March 2021 Ms G spoke to Mr AK, A&E Consultant and Clinical sub-Dean and expressed concerns about Dr Sharma. On 2 March 2021, Mr AK contacted Dr X, Associate Medical Director. As a result of what she was told, Dr X excluded Dr Sharma from the Hospital on 2 March 2021.

330. Dr X interviewed Ms G on 5 March 2021. Ms G complained of non-specific ongoing behaviour by Dr Sharma which made her feel uncomfortable including that he regularly touched her neck and would massage her shoulders. Ms G also complained about three specific incidents.

i. On the first day Ms G met Dr Sharma they discovered they had a mutual colleague, namely a consultant spinal surgeon. Ms G jokingly asked Dr Sharma, '*don't tell him I'm the worst F1*'. He replied, '*You are the best [XXX] and you are so sexy*'.

ii. Ms G was sat at a computer making entries. Dr Sharma approached her and said something like '*I haven't seen you for a while, you look beautiful today*'. He leant over, pulled down her mask and Ms G thought he was going to kiss her. She turned away and said that she needed to finish what she was doing.

iii. About a week and a half before the interview with Dr X, Ms G was drinking coke. She said under her breath that she felt sick. Dr Sharma heard and asked her if she was pregnant. Ms G said she hoped not whereupon Dr Sharma asked if she was having unprotected sex. Ms G said no and reminded Dr Sharma that she had a boyfriend. They discussed contraception which Ms G thought was odd. Dr Sharma mentioned he used to be a GP trainee and specialised in female health. He asked Ms G when she finished her last period. Ms G said it was 2 days ago so she definitely was not pregnant. Dr Sharma replied that her boyfriend "*wasn't doing a good job*".

331. Ms G made a witness statement to the GMC, dated 15 July 2021. She stated that Dr Sharma's comment "*you are the best [XXX] and you are so sexy*", made her feel



uncomfortable. In respect of the second incident she said she did not think Dr Sharma would kiss her but was nervous about the possibility of that happening because his behaviour in the moment was very suggestive. Ms G said that she and Dr Sharma were alone when this incident occurred. She stated that when Dr Sharma pulled her facemask down, he leant into her. Ms G said she was sat on a high chair with her back to a wall. She had no space to move away from Dr Sharma so she turned away to face her computer. Ms G said that the conversation about pregnancy, particularly whether she was having unprotected sex, made her feel angry, upset and embarrassed. She found the conversation uncomfortable and unprofessional.

332. Dr Sharma attended a Trust interview with Dr X on 9 March 2021. He was not told who had made a complaint about him or their role at Aintree, only its content. However, he provided a written statement on 12 March 2021 in which he said he thought he knew who the complainant was and provided a response to each allegation as follows:

- i. he did not remember the first; it may have happened but he would not have said *"you are "sexy", because it was not in my nature and/or culture."*
- ii. In respect of the second, the incident happened shortly after the person he incorrectly thought was the complainant had tested positive for COVID. He did not want to ask her about her health for privacy reasons so just asked how she was. The person said she had taken some annual leave and had been *"looking after me to make myself look good"*. He replied, *"yes, you do look beautiful, you should look after yourself"*. Dr Sharma said her mask had dropped below her nose and he might have pulled it up instead of down to cover her nose.
- iii. In respect of the third incident, he remembered sitting with the person he incorrectly thought was the complainant at the nursing station in Minors with a lot of staff around. She said she felt sick so he asked if she could be pregnant. She asked why he thought that. Dr Sharma said he replied, *"you are a female it's early morning and you are feeling sick...why you think you not pregnant- reliable contraception"*. Dr Sharma said he spoke to the complainant as he would a patient. The complainant replied, *"it has not happened for so long it is unlikely now...I am with a regular partner I never use contraception, extra toxin in body"*. Dr Sharma laughed, saying having a regular partner gives more reason to use contraception. Dr Sharma said that because he had a diploma in reproductive health it *"becomes a habit to ask those questions"*.

333. Dr Sharma participated in a Trust investigation meeting with Dr X and Ms W (from HR) on 19 March 2021. In respect of the first complaint, Dr Sharma said he might have called someone the best nurse/doctor but nothing else. In relation to the second

incident, Dr Sharma said he had never pulled anyone's mask down but had adjusted the masks of several people without seeking their prior consent. In relation to the third incident, Dr Sharma agreed the conversation in general terms but denied the comment that the boyfriend had not done a good job. He explained he has a set of questions for women of a childbearing age and asking these questions was habitual.

334. In his witness statement, dated 30 September 2024, Dr Sharma said the responses he gave Dr X did not relate to Ms G but to other people. By the time of his witness statement he had been made aware that Ms G was the complainant and provided a response to each complaint as follows:

- i. In relation to the first, Dr Sharma said he did not recall the conversation described by Ms G but could imagine himself saying that she was the best XXX. He denied calling her *"sexy"*.
- ii. In respect of the second, Dr Sharma said he didn't remember if he had pulled Ms G's mask down, but if he had done it would have been because she wasn't wearing it properly. He accepted he may have called her *"beautiful"*.
- iii. In relation to the third incident, Dr Sharma denied saying *"he wasn't doing a good job"* in reference to Ms G's boyfriend. Dr Sharma said that he had now done a training course about boundaries and recognised that asking colleagues about pregnancy, periods and unprotected sex was inappropriate.

335. Dr X told the Tribunal that as a result of Dr Sharma's responses in the investigation meeting she concluded that Dr Sharma had had inappropriate conversations with more than one female staff member. As a result she devised, and Dr Sharma agreed to participate in, a two year action plan. This included face-to-face training with Dr AL and an online course on professional boundary setting. This was to ensure Dr Sharma knew the importance of maintaining professional boundaries towards patients and staff.

336. In oral evidence Dr Sharma repeated his denial in respect of the first incident and added that he would have pulled someone's mask down if it had been only covering their nose (and not their mouth). Dr Sharma also told the Tribunal that he had been confused when he provided his written responses to Dr X because she had not told him the identity of the complainant. He suggested that his responses related to three different people but not to Ms G. Dr Sharma gave detailed accounts of incidents involving other staff at the hospital which contained elements similar to the aspects of Ms G's complaints. By way of example, Dr Sharma described a conversation with a nurse who told him she had been trying to get pregnant for 10 years but that her boyfriend *"obviously not doing job properly"*. In oral evidence, Dr Sharma said it was a coincidence that this had been said to him in one

conversation by a nurse and that he was alleged to have said the same phrase in a different conversation to Ms G.

337. Although the Tribunal considered that the Trust's decision not to reveal Ms G's identity in the investigation interview was unhelpful, it did not accept Dr Sharma's assertion that the allegations about Ms G were confusing or like 'a maze'. Dr Sharma was asked about 3 separate allegations. He was told that each related to the same person. None of the alleged incidents involved complex facts. The Tribunal was confident that Dr Sharma knew from the outset that the complainant was Ms G. In particular, Dr Sharma was told that he and the individual had a mutual acquaintance and that one of the concerns related to a conversation regarding what Dr Sharma might say to that person about the complainant.

*Paragraph 27a: Schedule 3 - 'You are the best [XXX] and you are so sexy'.*

338. The Tribunal considered that there was a simple factual dispute to resolve, namely whether it was more likely than not that Ms G's evidence, that Dr Sharma called her "sexy", is reliable. The Tribunal reminded itself that although Ms G said Dr Sharma had called her "so sexy", Dr V's evidence was that Ms G stated Dr Sharma called her "really sexy". The Tribunal did not consider the difference between the two accounts to be material.

339. The Tribunal reminded itself that Dr Sharma agreed that he and Ms G were mutual acquaintances of the same spinal surgeon. The Tribunal also reminded itself of Dr Sharma's evidence that he considered Ms G to be an excellent XXX. He accepted he may have said she was "the best [XXX]".

340. The Tribunal also took into account that Ms G was a junior doctor. She had not met Dr Sharma before. Ms G's knowledge that she and Dr Sharma had a mutual acquaintance was explained by the conversation she described.

341. The Tribunal considered that there was no evidence that Ms G had any reason to make a false complaint about him. The Tribunal rejected Dr Sharma's suggestion that Ms G had made complaints about him because of the influence of Dr V. The Tribunal considered that it was not logical or reasonable to conclude that as the result of a previous dispute about the treatment of a patient between Dr Sharma and Dr V, Dr V acted in some way to cause Ms G to make a formal complaint about Dr Sharma or that Dr G would have done so. Ms G and Dr V both described how Ms G spontaneously spoke to Dr V on the ward because she was upset about Dr Sharma's behaviour. Dr V's evidence was that Ms G was upset and, given what she was told, she encouraged her to speak to someone senior about her concerns. The Tribunal concluded that this evidence supported rather than undermined Ms G's account.

342. Finally, the Tribunal considered that Dr V and Ms G gave their evidence in a straightforward manner whereas it considered Dr Sharma to be an evasive and difficult witness.

343. The Tribunal therefore determined that Paragraph 27a of the Allegation was proved.

*Paragraph 27b: approached Ms G and:*

- i. stated 'I haven't seen you for a while, you look beautiful today' or words to that effect;*
- ii. leaned towards her, pulling her mask down from her face;*

344. The Tribunal took into account that Dr Sharma accepted touching and adjusting other people's masks without seeking prior consent. The Tribunal reminded itself that Dr Sharma initially denied pulling anyone's mask down but in oral evidence accepted that he may have done so. The Tribunal did not accept Dr Sharma's explanation for this. It considered it highly unlikely that any medical staff at the time would have worn their mask so that it sat between their mouth and their eyes as Dr Sharma stated. The Tribunal also took into account Dr Sharma's admission that he might have referred to another colleague as '*beautiful*'. The Tribunal rejected Dr Sharma's attempt to explain away such a comment as *jocular* or "*lighten the mood*" during COVID. The Tribunal concluded that Dr Sharma's own evidence indicated that he would sometimes comment on the personal appearance of female colleagues.

345. The Tribunal therefore found paragraphs 27b(i) and (ii) of the Allegation proved.

*Paragraph 27d: told Ms G that her boyfriend 'wasn't doing a good job'.*

346. The Tribunal reminded itself that Dr Sharma accepted that he routinely asked "*childbearing women*" the sort of questions which Ms G said were the precursor to this comment. The Tribunal also took into account that Dr Sharma said he had a "*checklist of questions*" he would ask. The Tribunal further reminded itself that Dr Sharma accepted that at the relevant time he considered such questioning to be appropriate and even justified.

347. The Tribunal recalled Dr Sharma's oral evidence in which he described a conversation which he stated took place involving a nursing colleague. He stated that the conversation started in the same way as the conversation Ms G described and similarly involved him eliciting information about pregnancy. On Dr Sharma's account that other conversation concluded with the nurse using the same phrase about her own boyfriend as that which Ms G attributed to Dr Sharma in his conversation with her. The Tribunal rejected as implausible Dr Sharma's evidence that this was simply a coincidence. The Tribunal concluded that Dr Sharma was seeking to confuse the picture by introducing an unrelated incident in which another

person supposedly made a comment later attributed to him to seek to suggest that such comments were made by people in the workplace and could be justified.

348. The Tribunal therefore accepted Ms G's account. It provided a logical explanation for how the conversation started. Dr Sharma's admission about his 'checklist' of questions was also consistent with Ms G's account of how the conversation developed. The Tribunal noted that Ms G stated that Dr Sharma had told her that he had specialised in women's reproductive health as a G.P. and that Dr Sharma said the same thing to Dr X to explain why he had asked someone else similar questions. The Tribunal considered that this further supported Ms G's account.

349. Finally, the Tribunal took into account that regardless of whether Dr Sharma considered that asking female colleagues questions about pregnancy, contraception and sexual matters was appropriate, he knew that others felt that they were not.

350. The Tribunal noted that Dr Sharma justified his questions because of his diploma in sexual reproduction health completed on 30 June 2013. The Tribunal rejected this having already determined that Dr Sharma asked similar questions of Ms A in 2009. The Tribunal also took into account its findings in respect of Patient F and Dr Sharma's own evidence about the questions he asked her in 2016. The Tribunal concluded that Dr Sharma considered these questions to be appropriate and asked them whenever an opportunity arose, even after receiving professional interventions and training.

351. The Tribunal concluded that Dr Sharma should have been well aware of the importance of maintaining appropriate professional boundaries and should not have been asking such questions. Despite this, on his own account, he did so.

352. The Tribunal therefore found paragraphs 27b(i) and (ii) of the Allegation proved.

Paragraph 34h in respect of paragraph 27

34. Your conduct as set out at paragraph(s):

h. 27 was:

- i. harassment of a sexual nature as defined in Section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms G or creating an intimidating, hostile, degrading, humiliating or offensive environment for her; **Determined and found proved**
- ii. sexually motivated; **Determined and found proved**

353. Dr Sharma was significantly older than Ms G. He was senior in rank and status. Ms G said that Dr Sharma called her “sexy” on the first occasion they met. On another occasion, during COVID, Ms G was working on her own at her computer. Dr Sharma leant towards her, pulled down her face mask and commented upon her physical appearance. Ms G was backed against a wall and unable to move away. She said this made her nervous. On a third occasion he asked her intimate questions including whether she practised unprotected sex. These embarrassed her while other comments about her boyfriend made her “angry and upset”. She told the Tribunal *“the entire conversation was uncomfortable and unprofessional...”*

354. From the time that Dr Sharma met Ms G, until his exclusion from Aintree, he had on many occasions walked past her and stroked the back of her neck or massaged her shoulders without permission.

355. The impact upon Ms G was recognised by her parents who told her that she needed to escalate matters and tell someone *“because you’re not yourself at all”*. Ms G told the Tribunal she became really anxious about the idea of going in work because she knew Dr Sharma might be there. She told Dr X that she would physically flinch when Dr Sharma touched her. Importantly, she told Dr X that although she is normally outspoken and felt comfortable challenging things she was unhappy about, she felt unable to challenge Dr Sharma.

356. The Tribunal considered that Dr Sharma created a hostile and degrading working environment for Ms G. She was describing a violation of her dignity and a feeling of powerlessness.

357. In her witness statement dated 22 July 2021, Dr V confirmed that she witnessed the impact which one incident had on Ms G. She stated that Ms G appeared *“to be shaking a bit...had tears in her eyes, just sort of quite on edge and a bit – probably a bit bewildered, I guess...a bit like sort of shocked”*.

358. The Tribunal accepted Ms G’s evidence about how Dr Sharma’s behaviour affected her. It considered Ms G to be a reliable witness who tended to underplay rather than exaggerate. Her evidence was supported by Dr V’s evidence.

359. The Tribunal determined that Dr Sharma had violated Ms G’s dignity, made her feel uncomfortable and caused her extreme anxiety about going to work. She told her parents who said she was not herself at all. They told her that this was not right and she needed to escalate the matter. The Tribunal determined that Dr Sharma’s conduct in respect of Ms G did amount to harassment of a sexual nature as alleged.

*Sexually motivated*

360. The Tribunal concluded that Dr Sharma took advantage of his position, as an older male, a qualified doctor and his more senior status. He made inappropriate comments about Ms G's personal appearance, considered he was entitled to pull her face mask down, and asked her questions about her sexual behaviour. The Tribunal determined that Dr Sharma's behaviour demonstrated he had a clear sexual interest in Ms G and that his actions were either in pursuit of a sexual relationship or for his own sexual gratification.

361. The Tribunal further considered that Dr Sharma's conduct was part of a pattern of behaviour towards younger and more junior female colleagues. The Tribunal rejected Dr Sharma's assertion that any of his conduct was paternalistic or done in order to make friends and fit in. The Tribunal also rejected any cultural explanation. Dr Sharma trained as a doctor in the UK. He worked in a GP surgery before commencing his training. He is a mature adult who is XXX.

362. The Tribunal therefore found paragraph 34h in respect of paragraphs 27(i) and (ii) of the allegations proved.

## Ms H

### Paragraph 28 of the Allegation

28. *On or around 26 February 2021, you approached Ms H, a colleague, and touched the top of Ms H's back around the nape of the neck when speaking to her.*

***Determined and found not proved***

363. In 2021 Ms H worked together with Dr Sharma in Aintree A&E for a shift on 26 February 2021. This was the first time she had met Dr Sharma and her first day in A&E. In her witness statement, dated 6 September 2021, Ms H said she was sitting at a computer trying to work out how to assign a patient to herself on the computer system. Dr Sharma came into the room so she asked him how to do it. No one else was in the room. Ms H said in her witness statement that when explaining what she should do, Dr Sharma touched the top of her back and shoulders.

364. In her supplemental witness statement, dated 9 September 2022, Ms H said that Dr Sharma "*had been overfamiliar when showing me how to use the computer, placing his hand on my upper back.*". Ms H did not say anything to Dr Sharma at the time because it was her first day and she did not want to cause a fuss.

365. Ms H stated that later that day she saw Ms G having a conversation with Dr V, a Senior House Officer. Ms H said she joined the conversation and realised it was about Dr Sharma. Ms G said Dr Sharma had made inappropriate comments towards medical students and herself. Ms G asked Ms H if she had noticed anything about Dr Sharma so Ms H told them that Dr

Sharma had touched her on the shoulders/upper back which made her feel uncomfortable. Ms H stated that she did not feel the incident involving herself warranted reporting.

366. Ms H gave oral evidence. She confirmed that she had participated in a Trust investigation meeting on 5 May 2021 when she had told Dr X that during her conversation with Ms G, she told her that Dr Sharma was overly familiar. She told the Tribunal that she was sitting in a computer chair, Dr Sharma was stood behind her and placed his hand at the top of her back around the nape of her neck. At the time he did so, he was trying to show her where to click on the computer to assign a patient.

367. Ms H told the Tribunal that although she could see no reason for Dr Sharma to touch her and she found it uncomfortable and overly familiar given they had never previously met, he might have intended it to be reassuring.

368. In his witness statement dated 30 September 2024, Dr Sharma said he did not remember the incident but accepted it might have happened. He stated that “*people might touch others while using the computer*” and said that if standing looking down at a computer he might put a hand on the back or the shoulder of a person sitting down viewing the screen. He said other people would do the same. He accepted that he may have put his hand on Ms H’s back or shoulder when leaning in to read what was on the screen or pressing the keys on the keyboard. He said he would have shown Ms H what to do and then left. Dr Sharma said that if he had touched someone in that way it was not intended to harass, intimidate or to invade anyone’s personal space.

369. Dr Sharma suggested that Ms H had made a complaint because she became aware of previous complaints and allegations against him and these had affected her perception of what actually took place. He stated that he was aware that XXX, and Dr X had spoken about previous allegations made about Dr Sharma and that Ms H had overheard that conversation.

370. The Tribunal considered that the nape of the neck is an intimate area and that for a person unknown to a woman to touch that area would be inappropriate. The Tribunal determined that in order to find the paragraph proved, it must conclude that it was more likely than not that Dr Sharma touched Ms H on the nape of her neck rather than anywhere else.

371. The Tribunal took into account that Ms H gave different accounts of where she was touched; she said variously it was on the neck, the shoulders and the back. Ms H was, however, consistent in saying that the context was that it occurred after she asked for his help to navigate the computer system. The Tribunal also noted that the request was made and the assistance rendered when Ms H was sitting and Dr Sharma was standing. Ms H expected that he would be able to assist her and Dr Sharma did assist her, as would be expected of him as her senior colleague. The Tribunal considered it reasonable for Dr Sharma to have done so and to have leant over Ms H and the computer when doing so. The Tribunal



accepted that people may in such situations, touch the person seated and Dr Sharma accepted as much.

372. The Tribunal did not accept Dr Sharma's suggestion that he was the subject of a conspiracy orchestrated by Dr AO. Ms H was quite open to the Tribunal and to the Trust investigation that she had heard a rumour about Dr Sharma, however, she was also clear that she did not consider what happened warranted any form of complaint even though it made her feel uncomfortable. The Tribunal noted that Ms H recognised that Dr Sharma may have had a benign intention when he touched her. The Tribunal also concluded that Ms H's impression of what had occurred may have been inadvertently influenced by what she had heard about Dr Sharma and the conversation which she joined shortly after the incident occurred.

373. The Tribunal took into account that the touching was not accompanied by any inappropriate comments or behaviour. Ms H stated that Dr Sharma acted on her request, showed her what to do and then left.

374. The Tribunal concluded that Dr Sharma did touch Ms H when assisting her with the computer. The Tribunal concluded, however, that it did not consider it more likely than not that Dr Sharma touched Ms H on the nape of the neck rather than on her shoulder or back as he accepted may have occurred.

375. The Tribunal therefore found paragraph 28 of the Allegation not proved.

Paragraphs 34(i) and (ii) in respect of paragraph 28

34. *Your conduct as set out at paragraph(s):*

i. *28 was:*

i. *harassment of a sexual nature as defined in Section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms H or creating an intimidating, hostile, degrading, humiliating or offensive environment for her; **Determined and found not proved***

ii. *sexually motivated; **Determined and found not proved***

376. The Tribunal determined that as it has found paragraph 28 of the Allegation not proved, it follows that paragraphs 34(i) and (ii) of the Allegation are also not proved.

Ms I

377. Around March 2021, Ms I, a nurse, commenced work at Aintree Hospital AED where Dr Sharma was locum registrar. On a number of occasions in September and October 2021, it is alleged that Dr Sharma made inappropriate comments and sexual overtures to Ms I.

378. Dr Sharma denies all of the allegations. Dr Sharma's case is that Ms I's complaints are untrue and part of a wider conspiracy against him involving another nurse called Ms AG and a doctor, Dr AO. Ms AG also worked on AED. XXX. She told him that Dr AO had told her that Dr Sharma was "*a creep*" and sent her a link, which she followed, to Dr Sharma's interim orders tribunal (IOT) hearing. Dr Sharma's case is that Ms AG shared this information with others including Ms I causing rumours to circulate around the Hospital. Dr Sharma's case is that when he tried to speak to Ms I to find out about what was being said, she threatened to circulate false rumours about him then made false complaints about him.

379. The Tribunal concluded that in relation to each allegation, either Ms I was giving a truthful and reliable account or Dr Sharma was. There is no room for mistake or misinterpretation. The Tribunal reminded itself that the burden of proving the case is on the GMC and that in order to prove its case, the GMC must show that it is more likely than not that Ms I's account in relation to each paragraph of the Allegation is correct. Dr Sharma is not required to prove or disprove anything.

Paragraphs 29a and C of the Allegation

29. *On or around 20 September 2021:*

- a. *you told Ms I, a colleague, that you had changed your shift because you wanted to see her pretty face; **Determined and found proved***
- c. *you asked Ms I if you could follow her halfway home for a kiss;  
**Determined and found proved***

*or words to that effect.*

380. On 5 October 2021 Ms I sent an email to her manager stating that until 20 September 2021, whilst at work, Dr Sharma told her he had changed his shifts so he could see her "*pretty face*". Ms I said that later in the shift, on several occasions, Dr Sharma asked her to go outside with him when he had a smoke. She refused. Ms I also said that whilst working with Dr Sharma on 26 September 2021, he asked if he could follow her home, or follow her '*half way for a kiss.*' Ms I told him no. Ms I also made several other complaints.

381. The Trust commissioned an independent investigator, Ms AP, to conduct an investigation. In an investigation meeting on 10 November 2021, Ms I told Ms AP that she was upset at work one day because XXX and she asked Dr Sharma about this. After that Dr

Sharma often asked Ms I about XXX, where she lived and about property prices there saying he is a landlord. Dr Sharma also asked Ms I if she wanted a drink and sent her messages over Whatsapp.

382. Ms I made a witness statement to the GMC, dated 3 March 2022 repeating her account about 20 September 2021. She stated that she initially thought Dr Sharma was joking when he made the ‘*pretty face*’ comment but “*felt uneasy*” because it was “*unprofessional*”. Ms I said the comment about following her half-way home for a kiss happened on 20 September rather than on 26 September. Ms I said she challenged Dr Sharma but got no response. Ms I also said that although she did not remember when it began, Dr Sharma would message her on Whatsapp “*continuously*”. When she asked Dr Sharma how he had got her number, he said from the hospital computer system. Ms I repeated her complaint that Dr Sharma had persistently asked her to go outside with him.

383. Ms I gave oral evidence. When cross examined, it was put to Ms I that she was not telling the truth when she said Dr Sharma had followed her home for a kiss. Ms I said, “*He did. I don’t see how you can question that because I have no reason to lie*”. The Tribunal considered that Ms I gave her evidence in a careful and considered manner which was consistent with her written accounts. Despite the discrepancy about the date, her core evidence of what factually happened was consistent throughout. Ms I described how, after seeking his support when she was upset about XXX, Dr Sharma tried to develop a relationship with her, messaging her outside of work about uncontroversial topics and then started making sexualised comments and overtures. The Tribunal considered that Ms I’s account of events had internal coherence, describing a logical progression of behaviour on Dr Sharma’s part.

384. The Tribunal considered whether Ms I had any reason to fabricate allegations against Dr Sharma. It noted the first line of her email of complaint spoke about their previous positive relationship, saying that until 20 September 2021, she and Dr Sharma “*used to talk to each other about [XXX], about houses and about places to visit on holiday. It was just a very friendly professional relationship...*”. When cross examined, Ms I accepted that Dr Sharma was “*a very liked...very respected doctor*”. The Tribunal also took into account a message sent by Dr Sharma to Ms I dated 4 October, “*...you were nice to me and I needed someone to listen to me as I was upset.*”.

385. The Tribunal also considered Dr Sharma’s evidence that Ms I had been influenced by things said by Dr AO or Ms AG about Dr Sharma having previous issues at work. Ms I agreed that she knew that Dr Sharma had to maintain a chaperone log and that she had heard rumours about him. The Tribunal concluded, however that none of these explained why Ms I would want to blackmail Dr Sharma (as he suggested in oral evidence) or make a false complaint about him.

386. The Tribunal then considered the wider context. On 26 March 2021, Dr Sharma signed a behavioural impact and action statement as a result of his behaviour in *“having caused distress to and made a female staff member uncomfortable”* (Ms G). In this, Dr Sharma agreed to ensure that his work relationships would remain professional, not to *“enter into conversations with any staff members about their private life including sensitive issues such as, but not only, sexual lifestyle or reproductive health”* and *“avoid personal comments or other actions which could result in a member of staff feeling uncomfortable in the work place.”* The agreement further stated, *“I specifically agree to maintain professional standards of behaviour in respect of my personal relationships while at work”*.

387. The Tribunal reminded itself that between March and June 2021 Dr Sharma received bespoke training concerning professional boundaries including three one to one training/mentoring sessions with Dr AL. Dr Sharma also had individual training concerning professional boundaries in May and October 2021. He also met with Dr AQ, his supervising consultant, regularly. Dr X, Associate Medical Director for Professional Standards, told the Tribunal that Dr Sharma was clear about his responsibilities at the time of the events complained of. The Tribunal concluded that Dr Sharma should have been highly sensitive to his responsibility to maintain proper professional boundaries. It was therefore surprised that Dr Sharma gave evidence saying he asked Ms I for her phone number, was sending her WhatsApp messages and inviting her to ask him questions about XXX, none of which was disputed by Dr Sharma, at this time.

388. The Tribunal carefully considered Dr Sharma’s evidence. Although Dr Sharma denied saying anything inappropriate to Ms I, he accepted that he had asked her to come outside to his car for a chat on 3-4 occasions. He said this was to ask Ms I what Dr AO was saying about him. Dr Sharma said that he did not tell Ms I that he had changed his shift so he could work with her because he had not done so. Although he had worked on 20 September 2021 when he was not expected to do so, this was a manager’s request and not organised by him.

389. Dr Sharma denied obtaining Ms I’s phone number from her electronic medical record accessible through the Hospital computer system or telling her that. His case was that Ms I had gone outside with him on one occasion to talk; he gave her a piece of paper and asked her to write her number down. Some days later Dr Sharma said he found a piece of paper with a mobile number on it in his pocket. He messaged his name, *“Daman”*, to this number and Ms I responded.

390. Dr Sharma drew the Tribunal’s attention to comments in the GMC documents to the effect that the Trust had investigated two of its computer systems but found no evidence that Dr Sharma had *“inappropriately”* used either to access Ms I’s medical records. Dr Sharma contended that this demonstrated that he could not have obtained Ms I’s number unless she had given it to him. Consequently, the Tribunal asked the Trust for further information about

its investigations. These showed that contrary to his written evidence, Dr Sharma accessed Ms I's medical records on 26 September 2021.

391. The Tribunal received evidence from Dr X that it was common in a busy A&E department for staff to access records using each other's login. The Tribunal was given what Dr Sharma said was the first message between himself and Ms I, sent to him by her and dated 27 August 2021. The Tribunal therefore accepted that Dr Sharma did not obtain Ms I's contact details when he accessed her medical records on 26 September 2021.

392. The Tribunal also considered that Dr Sharma's account of how he came to have Ms I's number. It noted that:

- i. Dr Sharma did not explain why Ms I needed to write down her number;
- ii. it was not necessary for Ms I to slip her number into Dr Sharma's pocket rather than just handing it to him.

393. The Tribunal reminded itself that Dr Sharma told Ms AP, through his BMA representative, that the only message he had between himself and Ms I was a message she sent to him on 27 August 2021. All of the other messaging between himself and Ms I had been deleted or not transferred when he changed his phone. Dr Sharma did not explain why he would have deleted any messages. During the hearing Dr Sharma produced further messages between himself and Ms I. This included a message sent to him by Ms I on 30 September which Dr Sharma produced to confirm his account that rumours were circulating about him at the Hospital and that his attempts to speak to Ms I were to get to the bottom of these.

*"Stop messaging me please I don't want anything from you! I'm not spreading anything about you its' other people! I'm trying to give you a heads up that you are crossing boundaries! As a friend stop"*

394. However, Ms I had provided messaging around this single message. The Tribunal concluded that when seen in context Ms I's message was an acknowledgement that others were gossiping about Dr Sharma but a frustrated response to multiple unwanted messages from him. It also noted that this messaging did not happen until 9 days after the incidents Ms I complained of on 20 September. In her messages, Ms I asked Dr Sharma a number of times to leave her alone, made clear that she considered that he had behaved inappropriately towards her and told him *"as a friend"* to stop. The Tribunal concluded that this undermined Dr Sharma's contention that Ms I's complaints were motivated by malice.

29 September

*[Dr Sharma] Helloooooo? 17:12*

*Just asked yes or no? 17:40*

*30 September*

*[Ms I] Stop talking to me, don't mention my name to anyone! I'm serious now! Leave me alone! It's fuckin weird! You need to be careful what you are doing! Grow up seriously 00:15*

*[Ms I] If I hear my name mentioned by you again I will let everyone know what you are really like. 00:16*

*[Dr Sharma] You try what you want, I know I have done nothing, you blaming for stuff. 00:19*

*[Dr Sharma] I want to know who is spread these things about me. 00:20*

*[Ms I] No one spread anything about you! 00:20*

*...*

*[Ms I] Stop messaging me please I don't want anything from you! I'm not spreading anything about you its' other people! I'm trying to give you a heads up that you are crossing boundaries! As a friend stop" 00:27*

395. The Tribunal concluded that Dr Sharma was being selective about what messages he did have access to and taking messages out of context where he believed that might assist him.

396. The Tribunal also took into account the manner and content of Dr Sharma's oral evidence. It considered that Dr Sharma deflected answering questions and gave lengthy and loquacious answers which blamed or accused others of various misconduct which had no relevance to his defence, for example accusing Ms I of making racist comments about a doctor who treated her.

397. The Tribunal concluded that Dr Sharma could easily have accessed Ms I's phone number in the manner which she stated he told her, namely by looking at her medical records, and that this supported her account. For the reasons stated, the Tribunal rejected Dr Sharma's account that he could only have Ms I's number if she had given it to him and how he said he obtained Ms I's phone number was implausible. It concluded that he had obtained it without her consent. This impacted upon the Tribunal's view of Dr Sharma's wider

credibility as a witness. The Tribunal further concluded that Dr Sharma's explanation for the reason for Ms I's complaint was implausible and inconsistent across time and documents.

398. The Tribunal also took into account that it was Dr Sharma's case that he asked Ms I to come and sit in the car with him or come outside for a drink because he wanted to talk to her privately. In her oral evidence, Ms I stated that Dr Sharma did not start asking her about what others were saying about him until 30 September. This is consistent with the available Whatsapp messages. The Tribunal therefore rejected Dr Sharma's explanation for why he wanted Ms I to come outside with him.

399. The Tribunal also rejected Dr Sharma's evidence that he cannot have said to Ms I that he changed his shift to see her "*pretty face*" because his shift had not been changed, he had simply been asked by managers to work an additional shift. The Tribunal considered that the reason for Dr Sharma working the same shift as Ms I was irrelevant; what was significant was that Dr Sharma in fact worked a shift that he had not been rostered for. This gave him the opportunity to tell Ms I that she was the reason he had changed shifts; it was, in the Tribunal's view, a sexual overture. It followed his attempts to build a relationship with her by offering medical advice concerning XXX, obtaining her phone number and encouraging her to message him about innocuous matters like house prices.

400. The Tribunal reminded itself that the message Dr Sharma produced during the hearing sent to him by Ms I was a hyperlink to a local property prices website. The Tribunal considered it very unlikely that if Ms I was prepared to make up false allegations against Dr Sharma that she would have helped him with local property prices. The Tribunal therefore accepted Ms I's evidence.

401. The Tribunal concluded that the behaviour alleged by paragraph 29 formed part of a pattern of behaviour by Dr Sharma. The Tribunal noted that Dr Sharma told the Trust that he had called another nurse beautiful, justifying this as an attempt to boost her self-esteem when she was recovering from COVID. No complaint has been made by any such nurse. In her written and oral evidence, Ms AG, who worked together with Ms I and Dr Sharma in the A&E department, said that Dr Sharma "*often called me beautiful and asked to take me out even though I said no continuously*". The Tribunal took into account its own finding, namely that in or around February 2021 he pulled Ms G's mask down and told her she was beautiful. The Tribunal concluded that Dr Sharma does not recognise appropriate boundaries and thinks it appropriate to make comments on their appearance to female colleagues whose physical appearance he considers to be pleasing.

402. The Tribunal therefore found Paragraphs 29a and c of the Allegation proved.

Paragraphs 30a, b(i) and (ii), 30c, 31a, b(i) and (ii), c(i) and (ii), d and e of the Allegation.

30. On or around 26 September 2021, during a night shift, you:
- a. repeatedly approached Ms I and asked her to sit in your car and go with you to McDonalds on your break, or words to that effect;  
**Determined and found proved**
  - b. told Ms I that you had looked at a previous CT scan she had undergone, or words to that effect, despite:
    - i. you not being Ms I's treating clinician; **Determined and found proved**
    - ii. Ms I not having given you permission to access her medical records;  
**Determined and found proved**
  - c. convinced Ms I to undergo an XXX test ('the Test') with you.  
**Determined and found proved**

Paragraphs 31a, b(i) and (ii), c(i) and (ii), 31A and 31B of the Allegation.

31. During the Test, you:
- a. stood over Ms I; **Determined and found proved**
  - b. told Ms I:
    - i. to come over and give you a kiss; **Determined and found proved**
    - ii. that no one would see if Ms I kissed you;  
**Determined and found proved**or words to that effect;
  - c. asked Ms I if you could feel her:
    - i. breast; **Determined and found proved**
    - ii. nipple; **Determined and found proved**or words to that effect;
- 31A After the XXX test told Ms I you felt like a blow job, or words to that effect;  
**Determined and found proved**



*31B On another occasion, during Ms I's shift on 26 to 27 September 2021, you put your hand on Ms I's left knee and rubbed upwards towards her thigh.*

***Determined and found proved***

403. In August 2021, Ms I had been experiencing XXX. After her shift on XXX August she booked in as a patient, seen in A&E by a consultant, XXX. Medication was prescribed. Ms I was discharged. In oral evidence Ms I said that she was happy that both consultants concluded that there was *"nothing sinister"*. She considered the matter had been dealt with.

404. In her complaint email, Ms I said that before she went to work on 26 September, Dr Sharma repeatedly messaged her asking that she arrive ½ hour early and meet him in his car in the hospital car park. Ms I deleted, and did not respond to, the messages, deliberately arrived 10 minutes late and parked in a different spot to her usual one. Once in work, Ms I stated that Dr Sharma approached her and told her that he had seen her XXX scan and she needed an XXX test and potentially steroids XXX. Ms I said that Dr Sharma also repeatedly asked her to come and sit outside with him in his car or come to McDonalds with him in her breaks. Ms I said she kept making excuses why she could not do so.

405. In her written and oral evidence, Ms I said that Dr Sharma told her she needed an eye test *"regarding what he presumed was wrong with [XXX]"*. In oral evidence, Ms I said that she went to A&E reception, booked herself in as a patient then went to room 3 in 'See and Treat' for the XXX test. Ms I said she agreed because she was frightened about XXX. However, she told three colleagues the room she was going to because she felt uneasy and wanted people to know where she was.

406. Ms I said that although she asked Dr Sharma to leave the door open, he shut it and stood with his back to it. After XXX, Dr Sharma stood over her and said, *"Come on give me a kiss"*. Ms I refused but Dr Sharma said, *"No one will see"* and asked again. When Ms I again refused Dr Sharma said, *"Well what about a feel of a boob or a nipple."* When cross examined, Ms I said that Dr Sharma did not perform any physical examination of her; in particular he did not touch her temples. Ms I said she was shocked and scared by Dr Sharma's behaviour and left the room.

407. Ms I said that later when she was in the Trauma Bay, Dr Sharma approached her and said, *"Guess what I want?"* Ms I said, *"McDonalds"*. Dr Sharma replied, *"No, a blow job"*. Although paragraph 1d of the Allegation states this occurred, *'during the Test'*, Ms I was clear in her written and oral evidence that this occurred in a different place to the XXX test and at a different time.

408. Ms I also told the Tribunal that Dr Sharma gave her a leaflet about XXX. When he did so, Ms I said that Dr Sharma put his hand on her knee and rubbed her thigh. He also asked her to take a break with him to go to McDonalds and sit in his car. Ms I said she refused

saying she was busy. The Tribunal noted that Ms I has consistently stated that Dr Sharma touched her knee and thigh on a separate occasion to, and outside of, the XXX test although paragraph 31e of the Allegation states that this occurred ‘*during the Test*’.

409. Ms I said that she worked with Dr Sharma again on Wednesday 29 September 2021. He kept coming and offering her drinks and eventually gave her one. Ms I said that Dr Sharma also messaged her repeatedly. She told him to leave her alone. Ms I said she did not delete those messages and later provided these to the Trust (see above).

410. During the Trust investigation, and in his written statement Dr Sharma’s case was that:

- i. He never accessed Ms I’s patient records; the Trust’s audit supported this.
- ii. After Ms I began her shift on the night of 26 September 2021, she kept mentioning an abnormal blood test and criticising Dr AR who she described in racially derogatory terms.
- iii. The only abnormal blood result Dr Sharma could think of was an elevated ESR. He decided that if Ms I continued speaking about this, it might be worth repeating the test.
- iv. Ms I told him on 26 September that she had a way to view her medical records without leaving an audit trail.
- v. Ms I improperly accessed her own medical records that day using Ms AG’s log in details and asked him to review her XXX scan. He refused unless she registered as a patient first.
- vi. Ms I went to triage, booked herself in and “*appeared with a [paper] record card*”. He then reviewed her previous blood tests, saw XXX on 17 August and ordered repeat blood tests. Two tests were needed as XXX was not measured in the first test.
- vii. He did ask Ms I to come outside to sit in his car for a chat 3-4 times because he wanted to speak to her about Dr AO and the rumours.

411. During cross examination on behalf of Dr Sharma, Mr Jenkins put to Ms I that:

- i. Dr Sharma had never looked at her medical notes and had refused to do so unless and until she booked in as a patient.
- ii. Dr Sharma could not have known she had a XXX scan. She told him this.

412. The Tribunal first considered paragraph 30a. Dr Sharma admitted that he had asked Ms I to come outside with him on a number of occasions. Moreover, when he was interviewed as part of the Trust investigation, Dr Sharma stated that he would go to McDonalds and bring food back for people. He said, *“I ask everyone if they want something.”* In her oral evidence, Ms AG agreed that she went to McDonalds in her break with Dr Sharma to get food and drink, once. The Tribunal concluded that Dr Sharma regularly engaged in the behaviour Ms I complained of and that he wanted, on his own account, to speak to Ms I privately. The Tribunal had also previously rejected Dr Sharma’s explanation for wanting to speak to Ms I, noting that the available Whatsapp messages show that he did not start this until 30 September, after the events Ms I complained of.

413. For the reasons set out above, the Tribunal found paragraph 30a proved.

414. The Tribunal then considered paragraphs 30b, 30c and 31.

415. Dr X told the Tribunal that two of the record keeping systems used at the Hospital were PENS (Patient Electronic Notes System) and ICE (where blood test requests and results are recorded). Each system has an audit trail showing whose user name is being used when a patient’s record is accessed. The audit trail for Ms I’s PENS and ICE records for 17 August and 26-29 September 2021 and Ms I, Ms AG and Dr Sharma’s shift rosters were provided to the Tribunal during the hearing but before Dr Sharma gave evidence. The Tribunal was told that the PENS records showed no inappropriate access to Ms I’s records using Dr Sharma’s log in. However, the ICE records audit trail showed that Dr Sharma’s log in had accessed Ms I’s records on a number of occasions.

416. The following timeline shows relevant incidents collated from the records.

#### **26 September 2021**

16.00	Dr Sharma’s shift began
16.46	Dr Sharma’s log in accessed Ms I’s ICE record
19.00	Ms I’s shift began
19.54	Dr Sharma’s log in accessed Ms I’s ICE record and viewed the result of her blood test on 17 August 2021 which showed a XXX
19:59	Dr Sharma’s log in accessed Ms I’s ICE record and ordered a blood test for ‘XXX’
21:06	Dr Sharma’s log in accessed Ms I’s ICE record and viewed the result of her blood test on 17 August 2021 again

**27 September 2021**

- 00:05 Result of Ms I's blood test is reported on by the lab. The XXX was not measured
- 00:12 Mr AS's (AED consultant) log in accessed Ms I's ICE record and viewed the result of the test conducted on the blood sample ordered at 19.59
- 00:22 Dr Sharma's log in accessed Ms I's ICE record and requested that the XXX in Ms I's blood be tested, recording XXX as a possible issue.
- 01.18 Ms AT's (nurse) log in accessed Ms I's ICE record and viewed the result of the first test on the blood sample ordered at 19.59
- 01.37 Dr AU's (AED doctor) log in accessed Ms I's ICE record and viewed the result of the first test conducted on the blood sample ordered at 19.59
- 02.35 Result of the XXX test on Ms I's blood was reported on by the lab and input to Ms I's ICE record so that it was available to anyone viewing these.
- 03.15 Ms AG's log in accessed Ms I's ICE record and viewed the result of the second test which measured the XXX. The same log in viewed the results again at 03.17; 03.21 and 03.25
- 03.55 Time given on an undated AED handwritten paper card as time that Ms I seen in AED triage as a patient. No date recorded.
- 04.30 Dr Sharma's shift ends
- 07.30 Ms I's shift ends
- 19.00 Ms I's shift begins
- 23.00 Dr Sharma's shift begins

**28 September**

- 04.14 The reception clerk at AED created a digital record on Ms I's PENS record based upon the timed, but undated handwritten AED card which stated that Ms I saw Ms AV at AED at 03:55
- 04.31 Dr Sharma creates note on Ms I's PENS record of a consultation with her commencing 04.24 on 28 September giving a diagnosis of "[XXX]"

417. Contrary to his written accounts, in his oral evidence, Dr Sharma stated that on the morning of 26 September he and Ms I had a long message exchange in which she told him she was still XXX and intended to book into the hospital that night. Dr Sharma agreed to review Ms I's previous blood test result so that when she saw a doctor she could explain what was wrong. Dr Sharma said that Ms I had previously been a patient, he was *"just relaying the information to her, not giving her any advice..."*. After starting his shift, Dr Sharma accessed Ms I's ICE record and saw that on 17 August her XXX was raised. Dr Sharma said he told Ms I this when she came on shift. Later that night, while he was using the computer, Ms I asked him to request the blood tests she needed and print out the labels to attach to the sample he took. Between 11pm and 2am he saw her talking to two other doctors, thought she had booked in as a patient and was going to see them. When Dr Sharma was asked by Ms Beattie in cross examination why he had not mentioned any of this before, Dr Sharma said he had forgotten about it. The Tribunal considered this to be a significant omission and a fundamental change to Dr Sharma's previous account and did not consider Dr Sharma's explanation for the omission to be plausible.

418. The Tribunal reminded itself of Dr AF's evidence that once logged into ICE, a user could also access any further investigations of that patient. Dr Sharma would therefore also have been able to see that Ms I's previous XXX scan. The Tribunal also reminded itself that during cross examination of Ms I, Mr Jenkins on Dr Sharma's behalf put to her that Dr Sharma had told her he had looked at her previous blood test results and that they should be repeated. Ms I responded,

*"If he looked at my blood results then he has been on my records."*

419. Mr Jenkins then put to Ms I that the reason Dr Sharma was able to see her blood result was because she improperly accessed her own record using Ms AG's log in details. Both Ms I and Ms AG denied this. The contemporaneous records support their account. Having accessed the ICE record before Ms I began her shift, Dr Sharma knew that she had a raised XXX on 17 August and would also have been able to access her PENS record such that he could have seen the XXX scan. The Tribunal determined that Dr Sharma's knowledge of the XXX scan did not depend on Ms I having accessed her own patient record using Ms AG's log in at 03.15am on 27 September. Additionally, this undermined Dr Sharma's evidence that Ms I raised concerns with him about her abnormal blood result **as a result**, as that did not occur until 03.15 on 27 September, hours after Dr Sharma ordered the XXX test.

420. The Tribunal reminded itself of the evidence of Dr X, Ms AG and Ms I about access to patient records. Hospital staff are issued with a username which they must enter to access any patient records. This creates an audit trail. At the time, computers were shared between a large number of staff; resources, time and staff were limited and there was a high level of trust between staff members. Unless a user logged off after access, their log in remained open for a short time so that another person could arrive at the computer and use the

previous user's log in to access any patient record. Additionally, in busy departments like AED, staff would ask someone who was logged in if they could 'jump on' to their log in rather than take the time to log out and the new user log in. The audit trail is therefore not necessarily an accurate reflection of who was accessing a patient's record.

421. The Tribunal concluded that the contemporaneous medical records supported Ms I's account that Dr Sharma had accessed her record before she came on shift, as he told her. The Tribunal also concluded that the medical record undermined the sequence of events described by Dr Sharma. Contrary to his written accounts, Dr Sharma ordered a blood test for Ms I before she booked in as a patient and before he took a history from, or examined, her in any way. Within 54 minutes of the start of Ms I's shift, Dr Sharma ordered the first blood test and when this did not provide an XXX result, ordered a second. There is no record of Dr Sharma's log in accessing Ms I's ICE record again.

422. In oral evidence Dr Sharma asserted that Ms I showed him the blood result on 28 September when he came back on shift and said that "*nothing got done*". He therefore told her to book in as a patient, did the XXX test, made a diagnosis and issued a prescription for steroids. The Tribunal rejected this account. Dr Sharma had never said this before he was cross examined, it was inconsistent with the case which was put in cross examination on his behalf to Ms I and it was fundamentally implausible.

423. The Tribunal concluded that Dr Sharma obtained the blood test result when Ms AG's log in accessed Ms I's ICE record between 03:15 and 03:25 on 27 September. He would not have known about, or been able to report, the raised XXX in his PENS entry without doing so. As Dr Sharma ordered the blood tests, it would be expected that he would review the results. The Tribunal did not accept Dr Sharma's account that he was simply acting as the phlebotomist for another, unknown, doctor. The Tribunal therefore concluded that the only person who was aware that the blood tests had been taken, apart from Ms I, was Dr Sharma. Moreover, as a doctor Dr Sharma was able to interpret the blood result while Ms I, a nurse, could not. The Tribunal concluded that Dr Sharma was accessing Ms I's ICE record through other people's log ins and looking out for the result of the second blood test which he had ordered.

424. The Tribunal considered that there were fundamental inconsistencies between Dr Sharma's written and oral evidence. Before the ICE record was produced to the Tribunal, Dr Sharma's evidence was that he refused to look at Ms I's medical record until she signed in as a patient. It was contrary to hospital policy and in contravention of the 26 March 2021 action plan. Dr Sharma explained in detail how he had interpreted the action plan and why to conform to its terms he could only treat a colleague once they were formally booked in as a patient. In oral evidence, however, Dr Sharma said that he reviewed Ms I's record after a message exchange with her but that this was not him acting as her doctor; he was just

explaining what the previous results meant and what tests she should ask for when she booked in later.

425. In his oral evidence, Dr Sharma also told the Tribunal that after telling Ms I he could not treat her unless she booked in as a patient, she *“walked past 10 doctors and came and gave the [paper AED booking in] card to me. I say, “No, I am not going to see you,” when knowing well that she is already threatening me, blackmailing me and saying, “I will spread things about you.” I said, “I don’t want to see you as a patient,” and she creates another problem for me.”* Dr Sharma told the Tribunal that he was *“already frightened of Ms I”*. She was targeting and manipulating him so she could make a false complaint because she was already threatening to spread rumours about him.

426. Dr Sharma’s only explanation for Ms I’s hostility towards him was that *“she thought I’m one of another object for her to do window shopping...she was talking to nurse about she thinks men are something which she window shops all the time.”* He did not explain why Ms I wanted to blackmail him or what motive she had for spreading false rumours or making false complaints. Dr Sharma also did not explain why, given that, Ms I would ask him to access her private medical record and advise her in relation to a possible medical condition, all of which require a level of trust. The Tribunal also considered that the available messaging did not support Dr Sharma’s account. The only ‘threat’ in the available messages was that Ms I would tell people what Dr Sharma was really like if he didn’t stop contacting her. Moreover, this messaging was not sent until 30 September, after the matters complained of by Ms I.

427. Dr Sharma also told the Tribunal that before Ms I bought him the booking in card and demanded he treat her, she asked him to take blood from her twice and to print off the blood tests forms needed to test for XXX. He said he had seen her talking to other doctors and therefore concluded that they were treating her. The Tribunal considered this to be both illogical and in contradiction to his earlier evidence. The Tribunal concluded that if Ms I had deliberately targeted Dr Sharma intending to set him up, she would have wanted him to be the treating doctor from the outset. Ms I would not be able to control what another doctor would decide to do or whether this would involve Dr Sharma in any way. In fact, it would have been inappropriate for Dr Sharma to be involved in Ms I’s investigations or treatment without a specific direction from the responsible clinician. Additionally, Dr Sharma would have assumed Ms I was booked in as a patient when acting as a phlebotomist or he would not have agreed to order the blood tests and take her blood. Consequently, he would have no reason later to insist that she do so before he could do the XXX test.

428. The Tribunal noted that Dr Sharma had not previously challenged that he examined and treated Ms I on 26 and 27 September. The ICE record confirms that he ordered the first blood test on 26 September. However, Dr Sharma did not create a PENS record about his examination and treatment of Ms I until 28 September nor did Dr Sharma record the XXX test in this record. The Tribunal also noted that although part of Dr Sharma’s diagnosis relied

upon Ms I expressing pain when XXX were touched, Ms I denied that Dr Sharma had done any physical examination of her.

429. In oral evidence, for the first time, Dr Sharma stated that although he did the first blood test on 26 September, Ms I did not present herself to him as a patient until 28 September and he examined and treated her that day. Ms Beattie asked Dr Sharma to explain the gap between bloods being taken and when, according to the records, he treated her. Dr Sharma said:

*“I finish my shift...On 28<sup>th</sup> her story start again...She started to spread things or started to put things about me to [Ms AW][another nurse] because at that time I have stopped her two or three times to look at her results...That time, I did feel that all this situation about her bloods...her booking in, booking in was a bit manipulation, which later on turned on my suspicion was right, that she told – she didn’t mention booking in to anybody in her any statement, until she was asked in her second statement, “Were you booked in?” I think [Ms AX] (sic) asked her, “Were you booked in on the place, on the time of blood test?” She said, “No, Dr Sharma went and booked me in”. That whole episode, I felt was manipulation.”*

430. The Tribunal reminded itself that Dr Sharma’s evidence was that Ms I had been concerned, and talking, about her diagnosis for some days before 26 September. It did not consider it plausible that when blood tests were taken on 26 and 27 September, Ms I, who would know the likely turnaround time for results, would have waited until 28 September and gone to Dr Sharma for the results and to examine her. Ms I was on duty on 27 September until 07.30. Dr Sharma states that he assumed that the blood tests he ordered had been directed by another doctor. If this was the case, Ms I would have been given the blood test results and been examined by that other doctor on 27 September.

431. The Tribunal considered that Dr Sharma’s evidence concerning paragraphs 30 and 31 of the Allegation was internally inconsistent, illogical, incoherent, inconsistent with contemporaneous documents and consequently implausible. Ms Beattie put to Dr Sharma that he was “*trying to fit a story round the facts*”. Dr Sharma denied this. However, the Tribunal consider that was a succinct and accurate description of Dr Sharma’s evidence.

432. The Tribunal accepted the evidence of Ms I, which was supported by that of Ms AG. Ms AG gave evidence that Ms I had been upset on one occasion about Dr Sharma’s conduct. Ms AG also described that Dr Sharma had spoken to her inappropriately, and in a sexualised way, on a number of occasions during the same timeframe. The evidence of both witnesses was also consistent with contemporaneous records. The Tribunal concluded that Ms I’s account described a predatory grooming process by Dr Sharma.



433. The Tribunal noted that although the GMC case was that Dr Sharma's actions and diagnosis were a construct, it was not assisted by any expert evidence as to the accuracy or appropriateness of these. The Tribunal concluded, however, that it was entitled to take into account the diagnosis made by Dr AR and the MU consultant. It also concluded that it could take into account whether Dr Sharma's diagnosis was in line with the NHS protocol which he stated he relied upon to diagnose XXX. The Tribunal concluded that Dr Sharma's explanation of why he made a diagnosis of XXX did not accord with the NHS protocol.

434. The Tribunal also took into account the contemporaneous medical record which showed that on 29 September 2021, when XXX received Dr Sharma's referral, it immediately contacted Ms I, told her to stop using the steroids and that she did not need to be seen by any other doctors. The Tribunal therefore accepted Ms Beattie's submission that Dr Sharma used what he found in Ms I's medical records to construct a situation where he could get Ms I alone to sexually proposition her and that he then sought to cover up what he had done through the diagnosis of XXX.

435. The Tribunal concluded that Dr Sharma developed a sexual interest in Ms I after she asked him for information about XXX, used this to try to develop a relationship with her then, on 26 September 2021, in pursuit of this goal, and without Ms I's knowledge or consent, accessed her medical record. This gave Dr Sharma a reason to seek to meet Ms I in private. He messaged Ms I to try and get her to meet him in his car before her shift when they would be alone. When this was unsuccessful, because Ms I ignored his messages, Dr Sharma approached her at the hospital. He frightened Ms I by telling her that she may have a serious medical condition.

436. On 27 September, using Ms AG's login, Dr Sharma obtained the result of the second XXX test. He told Ms I that she may have XXX. She told this to the AED triage nurse, Ms AV, who recorded this on the undated but timed paper booking in sheet completed at 03.55 on 27 September 2021. This was the same diagnosis that Dr Sharma had already recorded in the ICE record to justify the second blood test he ordered. Ms I took the paper form back to Dr Sharma, as he described in his evidence. Dr Sharma then went with Ms I to a private consultation room ostensibly to administer an XXX test but in reality to sexually proposition her.

437. Before the XXX test and to persuade Ms I to be tested, Dr Sharma gave Ms I a leaflet which stated that the condition he thought she might have could cause blindness. Dr Sharma diagnosed XXX and prescribed steroids to Ms I.

438. After the XXX test, Dr Sharma approached Ms I again and made an inappropriate comment about a blow job and asked her to come out with him to McDonalds.

439. Dr Sharma's evidence was that Ms I gave him the paper booking in form. The Tribunal concluded that Dr Sharma probably gave this to the reception clerk the following day. The clerk entered Ms I's details in the electronic record. Dr Sharma then made an electronic record of his examination and treatment of Ms I on PENS.

440. The Tribunal also concluded that Ms I's account was supported by the evidence of Dr Sharma making inappropriate references to medical conditions which he had been told about by other colleagues and using medical conditions to create opportunities to make sexual advances. In particular, the Tribunal took into account paragraph 4a that when Ms B was XXX Dr Sharma said he would enjoy examining her and that '[XXX]' and the oral evidence of Ms AG. She told the Tribunal that she had asked Dr Sharma about a medical condition she had and sent him her gastroenterology report. A few weeks later, Dr Sharma said in a jokey manner that he would like to do a PR exam (per rectal) on her. She did not report this but did tell him it was "disgusting" and distanced herself from him.

441. The Tribunal therefore found paragraphs 30a, b(i) and (ii), and c and paragraphs 31a, b(i) and (ii), c(i) and (ii), d and e of the Allegation proved.

Paragraph 32

32. *On 4 October 2021 you sent one or more text messages to Ms I despite her having previously asked you to stop messaging her. **Admitted and found proved***

442. Part of the message thread between Ms I and Dr Sharma on 4 October 2021 has been set out above. Ms I told Dr Sharma repeatedly to stop messaging her but he persisted. Based upon the messages provided, which are consistent with Ms I's account and Dr Sharma's admissions, the Tribunal found paragraph 32 of the Allegation proved.

Paragraphs 34i(i) and (ii) in respect of paragraphs 29 to 32 of the Allegation.

34. *Your conduct as set out at paragraph(s):*

j. *29 to 32 was:*

- i. *harassment of a sexual nature as defined in Section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms I or creating an intimidating, hostile, degrading, humiliating or offensive environment for her; **Determined and found proved***
- ii. *sexually motivated; **Determined and found proved***

443. The Tribunal first considered how Ms I perceived that the behaviour the Tribunal found proved had affected her.

444. Ms I told the Tribunal that she changed her behaviour because of, and to avoid, Dr Sharma. She arrived late to work, parked in a different area of the hospital, avoided taking breaks and told other nurses where she was in case Dr Sharma followed her. She said that Dr Sharma's conduct made her, *"panic and feel very vulnerable...very uncomfortable and scared..."*.

445. In oral evidence Ms I told the Tribunal,

*"I didn't want this to continue, because it made me feel horrendous. I was frightened to go to work...I just felt so anxious...because he was so respected by everyone, I thought, "Am I blowing this out of proportion?..."I just wanted the situation to stop. I just didn't want to be going into work, feeling anxious about anything else going on...I just wanted it to stop..."*

*... I just felt so like it was like I was a little kid. Like I couldn't protect myself. I felt very, very vulnerable in that situation."*

446. Ms I's contemporaneous WhatsApp messages to Dr Sharma, advising him that his behaviour was inappropriate and unwanted and asking that he stop it and leave her alone, supports her account of the impact his behaviour had. Ms I found Dr Sharma's conduct embarrassing, shocking, unwanted and unacceptable. He created an adverse environment for her, which was degrading, humiliating, and offensive for her. Ms I eventually left the Hospital as a direct result.

447. The Tribunal then considered whether Ms I's response was objectively reasonable. She was younger than Dr Sharma, junior to him and female. Dr Sharma made repeated and persistent sexual overtures and comments to Ms I. He abused his position as a doctor to access her personal medical record without her consent, obtained and contacted her on her mobile phone without her prior agreement and, eventually, constructed a situation whereby he got Ms I alone in a room and asked to touch her sexually. That was understandably frightening. Despite rebuffing him, Dr Sharma continued a campaign of harassment, telling Ms I he felt like a blow job, and touching her knee and thigh without her consent and in an unwanted and sexual way. The Tribunal therefore found paragraph 34j(i) in respect of paragraphs 29 to 32 of the Allegation proved.

*Sexually motivated*

448. The Tribunal determined that Dr Sharma made inappropriate, unwanted and sexualised comments to Ms I and repeatedly asked her to have a drink with him, including in his car. He engineered a situation where Ms I was on her own with him and then asked to touch her sexually. Subsequently, he told her he wanted a blow job and touched her. The Tribunal concluded that Dr Sharma's conduct was for his own sexual gratification and/or in pursuit of a sexual relationship with Ms I.

449. The Tribunal concluded that Dr Sharma had abused his position of a doctor. His conduct in relation to Ms I was part of a wider, deep-rooted and endemic pattern of conduct directed at younger females to whom he was in a position of power, whether because they were members of nursing staff, doctors more junior than himself or patients.

450. The Tribunal therefore found paragraphs 34j(ii) in respect of paragraphs 29 to 32 of the Allegation proved.

#### Police interview

##### Paragraph 18a of the Allegation

18. *You knew that the Arrowe Park Allegations had concluded with:*

- a. *allegations of inappropriate behaviour of a sexual nature being upheld against you by your employer; **Determined and found proved***

451. The Tribunal noted that Dr Sharma had admitted paragraph 17 of the Allegation. This stated that during a police interview on 28 January 2016, when asked whether previous allegations made against him by colleagues at APH had been investigated by the GMC, Dr Sharma said "*And hospital investigated. Nurses got investigated and it was cleared. There was nothing*".

452. The Tribunal also noted that Dr Sharma had admitted Paragraph 18b of the Allegation, namely that he knew that he had been issued with a final written warning by his employer.

453. As a result of Dr Sharma's admissions, the Tribunal found paragraphs 17 and 18b of the Allegation proved.

454. As a result of the complaints made in 2011 by Ms A, Ms B, Ms C and Ms D, a Trust investigation was undertaken. The investigation report was provided to the Trust who instructed Hill Dickinson Solicitors, to represent them. A date was arranged for a disciplinary hearing, however, the matter was compromised before this occurred and no formal hearing or adjudication in fact occurred.

455. In his police interview in respect of Patient F on 28 January 2016, he was asked whether he had been the subject of any previous allegations. Dr Sharma told the police he had and that this was at Arrowe Park. He was also asked if those allegations had been investigated by the GMC. Dr Sharma accepted that his response was, *‘And hospital investigated. Nurses got investigated and it was cleared. There was nothing’*.

456. The GMC’s case was that when Dr Sharma agreed to compromise matters by accepting a final written warning, he knew that complaints of a sexual nature had been made against him, he had not been *“cleared”* and it was incorrect to say to the police, as he had, *“There was nothing”*.

457. Dr Sharma’s case was that he had not engaged in inappropriate behaviour of a sexual nature towards anyone, there was no formal disciplinary hearing resulting in findings to that effect and therefore the GMC had not proved that his employer had *“upheld...allegations against him.”*

458. On 23 February 2011, Hill Dickinson Solicitors, acting on behalf of the Trust, sent Dr Sharma a letter offering a compromise to avoid a full disciplinary hearing, stated in terms that,

*“We have reviewed the Investigation report and our view is that there is significant and strong evidence that Dr Sharma has acted as alleged. If so, summary dismissal is a likely consequence...We are also aware of the stress caused to witnesses in attending the hearing including Dr Sharma himself...”*

459. The letter identified the terms upon which the Trust offered the final written warning. 1. That Dr Sharma would resign immediately he completed his training in August 2011. 2. His final rotation would be in a GP placement away from the Arrowe Park site. 3. The matter would be reported to the GMC. The letter made clear that the decision was pragmatic to give Dr Sharma *“a way out of a difficult position. It would also allow our client to avoid requiring a number of its staff to give evidence at the hearing.”*

460. Dr Sharma’s then solicitors responded on 28 February 2011, disputing that the evidence was significant and strong, asserted that the Trust’s witnesses had colluded and pointing out how damaging that could be to the Trust’s case if established. The Tribunal notes that Mr Jenkins, on behalf of Dr Sharma, confirmed that it is not his case before this Tribunal that any of the Arrowe Park Hospital witnesses colluded with each other. Dr Sharma’s solicitors offered a counter proposal on the basis of no *“admission of guilt”*.

461. On 4 March 2011, Mr M, Medical Director, Arrowe Park Hospital, sent Dr Sharma a letter appending a further copy of the investigation report and the allegations it contained of *“inappropriate behaviour of a sexual nature towards female members of staff.”* Mr M stated,

*“I have decided to issue you with a final written warning on the basis that you accept that the allegations are upheld against you. You have also confirmed that you accept this sanction.”*

462. Dr Sharma was advised that the warning would be entered into his official record for 12 months but that any further complaint within that period would lead to *“further stages of the disciplinary procedure may be applied and this could lead to dismissal....”*. He was advised that on that basis *“the disciplinary hearing scheduled for the 9 March will be cancelled”*.

463. The Trust referred the matter to the GMC. The GMC accepted that the action taken by the Trust and dealt with the matter by sending Dr Sharma a letter of advice and referring him to relevant parts of Good Medical Practice (‘GMP’). The Tribunal was told that Dr Sharma had undertaken some form of remediation.

464. The Tribunal noted that on 1 April 2011, Mr M wrote to the GMC enclosing the letter regarding the outcome of the disciplinary process and the investigation report and supporting bundle. His letter concluded, *“Dr Sharma will continue to carry out his final rotation which is due to finish on 31st August, 2011...”*. Dr Sharma did not work at Arrowe Park after this date. The Tribunal concluded that this confirmed he had resigned as required by the letter dated 23 February 2011.

465. From the evidence the Tribunal was satisfied that Dr Sharma had participated in Trust interviews where the complaints were outlined and that he had been provided with a copy of the investigation report. The Tribunal concluded that Dr Sharma was clear as to the basis on which the proceedings had been compromised, accepted a final written warning and knew that the Arrowe Park allegations had concluded with the allegations of inappropriate behaviour of a sexual nature being upheld against him by the Trust, albeit that no formal hearing took place. No warning would have been issued, resignation required or referral to the GMC made had this not been the case.

466. The Tribunal therefore found paragraph 18a of the Allegation proved.

#### Paragraph 19 of the Allegation

19. *Your conduct as described at paragraph 17 was dishonest by reason of paragraph 18. **Determined and found proved***

467. The Tribunal followed the two stage test for dishonesty as set out in the case of *Ivey v Genting Casinos (UK) Limited [2017] UKSC 67*. Firstly, the Tribunal determined the subjective state of Dr Sharma’s actual knowledge or belief of the facts at the time of the interview. It reminded itself that Dr Sharma’s belief did not need to be reasonable; what mattered was whether it was genuinely held. The Tribunal then considered whether, in light of what Dr

Sharma knew or believed, ordinary decent people would consider his behaviour to be dishonest.

468. The Tribunal took into account that when the police asked whether any allegation had been made against him in any hospital he had previously worked at, Dr Sharma told them an allegation had been made against him at Arrowe Park. However, when he was asked to expand on that Dr Sharma said,

*“In Arrowe park in 2009 one of the nurses called me Paki and my language wasn't good.....for some reason in front of other called me and then I said something back. Other one came they'd made complaint against me that I've said wrong things.”*

469. Dr Sharma told the police officer that the complaint was that he had been verbally abusive after (on his account) the nurse referred to him in racially derogative terms, and physically assaulted her because he was *“a bit angry”*. When asked what he had done, Dr Sharma said

*“A NOTHING. AFTER WE STOPPED I JUST PUT MY HAND AND SHE TOOK OFFENCE TO IT.*

*Q So have you hit her?*

*A NO HIT HER? AT THAT TIME WE WERE COOLED DOWN BECAUSE OTHER NURSES CAME AND THEN I JUST RUBBED HER BACK.*

*Q So did she make a complaint of sexual assault?*

*A IT WASN'T SEXUAL. SHE SAID SHE FELT I WAS VERBALLY ABUSIVE AT FIRST AND THEN I DID THIS. SHE DIDN'T SAY SEXUAL AT ALL. IT ALL GOT INVESTIGATED. IT WENT TO GMC. NOTHING FOUND AGAINST ME. IT WAS FOUND THAT THEY WILL DO INVESTIGATION OF NURSES AS WELL BECAUSE THEY WERE NEW SO THAT CLOSED”*

470. During cross examination, Dr Sharma said that his description of the incident was *“rubbish. It is rubbish. Nobody was angry. Nobody was hot to calm down”*. He also acknowledged that he had not been accused of a physical assault in the circumstances he described. The GMC bundle of evidence provided to the Tribunal contained the statements and interviews of the nurses spoken to during the Trust investigation. They formed the basis of the matters set out in the Allegation concerning Ms A – D. The Tribunal noted that no nurse complained of any incident which accorded with that which Dr Sharma described to the police.

471. Dr Sharma agreed in cross examination that at the time of the police interview he knew that four women had made complaints about him which had resulted in the Trust

giving him a final warning for what they termed “sexually inappropriate conduct”. He said that,

*“I thought everything was done and dealt with and I was allowed to carry on doing my job and GMC give me advice...I didn’t feel that was important rather than – they were not asking what was the outcome of the investigation and what was actually being done. They were asking me what happened. So they didn’t ask me “Did you have a hearing? Did you have an outcome?” ... what the GMC did.”*

472. Dr Sharma said he only told the police that one person had complained about him as “only one person said that I touched her back. That is as far as I could remember that.” Ms Beattie asked Dr Sharma if he had forgotten all the other complaints made against him at Arrowe Park. Dr Sharma said,

*“That is the only information I could put in front of them and I said what I could remember... but it never went out of my mind. I think about it pretty much every day”.*

473. In his witness statement Dr Sharma said “...it was my understanding that there was due to be an investigation at the Trust into collusion by the complainants at Arrowe Park and to this day I am unclear whether such an investigation took place.” Dr Sharma stated that due to all these factors, his “language was clumsy...but I do not believe when looking at the exchange as a whole that I acted dishonestly to intentionally mislead the Police”.

474. Dr Sharma was asked what he meant when he said, “it was cleared”? He said,

*“I meant was I was not stopped from working, GMC didn’t stop me from working. I carried on finishing my foundational year and I finished that year with quite good marks from the supervisor.... [Professor AY] gave me a report saying, “Excellent trainee” So my mind was it was cleared and I successfully completed my foundation training*

475. Dr Sharma told the Tribunal that he said, “there was nothing” this was,

*“because I was allowed to carry on working. In my mind, I am thinking that. I know that is a rubbish thing to say again. I should have said I got advice from the GMC and I should have said that I had a warning from the Trust but I was not – my frame of mind wasn’t in that state to expand on those things”*

476. The Tribunal took into account Dr Sharma’s evidence that no interpreter or legal representative were present in the interview and that English is not Dr Sharma’s first language. It also took into account that by the date of the interview XXX. Dr Sharma also pointed out that 2 years had passed since the GMC investigation into the Arrowe Park



allegations ended. Dr Sharma said in his statement, dated 24 September 2024, that he was “very distressed” and that this “stress and anxiety... impacted the answers given”. He also pointed out that the comments the GMC rely upon were made 2 hours into the interview by which time he was “very tired” and “made a number of errors in the answers that I gave”. Dr Sharma also said that he refused the services of the duty solicitor as he thought they were working for the police.

477. The Tribunal noted that in his statement, Dr Sharma said that he knew the police were asking about a complaint of sexual assault but although he volunteered the fact of a previous complaint, “I understand that this was not a matter I was obliged to disclose at the time as it was not relevant to the police investigation...”. The Tribunal concluded that this showed that Dr Sharma did understand his legal rights. Additionally, the Tribunal noted that in oral evidence Dr Sharma said, “I was not impatient to help them [the police] much more than what I told them already”.

478. The Tribunal recognised that, as a man of good character and a professional, a police interview would have been inherently stressful and distressing. However, the Tribunal concluded that Dr Sharma understood all the questions put to him, they were appropriate and although the interview was long it was not oppressive. At the time of the interview Dr Sharma did not raise any concerns. Furthermore, the Tribunal did not accept that Dr Sharma forgot the details of the complaints which had been made against him at Arrowe Park but chose to but downplayed and recast them. The Tribunal concluded that the account he gave in interview was deliberately incorrect and untrue.

479. The Tribunal noted that there was no evidence, and Dr Sharma did not suggest to the Tribunal, that he thought the GMC had conducted any investigation into any nurses or closed its investigation because of any concerns about them. Although Dr Sharma’s solicitors asserted in their letter, dated 28 February 2011 that the Trust had agreed to investigate alleged breaches of confidentiality among some nurses, no correspondence from the Trust was provided to this effect. More importantly, it was not Dr Sharma’s case that the nurses had colluded to make false allegations against him. The Tribunal therefore concluded when Dr Sharma told the police that the complainants had themselves been investigated, he knew this was untrue. Moreover, the Tribunal considered that what Dr Sharma told the police (that there had been a full investigation that went in his favour) was misleading and gave the impression that he had done nothing wrong. The Tribunal concluded that he knew that it was incorrect and untrue to say that the GMC “investigated and nothing was found against him”.

480. The Tribunal formed the clear impression that Dr Sharma made a deliberate decision not to mention the nature of the complaints made at Arrowe Park or the outcome. While Dr Sharma may have been entitled not to answer the question, he chose to give an account of events which were inaccurate and untruthful and created a wholly misleading impression of events.

481. The Tribunal considered whether the word “*upheld*” required the GMC to provide that there was a formal adjudication with a formal fact finding and sanction by a decision maker/s within the Trust, his employer. The Tribunal also considered whether, the matter having been compromised as it was, Dr Sharma could have genuinely believed that he thought that his employer had not upheld the allegations made against him.

482. The Tribunal took into account the correspondence set out above, the incorrect and untruthful comments about what had taken place, and the significant omissions (that he had received a final written warning and advice from the GMC). It appeared to the Tribunal that Dr Sharma was relying upon a strictly legalistic interpretation of the word ‘*upheld*’. This supported the Tribunal’s conclusion that Dr Sharma had a good understanding of what he was being asked and that he deliberately decided what he would say in response. The Tribunal concluded that Dr Sharma knew that his employers accepted, and therefore had upheld, the complaints made against him. The Tribunal concluded that at the time of the police interview, Dr Sharma knew or believed that the previous allegations relating to inappropriate behaviour of a sexual nature had been upheld against him by his employer.

483. The Tribunal was satisfied, in light of the misleading and inaccurate information Dr Sharma gave the police, particularly his account of what he said the allegation consisted of and his failure to mention the final written warning, applying the standards of ordinary decent people, that Dr Sharma acted dishonestly.

484. The Tribunal therefore found Paragraph 19 of the Allegation proved.

### Failure to advise of suspension from performers list

#### Paragraphs 20a, b and c of the Allegation

20. *On or around 17 February 2016, you were suspended from the National (medical) Performers List (‘NPL’) and you failed to inform:*

- a. HEE; **Determined and found proved***
  - b. your RO; **Determined and found proved***
  - c. the Trust; **Determined and found proved***
- of your suspension.*

485. In 2016 Dr Sharma had completed his foundation training, was a registered doctor and enrolled on the GP training programme.

486. Patient F made a complaint to the police on 26 January 2016. On 28 January 2016, Dr Sharma was arrested by the police and interviewed under caution concerning her complaint. He was released on police bail the same day. Dr Sharma's bail conditions included a condition that he was not to practice medicine. The police informed Dr AA, head of the School of GP Training of the above.

487. On 28 January, NHS England sent an email to Dr Sharma advising him that a Performers List Decision Panel (PLDP) would be convened as a result of the information provided by the police. It asked Dr Sharma to respond and advise whether he would attend and/or be represented. NHS England also sent Dr Sharma an email requesting that he confirm this was his correct email address.

488. On 3 February 2016, Dr AA emailed Dr T, Dr Sharma's GP Supervisor, stating that he had attended a safeguarding meeting on 2 February 2016 when he was advised about Dr Sharma's arrest, interview and bail conditions. On 9 February 2016, Professor AZ, Dean of Postgraduate Medical Studies and Dr Sharma's Responsible Officer, sent an email to Dr Sharma. This advised him that she was aware of his arrest, bail and conditions of bail. Professor AZ asked Dr Sharma to confirm "*by return*" if this was correct. By 11 February 2016, Dr Sharma had not responded to Professor AZ.

489. NHS England sent an email to Dr Sharma on 11 February 2016 advising him that a PLDP would be convened on 17 February 2016 to determine whether to suspend him from the Performers List. It outlined the allegations made against him. However, on 17 February 2016, Dr Sharma's solicitors emailed NHS England, advising that they were representing Dr Sharma who would not be attending the PLDP hearing.

490. On 17 February 2016 the PLDP panel suspended Dr Sharma from the Performers List for 6 months. He was notified of the decision by email on 18 February 2016.

491. Paragraph 76 of GMP (2013) states that a doctor who has restrictions placed on their practice "*must, without delay*" inform any organisations they carry out medical work for. The guidance to trainees and trainers re: professional requirements if arrested, charged or convicted of a criminal offence, dated 12 February 2016, explains that a doctor trainee who is arrested and bailed for a criminal offence must inform the GMC, their educational supervisor, their Responsible Officer or Postgraduate Dean, their lead employer and any host trust where they are currently working.

492. Finally, 'The Gold Guide Fifth Edition' Appendix 2 (applicable from 14 May 2014 to 16 February 2016) 2 and 'The Gold Guide Sixth Edition' Appendix 1 (applicable from 17 February

2016), states that there is a duty upon doctor trainees to inform their *RO, HEE and employer immediately “if I am currently under investigation by the Police....[or] if the GMC....place any conditions....on my licence, or if I am suspended....from the Medical Performers List.”*

493. The GMC’s case is that Dr Sharma failed to report his suspension from the NPL to three identified bodies in a timely fashion as required by GMP and the Gold Guide.

494. The timeline of events after Dr Sharma’s suspension on 17 February 2016 was as follows.

495. On 1 March 2016 NHS England advised Dr Sharma by email that it had not received a response to Professor AZ’s email dated 9 February 2016. It asked that he confirm his arrest and bail conditions.

496. XXX

497. On 9 March 2016, St Helens NHS Trust advised Dr Sharma by letter of his formal exclusion and suspension from the NPL and advised him that this would be reviewed no later than 6 April 2016.

498. On 16 March 2016, Professor AZ by email, notified Dr Sharma that he had not *“responded to e-mails from Health Education England North West (HEE NW) Office..[or]..informed HEE NW of the ....changes in your circumstances brought about through suspension from the National Performers List and by the MPTS Interim Order Panel conditions on your registration.”* Professor AZ reminded Dr Sharma of his *“duty as a trainee under paragraph 6.27 of the 2016 Gold Guide to engage with your employer and your Postgraduate Dean in reporting absences from work.... ”*. She asked him to respond to the correspondence sent by the Trust and HEE.

499. On 11 April 2016 Dr Sharma was removed from the GP training programme.

500. On 18 April 2016, Dr Sharma’s solicitors advised NHS England of Dr Sharma’s arrest, the matter under investigation, his bail conditions including that he had to attend at the police station on 26 May 2016.

501. Dr Sharma’s case was that there was no time limit within which he had to inform the HEE, his RO and the Trust of his suspension from the NPL. Further, and in any event, the relevant bodies were informed as a result of his solicitor’s letter to NHS England dated 18 April 2016. XXX.

502. It is accepted by Dr Sharma that his correct postal and email address were used in all correspondence. Dr Sharma also acknowledged in cross examination by Ms Beattie that he had opened and read the emails he received from NHS England.

503. Dr Sharma also accepted that he had a duty to inform the relevant bodies but submitted that this could be done on his behalf through instructed solicitors. He accepted, however, that until the solicitors' correspondence on 18 April 2016, some two months after his suspension, he did not notify any of the required organisations.

504. XXX

505. The Tribunal considered that it was made clear by the Gold Guide that it was Dr Sharma's duty to '*immediately*' inform the relevant bodies if he was suspended or removed from the Performers List or made the subject of any conditions on his registration. The Tribunal accepted that this did not need to be done by Dr Sharma personally but could be done by solicitors acting on his behalf. The Tribunal was also satisfied that Dr Sharma was aware of the correspondence but took no action to ensure it was replied to and did not reply to it. The Tribunal noted that Dr Sharma had instructed solicitors in relation to the PLDP on or before 17 February 2016. It concluded therefore that there was a means by which Dr Sharma, if not personally, could and should have notified the relevant bodies of his position. His medical situation did not therefore explain the substantial delay in informing HEE, his RO and the Trust that he had been suspended from the NPL.

506. The Tribunal therefore found paragraphs 20a, b and c of the Allegation proved.

Paragraph 22 of the Allegation

22. *Your failure as described at paragraph 20 was dishonest by reason of paragraph 21. **Determined and found not proved***

507. XXX. The Tribunal also accepted that Dr Sharma was shocked and distressed as a result. XXX. The Tribunal determined that Dr Sharma '*buried his head in the sand*' rather than deal with the difficulties he was experiencing with his regulatory obligations. However, the Tribunal also took into account that Dr Sharma gained no benefit from not informing the relevant organisation. He did not return to work at the GP practice after the bail conditions were imposed and there is no evidence he sought work as a doctor elsewhere.

508. Although the Tribunal concluded that Dr Sharma knew what his obligations were and that he knew he had not fulfilled these it concluded that for the reasons stated above, an ordinary, decent member of the public would not consider his failure to inform the relevant organisations to be dishonest.

509. The Tribunal therefore found paragraph 22 of the Allegation not proved.

### Failure to declare IOT conditions

#### Paragraph 24 of the Allegation

24. *In May 2018, you applied to work for Addaction and you failed to inform them about the IOT Conditions. **Determined and found proved***

510. In April 2018, Dr Sharma was the subject of conditions on his registration imposed by the MPTS Interim Orders Tribunal. These included that Dr Sharma

- i. must not carry out consultations with female patients without a chaperone present (condition 4a);
- ii. must maintain a log detailing every case where such a consultation occurs, signed by the chaperone(condition 4b); and
- iii. must inform his employer and/or contracting body, his responsible officer, immediate line manager at his work place, at least one working day before starting work for current and new posts including locum posts and *“any prospective employer and/or contracting body, at the time of application...”*, of all the conditions to which he was subject.

511. Addaction provides medical services for people with addictions. Dr Sharma told the Tribunal that several years before the events the Tribunal is concerned with, he attended a presentation by Addaction. It invited applications from medical practitioners interested in doing sessional work. Based upon this, in April 2018, Dr Sharma, who was not then employed anywhere as a doctor, contacted Liverpool Addaction. At the time Dr BB was the Medical Lead of Liverpool Addaction.

512. In his witness statement, Dr Sharma told the Tribunal that on 18 April 2018 he spoke to someone in Addaction, called Ms BC, *“about potential work...”* Dr Sharma sent her his CV, CPD and a previous DBS check that Addaction had carried out. *“At this stage I had not made a formal application to Addaction nor was I participating in an application process”*. Dr Sharma said that on 23 April 2018, Dr BB contacted him by email *“about a potential post with Addaction.”* The Tribunal did not see this correspondence.

513. The earliest document provided to the Tribunal concerning Dr Sharma’s approach to Addaction was an email by Dr BB to Addaction’s Clinical Pharmacist, Ms AE dated 30 April 2018. Dr Sharma was copied in. It asked if Dr Sharma could shadow Ms AE in her clinic on the following Thursday. Ms AE agreed. Dr BB is no longer employed by Addaction. She did not make a statement or produce any exhibits, however, Ms AE did exhibit the email dated 30 April as Dr BB copied her into it.

514. On 1 May 2018 after Dr Sharma emailed Ms AE rearranging the shadowing, she enquired whether he was going to start doing clinics for Addaction. Dr Sharma replied, *“I might be working for you soon doing clinics”*.

515. On 25 May 2018 Dr Sharma emailed Ms AE again. He said, *“was just checking if...you want me to shadow more sessions while you can look into some sessions for me...I am happy to shadow a session if you want me to before starting work for Addaction.”* He sent a further email the same day attaching his CV, CPD for the year and Royal College of General Practitioners Part 1 Certificate in the Management of Drug Abuse (RCGP L1). He stated he had sent his DBS in a separate email and asked Ms AE to advise if she needed any further documents.

516. On 29 May 2018, Ms AC, Business Support Officer at Addaction, sent Ms AE an email with the subject heading, ‘Contract for Services’. It included a draft consultancy agreement for a Contract of Services and stated,

*“Just confirm they will need:*

- *Copy of CV*
- *DBS with Addacon(sic)*
- *2 References*
- *GMC Number*
- *Evidence of Right to Work in the UK – document attached(sic)”*

517. Ms AE forwarded this email to Dr Sharma saying she was sorting matters out. Dr Sharma responded on 30 May. He thanked Ms AE for her help, said he had signed up to the DBS updating service and asked if she needed any more documents as he would bring them on 31 May when it had been arranged that he would shadow her.

518. On 30 May by email Ms AC, Addaction’s Business Support Officer, asked Dr Sharma to complete and return a consent form authorising her to do the DBS check. Dr Sharma did so later that day. He attached the number of one DBS certificate and references numbers for two others which he said had been requested by the Royal Liverpool Hospital and by ID Medical (an agency). He said the certificate for ID Medical had been requested on 10 April 2018 and it would chase it up that day. Dr Sharma asked if Ms AC required any further forms, attached his CV again and said he would provide the names of two referees when she was *“ready with all the other stuff.”* He asked, *“who will be my line manager when i start work, wanted to see him/her before hand”*.

519. Ms AC responded by email later that day. She told him that the DBS certificate number Dr Sharma had supplied was not registered. She asked if he had only signed up *“with the recent applications? If so I will need a copy of the certificate for which you have signed up... With regards to your line manager(sic) you will need to discuss this with [Ms AE].”*

520. On 5 June 2018, in a phone call, Ms AE advised Dr Sharma that Addaction would not be offering him work. Dr Sharma emailed back asking whether the reason for “*not offering work is due to GMC conditions only? And if conditions are erased or removed you would be able to re look at my application?*” Ms AE responded on 6 June 2018. She explained that the decision lay with Addaction’s Executive Medical Director but “*in addition to the GMC interim order I think there is also some concern that this was not disclosed by yourself earlier in the process...*”.

521. The salient parts of Dr Sharma’s email response read,

*“... I don’t think I can be blamed for this. I find whole process lack of organisation and blaming others. I saw Dr [BB] and asked for application form, I wanted to put information on the form so it is official. I asked service [Ms AC], that who would be my line manager so that I can inform, she did not know who. I asked you who would be my line manager you said there is none. I have asked you that before I can take any work I would like to see you outside the clinic, I did say I want to inform you why I left GP, and show you other document, which you agreed. I asked if I can speak with medical director, there was no arrangement. There is no application for me to fill. I have been trying. I am not sure if I would like to apply, But I was not going to tell such a delicate and sensitive issue during clinic, wanted to have meeting with appropriate person (which I still don’t know who is ), or wanted to pull all the information in writing on application form, which I don’t think adaction even got on if there is one I was not given. I gave my GMC number and did not have any problem for you to check if you wanted. I can only inform GMC condition once I have been formally informed who is the right individual.”*

522. The Executive Medical Director at Addaction, Dr BD emailed Dr Sharma on 11 June 2018:

*“We progressed your interest with working for Addaction in Liverpool in good faith and in a spirit of openness. It was therefore, with significant surprise that I found that you had conditions placed on your practice as recently as March 2018 which you had failed to disclose to anyone at the time. One of the abiding principles of Good Medical Practice is Probity and I, as a prospective employer would have expected that you would disclose such an issue at the earliest stage of any expression of interest to whoever you were liaising with....The fact that you progressed your interest which included shadowing a female member of staff... without her knowledge of what those conditions were, is unacceptable...We will therefore, not be progressing your application to work with us.”*



523. Addaction made a referral to the GMC on 26 June 2018.

524. The GMC case was that Dr Sharma had applied to Addaction for work but failed to inform it upon application that he had conditions on his registration.

525. Dr Sharma's case was that he had not applied to Addaction for work. He submitted no application form. No job was advertised or available. At best ad hoc locum sessions may have been available. Dr Sharma considered, however, that as he had not been provided with a contract setting out the terms, minimum number and availability of sessions and payment details, he was just exploring the possibility of sessional work, not applying to do it. In oral evidence, Dr Sharma said that he could not *"make a commitment to any post without these details"*. Dr Sharma in his witness statement, *"Whilst I was exploring the potential of work with Addaction at the time I did not feel I was participating in any formal application process."* Mr Jenkins submitted that Dr Sharma was just *"window shopping"* not making a job application.

526. Alternatively, Dr Sharma said that as Addaction had not given him an application form, he could not declare his conditions. He had asked who his line manager would be and would have informed that person. Despite several requests, however, Addaction had not told him who that would be.

527. The Tribunal rejected Dr Sharma's account that as he was not provided with an application form he could not have been applying for a job as implausible. The Tribunal reminded itself that Dr Sharma in oral evidence said that there was no job advertised. He initiated contact with, and approached, Addaction. The Tribunal also considered that Dr Sharma's emails showed that he had got his documents in order and supplied everything which might be required for a job application or which Addaction might ask for. This included his right to work in the UK document, CV, DBS, driving licence, passport, GMC number.

528. The Tribunal also took into account the words which Dr Sharma used in his emails which it considered to be wholly consistent with someone applying for work. This is how they were understood by the witnesses from Addaction called by the GMC. The Tribunal noted that when told by Ms AE that Addaction would not be offering him any work, Dr Sharma enquired whether Addaction would be able to reconsider his *"application"*. The Tribunal considered that Dr Sharma's choice of words supported the GMC case that Dr Sharma had been applying for work.

529. The Tribunal considered Dr Sharma's evidence that unless and until he was provided with a draft contract he could not be able to apply for work because he did not know the pay,

terms and conditions. The Tribunal considered that a contract for services is usually provided at the very end of an application process and once an application has been successful, not before one is made. It therefore rejected Dr Sharma's evidence as implausible.

530. Ms AE told the Tribunal that Dr Sharma had asked her who his line manager would be. She told him that sessional workers did not have line managers but she would be his operational point of contact. Although Dr BD said that sessional workers did have line managers, the Tribunal reminded itself that Ms AE had not been in the post she was then occupying for long. The Tribunal considered that she told Dr Sharma the position as she understood it to be and that she was being truthful in her evidence to the Tribunal.

531. Furthermore, the Tribunal took into account that Dr Sharma communicated with Ms AE for 6 weeks between 30 April and 6 June 2018 on a regular basis. He also met her face to face on at least one occasion when he shadowed her. The Tribunal concluded that Dr Sharma had multiple opportunities to inform Ms AE of the conditions on his registration. He did not do so.

532. The Tribunal considered that the IOT conditions imposed a strict prohibition on Dr Sharma having a consultation with a female patient without a chaperone and that any such consultation must be recorded in a log and signed off. Dr Sharma told the Tribunal that Addaction patients would always be accompanied by their support worker. Therefore, he considered that person would act as the chaperone.

533. Dr Sharma did not work for Addaction. He did not know their systems and processes and had no experience of whether, and to what extent, support workers did in fact accompany patients. Moreover, it was for Addaction, not Dr Sharma to decide what safeguarding was required. The Tribunal did not accept that Dr Sharma did not consider, or appreciate, that Addaction's organisational needs and responsibilities required him to disclose the fact that he would need a chaperone with all female patients at the earliest opportunity as this would necessarily involve additional work, logistical challenges and organisation for any prospective employer. Furthermore, the Tribunal noted that GMP imposes a duty of candour upon doctors. The Tribunal agreed with Dr AD's conclusion that Dr Sharma was not candid when he applied to Addaction for employment.

534. The Tribunal concluded that Dr Sharma knew he was subject to conditions; the terms were clear. It also concluded that Dr Sharma knew that he was under a duty to notify any prospective employer about them and when this had to be done. This was apparent from Dr Sharma's evidence in which he sought to distinguish between applying for work and asking about possibly applying for work in the future. Dr Sharma accepted that he had not told Dr BB, Ms AE or Ms AC that he was subject to conditions on his registration. The Tribunal also concluded for the reasons stated above that Dr Sharma was applying for work for Addaction

and that this was correctly understood by Ms AE, Ms AC and Dr BD. The Tribunal therefore concluded that Dr Sharma had failed to notify Addaction at the time of his application of the conditions on his registration.

535. The Tribunal therefore found paragraph 24 of the Allegation proved.

Paragraph 26 of the Allegation

26. *Your conduct as described at paragraph 24 was dishonest by reason of paragraph 25. **Determined and found proved.***

536. The Tribunal reminded itself that Dr Sharma had admitted that he had not advised Addaction that he was subject to IOT conditions. It applied the two stage test in *Ivey* (ibid). The Tribunal noted that Dr Sharma was in communication with Addaction, on his evidence, from 18 April until 6 June 2018. The Tribunal accepted Ms AE's evidence that she told Dr Sharma that she was his operational point of contact. The Tribunal concluded that Dr Sharma had over seven weeks in which he could have informed Addaction of the conditions on his registration but did not do so. While recognising that Dr Sharma sought to maintain his confidentiality concerning the conditions, he also knew that they had to be disclosed to a prospective employer and Ms AE was his operational point of contact.

537. The Tribunal reminded itself of Dr Sharma's evidence, that he had been seeking work for some time, including through an agency, however, he had been unsuccessful. The Tribunal concluded that, had Dr Sharma's application been successful, he would have obtained a benefit, namely income-producing work. The Tribunal took into account Dr Sharma's comments in his final email to Ms AE to the effect that he considered Addaction's processes to lack organisation. The Tribunal concluded that because of the absence of a formal application process and Addaction's stated need for sessional workers, Dr Sharma hoped that to secure work for Addaction before revealing that he was subject to conditions.

538. The Tribunal also took into account its conclusion that Dr Sharma's explanation to the Tribunal was that there was a difference between applying for work and exploring whether he might decide to make an application for work. The Tribunal noted that Dr Sharma never corrected what he suggests was a misunderstanding of his communications with Addaction. The Tribunal reminded itself of its conclusions concerning Ms I. Despite the terms of the action contract, Dr Sharma decided he could treat staff members provided they booked in as patients. He also decided that looking at a staff medical records and telling them what they needed to ask another doctor in relation to their care did not amount to medical advice. The Tribunal also reminded itself of what Dr Sharma told the police when asked in interview about previous allegations at Arrowe Park Hospital.

539. Ms Beattie submitted that Dr Sharma's attitude demonstrated that if he could identify a 'loophole' or blame someone else for his actions, he would do so. The Tribunal accepted, and agreed with, this submission.

540. For the reasons set out above, the Tribunal determined that by the standards of ordinary decent people, Dr Sharma's actions were dishonest.

541. The Tribunal therefore found paragraph 26 of the Allegation proved.

### The Tribunal's Overall Determination on the Facts

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

#### Ms A

1. On or around 31 October 2009, whilst at work with Ms A:

a. in response to Ms A stating that she was going to a friend's house to watch films, you stated that you believed you knew what young girls were like, and that they would probably be watching pornographic films instead, or words to that effect; **Determined and found proved**

b. you:

i. asked Ms A if she was:

1. single or in a relationship; **Determined and found proved**

2. having casual sex with anybody;  
**Determined and found proved**

or words to that effect;

ii. on one or more occasion, asked Ms A:

1. when she had last had sexual intercourse;  
**Determined and found proved**

2. whether it had been a matter of weeks or months since she had last had sexual intercourse; **Determined and found proved**

or words to that effect.

2. Between around November 2009 and January 2010, whilst at work with Ms A:

- a. on one or more occasion you:
    - i. told Ms A:
      - 1. you didn't think she could be sexually active because she worked a lot over the weekend; **Determined and found proved**
      - 2. you wanted to take her out; **Determined and found proved**
      - 3. not to worry about you being XXX;  
**Determined and found proved**or words to that effect;
    - ii. asked Ms A:
      - 1. when she was last sexually active; **Determined and found proved**
      - 2. why she was single; **Admitted and found proved**
      - 3. why she wouldn't let you take her out;  
**Determined and found proved**or words to that effect;
  - b. in the presence of a patient, you:
    - i. asked Ms A:
      - 1. for her phone number; **Determined and found proved**
      - 2. if you could take her out; **Determined and found proved**
    - ii. told Ms A not to worry about you being XXX;  
**Determined and found proved**or words to that effect.
3. Between around December 2009 and January 2010:
- a. as Ms A was walking along a corridor at work, you approached her from behind and:
    - i. wrapped a tourniquet around Ms A's wrist; **Determined and found proved**

- ii. pulled Ms A to the side; **Determined and found proved**
- iii. told Ms A:
  - 1. to stop winding you up and tell you when she had last had sex;  
**Determined and found proved**
  - 2. that she should let you take her out; **Determined and found proved**
  - 3. that if she hadn't had sex in a while, she would dry up;  
**Determined and found proved**or words to that effect;
- b. whilst with another doctor at work, you asked Ms A when she was going to:
  - i. tell you when she had last had sex; **Determined and found proved**
  - ii. let you take her out; **Determined and found proved**or words to that effect.

Ms B

- 4. Between around April 2010 and September 2010, you:
  - a. asked Ms B, a colleague, if you could examine her as you would really enjoy it, or words to that effect; **Determined and found proved**
  - b. looked Ms B up and down and said to her 'mmm you do look gorgeous', or words to that effect, after another female member of staff had paid her a compliment; **Determined and found proved**
  - c. on one or more occasion, asked Ms B for her telephone number.  
**Determined and found proved**
- 5. On or around 22 July 2010:
  - a. whilst in the observation ward at Arrowe Park Hospital ('the Ward') with Ms B, you:
    - i. asked Ms B for a hug; **Determined and found proved**
    - ii. put your arms around Ms B; **Admitted and found proved**

- iii. leant Ms B back against a set of cupboards;  
**Determined and found proved**
- iv. licked Ms B's face from the side of her left cheek down to the left side of her mouth; **Determined and found proved**
- v. ~~tried to put your tongue in Ms B's mouth;~~  
**Withdrawn pursuant to Rule 17(6)**
- vi. asked Ms B:
  - 1. where she would like you to lick; **Determined and found proved**
  - 2. to meet you after work for a drink;  
**Determined and found proved**
  - 3. what her husband would think when you and Ms B met;  
**Determined and found proved**or words to that effect;
- vii. said to Ms B:
  - 1. the words set out in Schedule 1;  
**Determined and found proved**
  - 2. that you couldn't stop thinking about her;  
**Determined and found proved**or words to that effect;
- b. you attended the female bay of the Ward and:
  - i. pressed up against Ms B from behind; **Determined and found proved**
  - ii. placed your hands on either side of Ms B's arms.  
**Determined and found proved**
- 6. Between around August 2010 and September 2010:
  - a. whilst Ms B was taking a patient's blood pressure, you:
    - i. stood very close to Ms B; **Determined and found proved**
    - ii. put your hand on Ms B's lower back; **Determined and found proved**

- iii. rubbed your hand in a slow circle on Ms B's lower back whilst Ms B attended to the patient; **Determined and found proved**
- b. you approached Ms B and:
  - i. stroked your hands down her arms and onto her hands;  
**Determined and found proved**
  - ii. said to Ms B that this was you behaving, or words to that effect.  
**Determined and found proved**

Ms C

- 7. In or around May 2010, in reference to an elderly male patient who was moving his hand over his genital region under a blanket ('the Patient'), on one or more occasion you told Ms C, a colleague, that the Patient was waiting for her to:
  - a. sort him out; **Determined and found proved**
  - b. relieve him; **Admitted and found proved**or words to that effect.
- 8. Between around May 2010 and September 2010, during a discussion in the duty room at Arrowe Park hospital about what the initials 'PS' meant in a newspaper article, you:
  - a. made one or more sexual references about the initials, including telling Ms C that it meant 'pussy shaggers'; **Determined and found proved**
  - b. inappropriately referred to XXX; **Determined and found not proved**or words to that effect.
- 9. On or around 18 September 2010, you approached Ms C from behind and you:
  - a. put your arm around Ms C's waist; **Admitted and found proved**
  - b. on one or more occasion, squeezed Ms C's waist.  
**Determined and found not proved**

Ms D

- ~~10. Between around June 2010 and September 2010:~~
  - ~~a. on one or more occasion, you:~~



i. ~~told Ms D, a colleague, that you wanted to kiss her lip gloss off;~~  
**Withdrawn pursuant to Rule 17(6)**

ii. ~~asked Ms D why she would not let you kiss her;~~  
**Withdrawn pursuant to Rule 17(6)**

~~or words to that effect;~~

b. ~~you:~~

i. ~~repeatedly asked Ms D if you could meet her outside of work, or words to that effect;~~ **Withdrawn pursuant to Rule 17(6)**

ii. ~~said to Ms D the words set out in Schedule 2, or words to that effect;~~  
**Withdrawn pursuant to Rule 17(6)**

iii. ~~told Ms D that you would like to find out if she swallowed, or words to that effect;~~ **Withdrawn pursuant to Rule 17(6)**

iv. ~~asked Ms D:~~

1. ~~where she lived;~~ **Withdrawn pursuant to Rule 17(6)**

2. ~~if she would meet you at a local restaurant;~~  
**Withdrawn pursuant to Rule 17(6)**

~~or words to that effect.~~

#### Patient E

11. On or around 2 May 2014, you performed an examination of Patient E, a minor, ('Patient E's Exam') and you:

a. lifted Patient E's top and grabbed one of her breasts;  
**Determined and found proved**

b. slid your hand under Patient E's leggings and grabbed her vulval area.  
**Determined and found proved**

12. After Patient E's Exam, you said to Patient E 'we're going to have to get you some sausages to eat', or words to that effect. **Admitted and found proved**

13. At all material times Patient E was vulnerable due to:

a. her age; **Admitted and found proved**

- b. a mental health condition. **Admitted and found proved**

Patient F

14. On 26 January 2016 you consulted with Patient F, a minor ('the Consultation'), and during the Consultation you:

- a. touched:
- i. on one or more occasion, Patient F's:
    - 1. thigh; **Determined and found proved**
    - 2. knee (in the alternative to paragraph 14ai1);  
**Admitted and found proved**
  - ii. Patient F's:
    - 1. ~~hip~~; **Withdrawn pursuant to Rule 17(6)**
    - 2. hand; **Admitted and found proved**
- b. placed your arms around Patient F's shoulders;  
**Determined and found proved**
- c. hugged Patient F; **Determined and found proved**
- d. brushed Patient F's cheeks with your own;  
**Amended pursuant to Rule 17(6)**  
**Determined and found proved**
- e. asked Patient F:
- i. for her telephone number; **Admitted and found proved**
  - ii. about her relationship status, including:
    - 1. if she had a boyfriend; **Admitted and found proved**
    - 2. why she didn't have a boyfriend; **Admitted and found proved**
    - 3. if she wanted a boyfriend; **Admitted and found proved**
  - iii. how many people she had had sex with; **Determined and found proved**
  - iv. where she had had sex; **Determined and found proved**
  - v. whether she had had sex at a bus stop;  
**Determined and found proved**
- or words to that effect.

15. You failed to record an adequate note of the Consultation.  
**Determined and found proved**
16. At all material times Patient F was vulnerable due to her age.  
**Admitted and found proved**

Police interview

17. During a Police interview on 28 January 2016, you were asked whether previous allegations made against you by colleagues at Arrowe Park hospital ('the Arrowe Park Allegations') had been investigated by the General Medical Council, or words to that effect, and you stated 'And hospital investigated. Nurses got investigated and it was cleared. There was nothing', or words to that effect. **Admitted and found proved**
18. You knew that the Arrowe Park Allegations had concluded with:
- a. allegations of inappropriate behaviour of a sexual nature being upheld against you by your employer; **Determined and found proved**
  - b. you being issued with a final written warning by your employer.  
**Admitted and found proved**
19. Your conduct as described at paragraph 17 was dishonest by reason of paragraph 18.  
**Determined and found proved**

Failure to advise of suspension from performers list

20. On or around 17 February 2016, you were suspended from the National (medical) Performers List ('NPL') and you failed to inform:
- a. HEE; **Determined and found proved**
  - b. your RO; **Determined and found proved**
  - c. the Trust; **Determined and found proved**
- of your suspension.
21. You knew that you were required to inform:
- a. HEE; **Admitted and found proved**
  - b. your RO; **Admitted and found proved**
  - c. the Trust; **Admitted and found proved**
- of your suspension from the NPL.
22. Your failure as described at paragraph 20 was dishonest by reason of paragraph 21.  
**Determined and found not proved**

Failure to declare IOT conditions

23. On 12 March 2018 an interim order of conditions was imposed upon your registration by an Interim Orders Tribunal ('the IOT Conditions'). **Admitted and found proved**
24. In May 2018, you applied to work for Addaction and you failed to inform them about the IOT Conditions. **Determined and found proved**
25. You knew that the IOT Conditions had to be declared to:
- a. any prospective employer / contracting body at the time of your application;  
**Admitted and found proved**
  - b. the responsible officer of any organisation where you have applied for practising privileges and / or admitting rights, at the time of your application.  
**Admitted and found proved**
26. Your conduct as described at paragraph 24 was dishonest by reason of paragraph 25.  
**Determined and found proved**

Ms G

27. Between around December 2020 and February 2021, you:
- a. said the words set out in Schedule 3 to Ms G, a colleague, or words to that effect; **Determined and found proved**
  - b. approached Ms G and:
    - i. stated 'I haven't seen you for a while, you look beautiful today' or words to that effect; **Determined and found proved**
    - ii. leaned towards her, pulling her mask down from her face;  
**Determined and found proved**
  - c. asked Ms G:
    - i. if she was pregnant; **Admitted and found proved**
    - ii. if she was having unprotected sex; **Admitted and found proved**
    - iii. when she finished her last period; **Admitted and found proved**or words to that effect;
  - d. told Ms G that her boyfriend 'wasn't doing a good job' or words to that effect, after she told you that she wasn't pregnant. **Determined and found proved**

Ms H

28. On or around 26 February 2021, you approached Ms H, a colleague, and touched the top of Ms H's back around the nape of the neck when speaking to her.

**Determined and found not proved**

Ms I

29. On or around 20 September 2021:

- a. you told Ms I, a colleague, that you had changed your shift because you wanted to see her pretty face; **Determined and found proved**
- b. on one or more occasion, you asked Ms I to accompany you outside on your break; **Admitted and found proved**
- c. you asked Ms I if you could follow her halfway home for a kiss;  
**Determined and found proved**

or words to that effect.

30. On or around 26 September 2021, during a night shift, you:

- a. repeatedly approached Ms I and asked her to sit in your car and go with you to McDonalds on your break, or words to that effect;  
**Determined and found proved**
- b. told Ms I that you had looked at a previous CT scan she had undergone, ~~and that she needed to re-book a CT scan~~, or words to that effect, despite:  
**Amended pursuant to Rule 17(6)**

- i. you not being Ms I's treating clinician; **Determined and found proved**
- ii. Ms I not having given you permission to access her medical records;  
**Determined and found proved**

- c. convinced Ms I to undergo an XXX test ('the Test') with you.  
**Determined and found proved**

31. During the Test, you:

- a. stood over Ms I; **Determined and found proved**
- b. told Ms I:

- i. to come over and give you a kiss; **Determined and found proved**
- ii. that no one would see if Ms I kissed you;  
**Determined and found proved**  
or words to that effect;
- c. asked Ms I if you could feel her:
  - i. breast; **Determined and found proved**
  - ii. nipple; **Determined and found proved**  
or words to that effect;
- ~~d. told Ms I you felt like a blow job, or words to that effect;~~
- ~~e. put your hand on Ms I's left knee and rubbed upwards towards her thigh.~~

31A After the XXX test you told Ms I you felt like a blow job, or words to that effect; Amended pursuant to Rule 17(6)  
**Determined and found proved**

31B On another occasion, during Ms I's shift on 26 to 27 September 2021, you put your hand on Ms I's left knee and rubbed upwards towards her thigh.  
**Amended pursuant to Rule 17(6)**  
**Determined and found proved**

32. On 4 October 2021 you sent one or more text messages to Ms I despite her having previously asked you to stop messaging her. **Admitted and found proved**

Ms J

- ~~33. In or around September 2021, you approached Ms J, a colleague, when she was on her break and:~~
- ~~a. told Ms J that she:~~
    - i. ~~was beautiful; Withdrawn pursuant to Rule 17(6)~~
    - ii. ~~could sit in your car next time, and you would kiss her;~~  
**Withdrawn pursuant to Rule 17(6)**  
~~or words to that effect;~~

~~b. asked Ms J to:~~

- i. ~~go for food with you;~~ Withdrawn pursuant to Rule 17(6)
- ii. ~~sit in your car with you;~~ Withdrawn pursuant to Rule 17(6)
- iii. ~~kiss you;~~ Withdrawn pursuant to Rule 17(6)

~~or words to that effect.~~

34. Your conduct as set out at paragraph(s):

a. 1 to 3 was:

- i. harassment of a sexual nature as defined in Section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms A or creating an intimidating, hostile, degrading, humiliating or offensive environment for her; **Determined and found proved**
- ii. sexually motivated; **Determined and found proved**

b. 4 to 6 was:

- i. harassment of a sexual nature as defined in Section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms B or creating an intimidating, hostile, degrading, humiliating or offensive environment for her; **Determined and found proved**
- ii. sexually motivated; **Determined and found proved**

c. 7 to 8a and 9 was:

- i. harassment of a sexual nature as defined in Section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms C or creating an intimidating, hostile, degrading, humiliating or offensive environment for her; **Determined and found not proved**
- ii. sexually motivated; **Determined and found proved in respect of paragraph 7 only**

~~d. 10 was:~~

- i. ~~harassment of a sexual nature as defined in Section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms D or creating an intimidating, hostile, degrading, humiliating or offensive environment for her; Withdrawn pursuant to Rule 17(6)~~
  - ii. ~~sexually motivated; Withdrawn pursuant to Rule 17(6)~~
- e. 11a and/or 11b, was:
  - i. carried out without consent; **Determined and found proved**
  - ii. not clinically indicated; **Determined and found proved**
  - iii. sexually motivated; **Determined and found proved**
- f. 12 was:
  - i. harassment of a sexual nature as defined in Section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Patient E or creating an intimidating, hostile, degrading, humiliating or offensive environment for her; **Determined and found not proved**
  - ii. sexually motivated; **Determined and found proved**
- g. 14 was:
  - i. not clinically indicated: **Determined and found proved**
  - ii. harassment of a sexual nature as defined in Section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Patient F or creating an intimidating, hostile, degrading, humiliating or offensive environment for her; **Determined and found proved**
  - iii. sexually motivated; **Determined and found proved**
- h. 27 was:
  - i. harassment of a sexual nature as defined in Section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms G or creating an intimidating, hostile, degrading, humiliating or offensive environment for her; **Determined and found proved**



- ii. sexually motivated; **Determined and found proved**
- i. 28 was:
  - i. harassment of a sexual nature as defined in Section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms H or creating an intimidating, hostile, degrading, humiliating or offensive environment for her; **Determined and found not proved**
  - ii. sexually motivated; **Determined and found not proved**
- j. 29 to 32 was:
  - i. harassment of a sexual nature as defined in Section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms I or creating an intimidating, hostile, degrading, humiliating or offensive environment for her; **Determined and found proved**
  - ii. sexually motivated; **Determined and found proved**
- ~~k. 33 was:~~
  - ~~i. harassment of a sexual nature as defined in Section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms J or creating an intimidating, hostile, degrading, humiliating or offensive environment for her; **Withdrawn pursuant to Rule 17(6)**~~
  - ~~ii. sexually motivated. **Withdrawn pursuant to Rule 17(6)**~~

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

#### Determination on Impairment - 11/03/2025

543. The Tribunal now has to decide in accordance with Rule 17(2)(k) of the Rules whether, on the basis of the facts which it has found proved, Dr Sharma's fitness to practise is impaired by reason of misconduct.

#### The Evidence

544. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary. In addition, it has considered Dr Sharma's reflective statement, dated 7 March 2025, and three testimonials submitted on his behalf.

### **Submissions on behalf of the GMC**

545. Ms Beattie provided detailed written submissions. She referred the Tribunal to the relevant legal principles it should consider when determining misconduct and impairment. She also referred the Tribunal to its findings at Stage 1. Ms Beattie submitted that Dr Sharma's conduct demonstrated a course of sexualised behaviour and sexual harassment from the outset of his career which continued for over a decade. It always involved women who were junior to him both in professional seniority and in age. Dr Sharma's behaviour was sexually motivated and for his own sexual gratification. Ms Beattie said that the Tribunal had also found Dr Sharma to be dishonest in relation to his police interview and in his attempts to obtain employment with Addaction. She submitted that the Tribunal's findings in respect Patient F's medical note was also significant, as it was not an accurate reflection of the consultation.

546. Ms Beattie submitted at every stage throughout his professional career, Dr Sharma had been given 'the benefit of the doubt' and had been assisted and supported by various employers. She said that despite this, and his repeated assurances that he recognised the inappropriateness of his conduct and that it would not reoccur, it did. Ms Beattie submitted it was made clear to Dr Sharma from the beginning that his conduct was profoundly unacceptable and why that was the case. Ms Beattie submitted that, consequently, the only proper inference to be drawn was that Dr Sharma's behaviour was deliberate. She submitted that Dr Sharma had demonstrated a pattern of predatory behaviour spanning a decade indicating a deep-seated and significant attitudinal and behavioural problem.

547. Ms Beattie referred the Tribunal to the relevant paragraphs of Good Medical Practice 2006 and 2013. She said that sexualised conduct towards two vulnerable patients and a number of professional colleagues, taken individually and cumulatively, could properly be categorised as serious misconduct. Ms Beattie submitted, repeated and prolonged misconduct of this kind damaged the reputation of the medical profession, degraded professional standards, presented significant safety concerns in relation to patients and colleagues, and wholly undermined public confidence in the profession. She further submitted that Dr Sharma's dishonesty was also serious because it was directed towards securing a personal advantage. He was deliberately dishonest in his police interview to avoid the police knowing he had been previously investigated for matters of sexual misconduct for which he received a final written warning from his employer and a letter of advice from the

GMC. He deliberately failed to disclose the conditions imposed by his regulator to Addaction in order to obtain employment.

548. Ms Beattie reminded the Tribunal that in relation to Patient F, Dr Sharma had made an inaccurate record of a consultation to cover up his misconduct. Ms Beattie further submitted that it was of note that the Tribunal considered Dr Sharma's behaviour to persuade Ms I to allow him to conduct an XXX test so he could get her alone to be a '*construct*'.

549. Ms Beattie submitted that Dr Sharma lacked insight into his conduct. He repeatedly blamed others for his own behaviour. By way of example, Ms Beattie reminded the Tribunal that when Dr Sharma was interviewed by the police, he suggested that nurses were investigated by the Trust because of racist comments and that, when confronted with Ms I's allegations, he claimed she was trying to set him up. Ms Beattie also said that Dr Sharma was found to be dishonest and evasive in his evidence to the Tribunal at Stage 1. Ms Beattie further submitted that Dr Sharma had not given evidence of any remediation of his conduct.

550. Ms Beattie acknowledged that Dr Sharma had not been practising as a doctor since 2021. She stated that although some of the individual instances of his behaviour could be described as '*historic*', they formed part of a consistent pattern of behaviour spanning over a decade. The behaviour was invariably directed towards women with less power than himself, either due to their more junior role, their age or because they were patients. Ms Beattie further submitted that the conduct continued even when Dr Sharma was under investigation by his regulator. She reminded the Tribunal that in relation to its findings of dishonesty in relation to Addaction, Dr Sharma's conduct occurred outside of a clinical setting.

551. Ms Beattie submitted that Dr Sharma continues to lack insight, has not remediated and that, consequently, he presents a high risk of repetition. She therefore submitted that Dr Sharma's fitness to practise is impaired.

### **Submissions on behalf of Dr Sharma**

552. Mr Jenkins made no submissions at Stage 2.

### **The Relevant Legal Principles**

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

554. The Tribunal was mindful of the two-stage process to be adopted. Firstly, whether the facts as found proved amounted to misconduct, and that misconduct is serious misconduct. Secondly, if so, whether Dr Sharma's fitness to practise is currently impaired as a result of that serious misconduct.

555. In determining whether Dr Sharma's fitness to practise is currently impaired, the Tribunal must take into account his conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remediated and any likelihood of repetition.

556. The Tribunal must bear in mind the statutory overarching objective as set out in s1 Medical Act 1983 namely 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.

557. There is no statutory definition of misconduct and the decision in every case as to whether the misconduct is serious has to be made by the Tribunal exercising its own judgment on the facts and circumstances in light of the evidence.

558. In approaching its decision, the Tribunal had regard to the case of *Roylance v General Medical Council (No.2)* [2000]1 AC 311 (UKPC) which states:

*"Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a [medical] practitioner in the particular circumstances. The misconduct is qualified in two respects. First, it is qualified by the word professional which links the misconduct to the profession [of medicine]. Secondly, the misconduct is qualified by the word serious. It is not any professional misconduct which would qualify. The professional misconduct must be serious."*

559. In *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), Collins J observed at §31 that in other contexts misconduct has been described as *"conduct which would be regarded as deplorable by fellow practitioners"*.

560. The Tribunal was assisted by the guidance provided by Dame Janet Smith in the *Fifth Shipman Report*, as adopted by the High Court in *CHRE v NMC and Paula Grant* [2011] EWHC 297 Admin. In particular, the Tribunal considered whether its findings of fact showed that Dr Sharma's fitness to practise is impaired in that he:

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

## The Tribunal's Determination on Impairment

### Misconduct

561. In determining whether Dr Sharma's fitness to practise is currently impaired by reason of misconduct, the Tribunal first considered whether the facts found proved amounted to misconduct. The Tribunal reminded itself of the facts proved and the nature of the conduct demonstrated by Dr Sharma.

562. The Tribunal reminded itself that Dr Sharma's conduct involved 5 colleagues and 2 patients, all female. His conduct was sexually motivated, and amounted to harassment of a sexual nature, in respect of Ms A, Ms B, Ms C, Ms G and Ms I. Dr Sharma's conduct towards Patient F was sexually motivated and amounted to sexual harassment and was sexually motivated in respect of Patient E.

563. Each of Dr Sharma's professional colleagues were younger than him and junior in status. Both patients were under 18 and vulnerable as a result of their social circumstances. Dr Sharma's conduct was prolonged and persistent, continuing over 11 years whilst working as a medical practitioner at 4 different locations: Aintree Hospital, Alder Hey Children's Hospital, St Mary's Medical Centre and Arrowe Park Hospital. The misconduct occurred in a clinical setting, and, in relation to both patients, whilst they were receiving clinical treatment from Dr Sharma. There was evidence that Dr Sharma tried to cover up his misconduct in relation to Patient F and Ms I. Some of the matters found proved involved actual physical touching. Three, were particularly concerning. Firstly, he lassoed Ms A with a tourniquet and pulled her towards him. Secondly, he grabbed Patient E briefly on one breast and her vagina. Thirdly, he trapped Ms B against a cupboard and licked her face.

564. In respect of the Tribunal's findings of dishonesty, Dr Sharma was either seeking to retain his clinical position or seeking to regain one. The Tribunal reminded itself, in respect of

the latter which involved Addaction, that organisation placed doctors in roles with particularly vulnerable patients.

565. The Tribunal also reminded itself that Dr Sharma had received numerous interventions which should have warned him about his conduct, starting with the investigation at Arrowe Park which resulted in a final written warning before he even completed his foundation training. He was required to resign as part of the agreement bringing the disciplinary proceedings to an end and then received written advice from the GMC. Dr Sharma was investigated again as a result of Patient E and conditions were placed on his practice. When he was allowed to return to practice, Dr Sharma was placed under a number of restrictions intended to reinforce the importance of proper professional behaviour and boundaries. Dr Sharma was supervised and mentored by Dr T, which involved Dr Sharma being chaperoned, monitored and his consultations being videoed and then discussed with Dr T. The Tribunal considered that Dr Sharma had a good mentor in Dr T who did his best to model the behaviour expected of a doctor to Dr Sharma. Shortly after the restrictions around his practice were lifted, the incident involving Patient F occurred. Dr Sharma was bailed with conditions which prevented him from engaging in clinical practice. An Interim Order was placed on his registration.

566. Dr Sharma then participated in a criminal trial at the Crown Court involving Patient F. Although he was not convicted this would have been a further clear reminder of what behaviour was and was not appropriate. Dr Sharma then resumed work at Aintree Hospital. As a result of his behaviour towards colleagues there, he was quickly placed on a behavioural action plan.

567. Between March and June 2021, Dr Sharma received bespoke training concerning professional boundaries including three one to one training/mentoring sessions with Dr AL. He completed three courses concerning professional boundaries in May and October 2021. Dr Sharma also met with Dr AQ, his supervising consultant, regularly. Dr X, Associate Medical Director for Professional Standards, told the Tribunal at Stage 1 that Dr Sharma was clear about his responsibilities. Despite this, and at the same time as he was receiving additional training, mentorship and support, Dr Sharma began and continued his conduct towards Ms I. Instead of being highly sensitive to his responsibility to maintain proper professional boundaries, Dr Sharma ignored them. The Tribunal noted with particular concern that Dr Sharma appeared to be saying one thing to his supervisor but behaving completely contrary to that.

568. The Tribunal reminded itself that Dr Sharma told his supervisor on 26 March 2021 how he had successfully established professional boundaries. When a female member of staff asked him about a gynaecological issue Dr Sharma directed her towards another doctor. This contrasted sharply with his evidence before this Tribunal. Dr Sharma sought to justify his

conduct towards Ms I, stating that he was not told that he could not treat a colleague if they were registered as a patient.

569. The Tribunal considered that the facts showed that Dr Sharma groomed Ms A, Ms B, Ms I and Ms G. He identified a personal or medical vulnerability, and then used that and his knowledge as a doctor to try to develop a personal relationship with each woman. The Tribunal concluded that he then looked for opportunities to pursue a sexual relationship with each of them and/or to make sexual comments for his own gratification.

570. In respect of three nurses, Ms A, Ms B and Ms C, Dr Sharma either denied the sexual comments which they stated he had made towards them or suggested that his comments were clumsy or arising out of cultural differences. After that conduct, and being required to resign, on 30 June 2013, Dr Sharma completed a diploma in sexual and reproductive health. The Tribunal noted with concern that he then used this to justify asking asked female colleagues intimate questions about their sexual history and behaviour.

571. The Tribunal considered that a particularly concerning feature of Dr Sharma's conduct was his repeated attempts to get complainants alone, and, if he was successful, used this as an opportunity to make inappropriate sexual comments and/or engaged in inappropriate touching without their consent. Dr Sharma persisted despite being told repeatedly to stop. The Tribunal also noted that Dr Sharma demonstrated risk tolerance in that he was prepared to behave inappropriately in front of patients when he thought they lacked the capacity to appreciate his actions (Ms A and Ms B) and even in the presence of Patient E's mother who he realised was not paying attention to what he was doing. The Tribunal considered that Ms B's worries about patient safety concerns because of his conduct towards her was prophetic. That Dr Sharma's conduct was persistent and chronic is further demonstrated by his conduct in respect of Patient F (shortly after restrictions on his practice were removed); his conduct towards Patient E (where no nurse chaperone was required because no intimate examination was necessary) and Ms I (where Dr Sharma was actively being supervised and mentored when his conduct towards her began).

572. Given all the circumstances of the proved facts, the Tribunal considered that Dr Sharma's conduct constituted grooming and was predatory.

573. In respect of Ms A, Ms B and Ms C, the Tribunal determined that paragraph 46 of Good Medical Practice 2006 ('GMP 2006'), was engaged:

*'46. You must treat your colleagues fairly and with respect. You must not bully or harass them...'*

574. In respect of the remainder of the Allegation which has been found proven, the Tribunal determined that paragraphs 1, 2, 21, 35, 36, 37, 46, 47, 53, 65, 66, and 71 of Good Medical Practice 2013 ('GMP 2013'), were engaged.

*'1. Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.*

*2. Good doctors work in partnership with patients and respect their rights to privacy and dignity...They do their best to make sure all patients receive good care and treatment...*

*21. Clinical records should include:  
a. relevant clinical findings...*

*35. You must work collaboratively with colleagues, respecting their skills and contributions.*

*36. You must treat colleagues fairly and with respect.*

*37. You must be aware of how your behaviour may influence others within and outside the team.*

*46. You must be polite and considerate.*

*47. You must treat patients as individuals and respect their dignity and privacy.*

*53. You must not use your professional position to pursue a sexual or improper emotional relationship with a patient or someone close to them.*

*65. You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.*

*66. You must always be honest about your experience, qualifications and current role.*

*71. You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading.*

- a. You must take reasonable steps to check the information is correct.*
- b. You must not deliberately leave out relevant information.'*



575. The Tribunal concluded that Dr Sharma's conduct was serious and that it breached each of the paragraphs of GMP stated above. These include breaches of fundamental tenets of the profession. The Tribunal therefore concluded that Dr Sharma's behaviour fell so far short of the standards of conduct reasonably expected of a doctor that it amounts to serious misconduct.

### Impairment

576. Having found that the facts found proved amounted to serious misconduct, the Tribunal went on to consider whether, as a result of that misconduct, Dr Sharma's fitness to practise is currently impaired.

577. The Tribunal therefore considered whether Dr Sharma's conduct was remediable, had been remedied and whether there was a risk of repetition.

578. The Tribunal was provided with no evidence that Dr Sharma has attempted to remediate his conduct since 2021. The Tribunal recognised that Dr Sharma has not been in clinical practise since XXX. However, there is no evidence that Dr Sharma had explored or participated in any training or development concerning professional boundaries or ethics. Nor has Dr Sharma addressed the behaviour he admitted at the start of the hearing.

579. The Tribunal noted that Dr Sharma apologised and expressed regret for his conduct in his reflective statement, dated 7 March 2025:

*"... I accept that a great deal of what has been complained about what I said, was not appropriate and similarly with my actions. I will ensure that I do not make the same mistakes again. I am sorry for my inappropriate comments and actions and accept that I bear sole responsibility for these. I apologise that my comments and actions have called the profession into disrepute and will have undermined the public's confidence in the profession."*

580. The Tribunal noted that this was the first time that Dr Sharma accepted that he bore sole responsibility for his actions, and identified how such behaviour can bring the medical profession into disrepute and undermine public confidence in it.

581. The Tribunal noted, however, that throughout the currency of the various investigations which have taken place in relation to the Allegation, Dr Sharma has repeatedly apologised to any individual who felt upset by his behaviour and promised not to repeat it. The Tribunal considered that Dr Sharma has had several significant interventions including one-to-one mentoring, supervision, training and professional boundaries courses. Action has been taken against him such as a final written warning, restrictions on his practice, having

been arrested and interviewed by the police. Despite this he continued to act in a sexually inappropriate way towards female colleagues and two vulnerable patients. The Tribunal considered Dr Sharma's apologies to be limited, focusing on the upset felt by complainants rather than his part in causing that. The Tribunal considered that Dr Sharma does not fully recognise how such conduct impacts upon others, the profession and public confidence. The Tribunal was not satisfied therefore that Dr Sharma had demonstrated genuine remorse or remediation.

582. The Tribunal also noted that in his reflective statement, Dr Sharma still appears to blame others:

*"...During conversations it was difficult for me to say no, or give limited answers, and this led to a tendency to start discussing further things that were not relevant. I also asked colleagues personal questions like about dating life, and life at home, relationships with parents, and this crossed a boundary. Sometimes, despite not knowing them well, or in some cases when I had only met them for first time, I asked nurses questions which created a misleading impression."*

And further:

*"As I referred to earlier, differences in cultural norms can play a part in misunderstandings and miscommunication. In India it is very common for people to ask personal questions such as who you live with, where you are moving to, who with etc. Also, I think the same culture was in Ukraine, people want to know about each other, and, in the Ukraine, I may have developed a habit of talking with people who I don't know that much about."*

583. The Tribunal also noted that Dr Sharma did not address the issue of dishonesty in his reflective statement. The Tribunal recognised that Dr Sharma maintained his innocence throughout. This did not, however, preclude him from seeking to understand how the matters found proved might impact upon professional standards and public confidence. There was no evidence that he had reflected on this.

584. In respect of dealing with patients, Dr Sharma had stated that:

*"The importance of effective and appropriate communication with patients is paramount to avoid a misunderstanding or misinterpretation of what is being said and its intention. I can see from the complaints that what I say can be interpreted in a way that was not intended. I think that sometimes as English is not my first language when I am trying to put the patient at ease by saying something in a more*

*light-hearted way this can come across as ill-judged and sometimes inappropriate, which is not my intention.”*

585. The Tribunal considered that Dr Sharma’s reflection as to Patients E and F’s having misjudged or misinterpreted him was wholly contrary to its findings at the facts stage. The behaviour in respect of both patients is particularly concerning as it represents a significant breach of trust. Dr Sharma did not appear to recognise this in his reflective statement.

586. Dr Sharma also stated in his reflective statement:

*“Although I was atypical in being an older FY1, I was still a very junior trainee doctor, and I did not appreciate that during our discussions some nursing colleagues might feel that there was a power imbalance between such a doctor and nursing colleagues in favour of the doctor. I very much felt that the nurses were above me in the hierarchy within the departments as they had worked in the various departments for some time and knew the respective departments and Hospital much better than me.”*

587. The Tribunal considered that, as he had done in his evidence, Dr Sharma did not fully accept that he was in a position of relative power to the professional colleagues who had complained about him. The Tribunal considered that there was no evidence that Dr Sharma would apply proper professional boundaries despite all the courses, training, supervision and intervention he has received.

588. The Tribunal noted that Dr Sharma provided 3 testimonials at this stage. It noted that one is undated and made no reference to the author being aware of the Allegations or the Tribunal’s findings at Stage 1. The other two testimonials were dated 30 December 2024 and 8 January 2025, before the Tribunal made its determinations of fact. The Tribunal also noted that one testimonial was from the wife of a former colleague of Dr Sharma. The second was from the director of a vasectomy clinic Dr Sharma worked from after 2020. The third is from a staff nurse who does not state the period over which she worked with Dr Sharma.

589. The Tribunal finally considered that both sexually motivated conduct and dishonesty were difficult to remediate because both are attitudinal. The Tribunal considered that there was little evidence of remediation or insight, albeit that the reflective statement showed that there has been some small progress towards this. There was no evidence, however, of any steps taken to show how Dr Sharma might do things differently in the future to prevent similar difficulties arising. The Tribunal therefore determined that there was a significant risk repetition.

590. The Tribunal determined that all four limbs of the test as set out in *Grant* were engaged in this case.

591. The Tribunal balanced its findings against the statutory overarching objective. In respect of protecting, promoting and maintaining the health, safety and well-being of the public, the Tribunal considered that Dr Sharma's actions had caused both Patient E and F distress and anxiety. Both were subject to degrading and /or humiliating behaviour. The Tribunal had seen the medical records showing that Patient F required medical intervention for depression following Dr Sharma's behaviour towards her. Each of the nurses told the Tribunal that they felt degraded and humiliated by Dr Sharma's actions and had been caused considerable distress and anxiety. Ms I was so upset by Dr Sharma's conduct that she had to leave her job at the hospital.

592. The Tribunal considered that Dr Sharma's conduct was so serious that it placed the public at risk of harm, undermined public confidence and the expected standards of the medical profession. It concluded that members of the public and members of the medical profession would be dismayed if a finding of impairment were not found in this case.

593. The Tribunal therefore found all three limbs of the overarching objective were engaged in this case and that the overarching objective would be undermined if a finding of impairment were not made.

594. For all these reasons, the Tribunal determined that Dr Sharma's fitness to practise is currently impaired by reason of his misconduct.

#### **Determination on Sanction - 13/03/2025**

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

#### **The Evidence**

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

#### **Submissions on behalf of the GMC**

597. Ms Beattie referred the Tribunal to the relevant paragraphs of the Sanction Guidance (November 2024) ('SG'), Good Medical Practice and Maintaining Professional Boundaries. She reminded the Tribunal of the approach it should take when determining what sanction, if any, to impose. Ms Beattie stated that the overarching objective was the essential and central starting point.

598. Ms Beattie submitted that there are a number of aggravating factors. Firstly, she submitted, Dr Sharma has no real insight into his behaviour. Secondly, he abused his professional position, and his misconduct involved vulnerable patients. Ms Beattie also said that Dr Sharma demonstrated predatory behaviour and that his behaviour involved sexual misconduct. Finally, Ms Beattie submitted that conduct in his personal life, namely his lack of his probity and integrity regarding Addaction, was also an aggravating factor.

599. Ms Beattie submitted that taking no action was not appropriate given the serious findings made. She said that conditions were wholly inappropriate given the long history of Dr Sharma's conduct. Ms Beattie said that conditions would be insufficient to protect patients, staff or the public. She also submitted that given the nature of Dr Sharma's conduct, no conditions could be identified which would be appropriate, proportionate or workable. Ms Beattie further submitted that it was unlikely that Dr Sharma would comply with any conditions imposed upon him given the previous interventions which had not resulted in fundamental behavioural change. Finally, she submitted that the situations set out in the SG indicating when conditions might be appropriate, were not present in this case.

600. Ms Beattie submitted that a Tribunal may consider suspension to be an appropriate sanction where the misconduct found proved was not fundamentally incompatible with being a doctor. She stated, however, that the factors identified in the SG which might make suspension appropriate, were absent in this case. In particular, Ms Beattie submitted, there was no evidence of remediation. She further submitted that the conduct found proved demonstrated fundamental attitudinal and behavioural issues which Dr Sharma was unable or unwilling to address. She pointed to the repetition of the sexually inappropriate behaviour over a 10-year period and the various opportunities provided to Dr Sharma to address this. Ms Beattie also submitted that the Tribunal could not be satisfied that Dr Sharma has insight. Ms Beattie finally submitted that Dr Sharma poses an ongoing risk to patient safety and to the safety of his colleagues such that suspension would not be appropriate.

601. Ms Beattie referred the Tribunal to the relevant paragraphs set out in the SG concerning erasure. She submitted that erasure may be appropriate *"where this is the only means of protecting the public"*, and *"where the doctor does not present a risk to patient safety, but where this action is necessary to maintain public confidence in the profession. For example, if a doctor has shown a blatant disregard for the safeguards designed to protect*

*members of the public and maintain high standards within the profession that is incompatible with continued registration as a doctor.”*

602. Ms Beattie reminded the Tribunal that paragraph 109 of the SG sets out at factors which may indicate that erasure is appropriate. She submitted that, in this case, the following are engaged:

- “a) A particularly serious departure from the principles set out in Good medical practice where the behaviour is difficult to remediate;*
- b) A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety;*
- d) Abuse of position/trust...;*
- e) Violation of a patient’s rights/exploiting vulnerable people;*
- f) Offences of a sexual nature;*
- h) Dishonesty, especially where persistent and/or covered up;*
- i) Putting their own interests before those of their patients ...('Patients must be able to trust medical professionals with their lives and health. To justify that trust you must make the care of patients your first concern...'); and*
- j) Persistent lack of insight into the seriousness of their actions or the consequences.”*

603. Ms Beattie submitted that Dr Sharma’s misconduct is wholly incompatible with him remaining on the medical register. Ms Beattie stated that the following paragraphs of the SG in respect of dishonesty; failure to work collaboratively with colleagues (with bullying and sexual harassment being particularly serious); abuse of a professional position; attempting to pursue inappropriate relationships; predatory behaviour; and sexual misconduct; are present.

604. Ms Beattie submitted therefore that the facts found proved render Dr Sharma’s continuing to practise as a GMC registered doctor wholly inappropriate. She said that his behaviour repeatedly breached fundamental principles set out in GMP. She further submitted that he pursued a course of sexual misconduct over a period of years in a predatory and cynical way including sexual misconduct towards two young female patients. Ms Beattie submitted that Dr Sharma was motivated by his own desire for sexual gratification at the expense of others, that he continues to pose a risk to patients and colleagues, and has shown repeated disregard for the standards expected in the medical profession.

### **Submissions on behalf of Dr Sharma**

605. Mr Jenkins submitted that Dr Sharma stood by the evidence he gave to the Tribunal during the proceedings. He does not accept that he ever acted in a way that was sexually motivated, or predatory. Mr Jenkins said that Dr Sharma agreed that people should act in a

collegiate way in the workplace and behave towards colleagues in a way that does not leave them feeling uncomfortable, upset or harassed. Mr Jenkins said that Dr Sharma repeated his comment in his reflective statement that he was very sorry if his actions were misinterpreted. He completely denied that he acted dishonestly in any way.

606. Mr Jenkins referred the Tribunal, at length and in detail, to the MiniPAT surveys carried out at 3 monthly intervals between March 2009 and August 2011. These contain hugely positive feedback from Dr Sharma's colleagues whilst he was at Arrowse Park. Mr Jenkins submitted that most of the contributors were female and they came from all staff sectors. He stated that Dr Sharma considers this to be a full and fair reflection of his interactions with colleagues and patients and shows that he worked well as a doctor and was respectful to, and respected by, his colleagues.

607. Mr Jenkins said that Dr Sharma has found the investigations and regulatory process very gruelling. Mr Jenkins submitted that the process had been extraordinarily drawn out, commencing with an investigation at Arrowse Park, a criminal trial, a number of interim order committee hearings and finally Dr Sharma's suspension following the incidents at Aintree Hospital. Mr Jenkins submitted that it has taken years to reach a hearing before the Fitness to Practise Tribunal.

608. XXX

609. Mr Jenkins advised the Tribunal that the authors of the testimonials which the Tribunal received at Stage 2 were made aware of the Tribunal's findings at Stage 1. He further stated that each indicated that they were content for their testimonial to go before the Tribunal.

610. Mr Jenkins submitted that the Tribunal could deal with Dr Sharma's case either by conditions or suspension. Mr Jenkins proposed conditions such requiring Dr Sharma to have a chaperone when dealing with female patients and requiring him to have a workplace supervisor.

### **The Relevant Legal Principles**

611. The Tribunal reminded itself that the decision as to the appropriate sanction to impose, if any, was a matter for it alone, exercising its own judgement. In reaching its decision on sanction, the Tribunal must have regard to the SG. The Tribunal further reminded itself that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest, although sanctions may have a punitive effect. It also reminded itself that in deciding what sanction, if any, to impose, it should start with the least restrictive and

consider them in ascending order, imposing the sanction which was appropriate and necessary.

612. Throughout its deliberations, the Tribunal had regard to the three limbs of the overarching objective, namely, the protection of the public, the maintenance of public confidence in the profession, and the promotion and maintenance of proper professional standards and conduct for members of the profession. It applied the principle of proportionality, balancing Dr Sharma's interests with the public interest.

### **The Tribunal's Determination on Sanction**

613. The Tribunal first identified the aggravating and mitigating factors.

#### Aggravating factors

614. The Tribunal considered that Dr Sharma's repeated sexual misconduct over a significant period of time demonstrated flawed thinking and deep-seated attitudinal issues. It demonstrated a deeply ingrained pattern of sexualised behaviour directed towards junior female colleagues. It involved predatory behaviour towards female colleagues.

615. Additionally, Dr Sharma had abused his professional position in respect of two young (under 18), vulnerable patients.

616. The Tribunal noted that despite accepting that he had upset female colleagues and made them feel uncomfortable on a number of occasions (falling short of the conduct found proved), Dr Sharma continued to behave in the same way. Numerous interventions and promises not to repeat his '*mistakes*' had not resulted in him changing his behaviour, which was repeated across a number of establishments and towards a variety of women in similar ways.

617. Finally, the Tribunal concluded that Dr Sharma has not demonstrated insight.

#### Mitigating Factors

618. The Tribunal then considered the mitigating factors.

619. The Tribunal accepted that Dr Sharma had not participated in any formal disciplinary hearing. He has no previous regulatory finding recorded against him.

620. The Tribunal also recognised that at the start of his career, Dr Sharma did receive positive feedback in his MiniPAT surveys. The Tribunal also noted that he received no adverse



comments in those surveys which demonstrated that he had the potential to be a very good doctor. The Tribunal also took into account the three testimonials provided at Stage 2. It accepted Mr Jenkins submission that, although this was not stated in the testimonials, their authors were content that they were provided to the Tribunal in the knowledge of the findings it had made at Stage 1. The Tribunal considered, however, that it could give little weight to the MiniPAT surveys and testimonials for the following reasons. The MiniPAT surveys were not testimonials. They each represent comments made during individual three-month periods in response to specific questions. There is no evidence that the contributors were later made aware of the complaints made by the A&E nurses at Arrowe Park. The MiniPAT surveys only relate to Dr Sharma's foundation training. In relation to the testimonials, one is from a person who never worked with Dr Sharma. One is from a nurse who Dr Sharma appears to have worked with when he was a locum between 2013 to 2015. The third is from the managing director of an organisation which Dr Sharma worked for in 2020.

621. The Tribunal also took into account that Dr Sharma made some admissions at different points over a period of time, at Arrowe Park Hospital, to Dr X at Aintree and engaged in a behavioural agreement plan. It also took into account Dr Sharma's admissions at the outset of these proceedings.

622. The Tribunal further took into account that Dr Sharma had expressed regret and apology during Trust investigations if his behaviour had made other staff uncomfortable or upset. The Tribunal considered this to be of little weight, however, given the repetition of behaviour which had previously been identified as a cause for concern. The Tribunal further acknowledged that Dr Sharma expressed regret in his Stage 2 reflective statement for his inappropriate actions and that he bore sole responsibility for them. The Tribunal considered these to be of limited weight, however, because the reflective statement did not identify what comments or actions Dr Sharma was apologising for. Given Mr Jenkins comments at the outset of Stage 3, that Dr Sharma stood by his evidence at Stage 1, his regret and apology appeared to be limited.

623. The Tribunal also noted that Dr Sharma continued with his professional development and kept his clinical knowledge up to date when he was practising. It accepted that he had also completed training and professional boundaries courses. The Tribunal noted that Dr Sharma had not, however, undertaken any further course or professional development in relation to relevant areas since 2021.

624. The Tribunal also took into account that the regulatory process commenced in 2021. The delay in finalising proceedings is not attributable to fault on the part of any party, but the Tribunal recognises that it is a stressful process which Dr Sharma has found to be challenging. XXX.

625. The Tribunal concluded that the aggravating factors outweighed the mitigating factors in this case.

626. The Tribunal went on to consider each sanction in ascending order, starting with the least restrictive.

#### No action

627. The Tribunal first considered whether to conclude the case by taking no action. It noted that taking no action following a finding of impaired fitness to practise is only appropriate in exceptional circumstances.

628. The Tribunal was satisfied that there were no exceptional circumstances in Dr Sharma's case which could justify it taking no action. Further the Tribunal considered that concluding the case by taking no action was inconsistent with all three limbs of the overarching objective given the seriousness of Dr Sharma's misconduct.

#### Conditions

629. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Sharma's registration. It had regard to the SG, in particular paragraphs 81, 82 and 85:

*"81 Conditions might be most appropriate in cases:*

- a involving the doctor's health*
- b involving issues around the doctor's performance*
- c where there is evidence of shortcomings in a specific area or areas of the doctor's practice*
- d where a doctor lacks the necessary knowledge of English to practise medicine without direct supervision.*

*82 Conditions are likely to be workable where:*

- a the doctor has insight*
- b a period of retraining and/or supervision is likely to be the most appropriate way of addressing any findings*

*c the tribunal is satisfied the doctor will comply with them*

*d the doctor has the potential to respond positively to remediation, or retraining, or to their work being supervised.”*

*“85 Conditions should be appropriate, proportionate, workable and measurable.”*

630. The Tribunal considered that none of the factors identified in paragraphs 81 and 82 of the SG are present in this case. Dr Sharma does not have insight into his misconduct, he has undergone retraining and supervision on more than one occasion but then repeated his behaviour. The Tribunal was also not satisfied that Dr Sharma would comply with any conditions. He has had restrictions in place previously and had undertaken a behavioural agreement action plan. Despite this his behaviour was repeated.

631. The Tribunal also took into account that conditions must be appropriate, proportionate, workable and measurable. Mr Jenkins suggested that the Tribunal could impose conditions directing that Dr Sharma must have a chaperone when dealing with female patients and that he has a workplace supervisor. The Tribunal considered such restrictions had been imposed previously, specifically when Dr Sharma was placed with Dr T and again at Aintree Hospital. The conduct was repeated regardless. Furthermore, the Tribunal had found that Dr Sharma’s misconduct was directed towards females. This included female colleagues not just patients.

632. The Tribunal was therefore of the view that no appropriate, workable, proportionate or measurable conditions could be formulated which would address the seriousness of Dr Sharma’s misconduct or mitigate the risk.

633. Finally, the Tribunal considered that conditions would be insufficient to maintain public confidence in the profession and to promote and maintain proper standards of conduct given the seriousness of the conduct found proved.

## Suspension

634. The Tribunal then went on to consider suspension. The Tribunal had regard to paragraphs 91, 92, 93, 97(a), (e) and (g) of the SG which provide:

*‘91 Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor....*

- 92 *Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (ie for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession).*
- 93 *Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated....*
- 97 *Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.*
- a A serious departure from Good medical practice, but where the misconduct is not so difficult to remediate that complete removal from the register is in the public interest. However, the departure is serious enough that a sanction lower than a suspension would not be sufficient to protect the public.*
- ...*
- e No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage.*
- g The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour.'*

635. The Tribunal reminded itself that Dr Sharma's conduct was directed exclusively towards females. It was sexually motivated, and amounted to harassment of a sexual nature. Each of the professional colleagues affected was younger than Dr Sharma and junior in status. There was evidence that Dr Sharma tried to cover up his misconduct in relation to Patient F and Ms I. Dr Sharma's misconduct was directed at two patients who were especially vulnerable due to their age and social circumstances. In addition, Patient E was particularly vulnerable due to her medical condition (anorexia). The Tribunal reminded itself that when Dr Sharma commenced his training, he was a mature adult who had worked as a doctor overseas and in an administrative role in the UK in a GP's Practice for several years. Overall Dr Sharma's conduct was prolonged and persistent, starting when he was in his foundation training and continuing over 10 years up to and including when he was a registrar. It

happened at four different locations. Additionally, the Tribunal had found that Dr Sharma had behaved dishonestly. Sexual misconduct and dishonest conduct both demonstrate behavioural and attitudinal flaws which are difficult to address and remediate.

636. The Tribunal considered that given the serious nature of Dr Sharma's conduct both in terms of his sexual misconduct and his dishonesty, his lack of insight, lack of remediation and the risk of repetition, none of the factors set out at paragraphs 91, 92, 93, 97(a), (e) and (g) of the SG were engaged in this case. Dr Sharma continued his conduct after numerous interventions over a number of years and demonstrated a pattern of deep-seated ingrained behaviour.

637. In relation to Dr Sharma's dishonesty, he either sought to retain his clinical position or sought to regain one. In respect of the dishonesty towards Addaction, that organisation placed doctors in roles with particularly vulnerable patients.

638. The Tribunal had regard to its findings that Dr Sharma had breached paragraph 46 of GMP 2006 and paragraphs 1, 2, 21, 35, 36, 37, 46, 47, 53, 65, 66, and 71 of GMP 2013. Dr Sharma breached fundamental tenets of the profession, and his conduct undermined all three limbs of the overarching objective.

639. In relation to the sexual misconduct, the Tribunal had regard to paragraphs 107, 108 and 109a, b, d, h, I and J of the SG:

*"107 The tribunal may erase a doctor from the medical register in any case ...where this is the only means of protecting the public.*

*108 Erasure may be appropriate even where the doctor does not present a risk to patient safety, but where this action is necessary to maintain public confidence in the profession. For example, if a doctor has shown a blatant disregard for the safeguards designed to protect members of the public and maintain high standards within the profession that is incompatible with continued registration as a doctor.*

*109 Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive).*

- a A particularly serious departure from the principles set out in Good medical practice where the behaviour is difficult to remediate.*
- b A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety...*
- d Abuse of position/trust...*
- h Dishonesty*

- i Putting their own interests before those of their patients...”*
- J Persistent lack of insight into the seriousness of their actions or the consequences.”*

640. The Tribunal noted that the guidance within the SG that more serious outcomes are likely to be appropriate if there are serious findings involving sexual harassment. The Tribunal had particular regard to the following paragraphs:

*“142 Trust is the foundation of the doctor-patient partnership...”*

*“145 Where a patient is particularly vulnerable, there is an even greater duty on the doctor to safeguard the patient...”*

- b being a child or young person aged under 18 years...”*

*“148 More serious action, such as erasure, is likely to be appropriate where a doctor has abused their professional position and their conduct involves predatory behaviour **or a vulnerable patient...**”[emphasis added]*

641. When considering Dr Sharma’s dishonesty, the Tribunal considered that paragraph 120 of the SG was engaged:

*“120 Good medical practice states that registered doctors must be honest and trustworthy, and must make sure that their conduct justifies their patients’ trust in them and the public’s trust in the profession.”*

642. The Tribunal determined that Dr Sharma’s sexual misconduct and his dishonesty, whether considered individually or cumulatively, were each so serious that members of the public would be appalled if Dr Sharma was allowed to remain on the medical register. The Tribunal determined that Dr Sharma’s conduct was fundamentally incompatible with continued registration and that a period of suspension was not therefore the appropriate sanction in this case.

## Erasure

643. The Tribunal considered that Dr Sharma’s misconduct represented a particularly serious departure from the principles set out in GMP. It found that he had demonstrated a reckless and persistent disregard for these principles, and that he had demonstrated a complete lack of insight into the seriousness of his actions and their consequences. The Tribunal determined that Dr Sharma had abused his position of trust, had harmed colleagues and had harmed two vulnerable patients. The Tribunal considered that working

collaboratively with colleagues, which includes treating female colleagues with respect and not subjecting them to sexual comments and behaviour, is a fundamental part of being a doctor. The Tribunal also considered that Dr Sharma had acted dishonestly in an attempt to conceal the real nature and outcome of the disciplinary action taken against him by Arrowe Park and when trying to return to clinical practice by failing to disclose to Addaction the nature of the restrictions on his practise when applying for employment by them.

644. In light of the SG and for all the above reasons, the Tribunal determined that the only appropriate and proportionate sanction in this case was that of erasure. It concluded that any lesser sanction would fail to uphold the overarching objective and given its finding at the impairment stage that Dr Sharma was liable in the future to act so as to put colleagues and patients at unwarranted risk of harm, all three limbs would be undermined were erasure not imposed.

645. The Tribunal determined that erasing Dr Sharma's name from the Medical Register would send out a message to the profession and to the public that this type of misconduct was unacceptable for a member of the profession. In all the circumstances, the Tribunal concluded that an order of erasure was necessary in order to uphold the overarching objective of protecting the public, maintaining public confidence in the medical profession and upholding professional standards and conduct.

646. The Tribunal therefore determined to erase Dr Sharma's name from the medical register.

#### **Determination on Immediate Order - 13/03/2025**

647. Having determined that Dr Sharma's name be erased from the Medical Register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Sharma's registration should be subject to an immediate order.

#### **Submissions**

648. On behalf of the GMC, Ms Beattie invited the Tribunal to impose an immediate order. She referred the Tribunal to the relevant paragraphs of the SG, in particular paragraph 173 that *"An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor's special position of trust, or where immediate action must be taken to protect public*

*confidence in the medical profession.”* She submitted that an immediate order is necessary and invited the Tribunal to revoke the existing interim order of suspension.

649. On behalf of Dr Sharma, Mr Jenkins made no submissions.

### The Tribunal’s Determination

650. The Tribunal has taken account of the relevant paragraphs of the SG, in particular paragraphs 172, 173 and 178 as set out below:

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

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

*178 Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect.*

651. In reaching its determination, the Tribunal considered Ms Beattie’s submissions and the relevant paragraphs of the SG.

652. The Tribunal determined that, given the seriousness of Dr Sharma’s misconduct, its findings on impairment and the sanction it has imposed, it was in the public interest to suspend his registration with immediate effect. It concluded that not to suspend Dr Sharma’s registration with immediate effect would undermine the overarching objective to protect the public, to uphold and maintain high standards of conduct in the medical profession, and to maintain public confidence in the medical profession.



653. The Tribunal concluded that it was necessary to impose an immediate order of suspension in this case given the seriousness of the misconduct it has found proved and its determination that erasure was the only appropriate and proportionate sanction. The Tribunal determined that an immediate order of suspension was necessary for the protection of the public and was otherwise in the public interest.

654. This means that Dr Sharma's registration will be suspended from today. The substantive direction, as already announced, will take effect 28 days from the date on which written notification of this decision is deemed to have been served, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

655. The Tribunal revoked the interim order of suspension imposed on Dr Sharma's registration with immediate effect.

656. That concludes this case.

## **ANNEX A – 01/11/2024**

### **Application on the Admissibility of Evidence**

657. On Day 24 of the hearing, Ms AG, a witness not previously listed to give evidence, provided a witness statement dated 31 October 2024. On Day 25 of the hearing, 1 November 2024, Dr Sharma provided a witness statement attaching a number of exhibits in the form of WhatsApp messages between Ms AG and himself, two chaperone logs and several WhatsApp messages in response to Ms AG's witness statement.

658. The parties were not able to reach full agreement as to the admissibility of some of the content in Dr Sharma's witness statement and in relation to any of the WhatsApp

messages. Consequently, the Tribunal was invited to make a decision as to the admissibility of the disputed material.

659. Ms Sharon Beattie KC, on behalf of the GMC, submitted that the primary test of admissibility is relevance. She submitted that the content of the messages was not relevant to the issues which the Tribunal must determine. Ms Beattie submitted that although some of the messaging showed that Ms AG had told Dr Sharma that Dr AO had said things about him to her, other messaging referred to XXX and Ms AG's and Dr Sharma's opinions about Dr AO's behaviour in respect of each of them. Ms Beattie submitted that this was not relevant to the matters in issue, that Ms AG could give evidence without the messages themselves being put before the Tribunal. Ms Beattie submitted that Mr Alan Jenkins, on behalf of Dr Sharma, could properly explore what, if any rumours had been generated by Dr AO, who he was sharing these with and whether rumours about Dr Sharma were circulating Aintree Hospital, through cross-examination. Ms Beattie conceded, however, that if the witness gave an answer to any question which was inconsistent with what was said in any of the disputed WhatsApp messages, she would not object to Mr Jenkins showing those messages to the witness as it would amount to a previous inconsistent statement.

660. Mr Jenkins on behalf of Dr Sharma, submitted that it was Dr Sharma's case that there were rumours being spread about him by Dr AO, that Ms AG was involved in spreading those rumours, that her attitude to Dr Sharma changed as a result of what Dr AO told her and that the messages were evidence about Dr AO's behaviour and character. Mr Jenkins submitted that the Tribunal needed to consider the type of man Dr AO was when considering whether he had spread rumours and had some malign intent in relation to Dr Sharma. Mr Jenkins submitted that the messages supported Dr Sharma's case, were relevant and therefore admissible.

### Tribunal's Decision

661. The Tribunal considered the submissions from both parties and had regard to Rule 34 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'), namely;

*"The committee or a tribunal may admit any evidence that they consider fair and relevant to the case before them whether or not such evidence would be admissible in the court of a court in law."*

662. The Tribunal noted that the contested content of Dr Sharma's witness statement and exhibits included reference to Dr AO's personal life. The Tribunal considered that this, and Dr

AO's character in relation to XXX, was not relevant to the issues it had to determine and would not assist it in its decision making.

663. In respect of the defence case that Dr AO was circulating rumours about Dr Sharma, the Tribunal considered that Ms AG could be asked whether Dr AO had shared information with her about Dr Sharma, what that information was, whether she had forwarded any of those rumours on to others and whether she had been influenced by those rumours. Whether or not Dr AO was XXX was not relevant to the matter in issue, namely whether any of the complainants had heard about, and more particularly been directly or indirectly affected by the rumours when evaluating Dr Sharma's words and behaviour towards them and deciding whether or not to make any complaint about him.

664. The Tribunal agreed, however, that a limited number of specific messages which contained reference to the fact of rumours and, where mentioned, their content, should be admitted as they were relevant to the case presented by Dr Sharma and that it was fair to admit them as it could advance his case or undermine that of the GMC.

i. Dr Sharma's witness statement paragraph 10:

*"...she also said that Dr [AO] had said some very bad things about me. She told me that he had told her that I was a "creep..."*

ii. WhatsApp messages:

a. Ms AG to Dr Sharma:

*"Saying u was treating me bad and making out u was perving on me at work"*  
06:12

b. Dr Sharma to Ms AG:

*25 September 2021*

*"...I think he been talking to everyone individually and told about my complaint..."* 02:08

Ms AG to Dr Sharma:

*"I don't think he would of* 02:14

*Why would he do that* 02:14"

- c. Ms AG to Dr Sharma

5 October 2021 21:03

*"This is when he shouted at me on the phone for speaking to u and taking maccies from u" 06:03...*

...

*"But I genuinely thought I was bad for taking the maccies because that's how he made me feel" 06:03*

*"I said it's annoying me to because I genuinely (sic) believed that u was a creep because that's what he was making out" 06:04*

- d. Dr Sharma to Ms AG

*"Hope you are okay, please don't think I am a bad man because he told you. I like you as a person and you are a very claver nurses so I respect you because of that" 01.00*

- e. Ms AG to Dr Sharma:

*"Thank u and I won't think ur bad I never thought that of u it was him who put that in my head" 01.01*

## ANNEX B – 19/11/2024

### Amendment to the Allegation

665. On day 37 of the hearing, Mr Alan Jenkins made his closing submissions at stage 1 on behalf of Dr Sharma. Mr Jenkins submitted that Ms G's evidence was that she first met Dr Sharma in August 2021. Therefore, he submitted, that as the paragraph 27 of the Allegation referred to the behaviour complained of happening between December 2020 and February 2021, that paragraph could not be proved.

666. The Tribunal invited submissions from the parties concerning an amendment to the dates in paragraph 27 pursuant to Rule 17(6) to reflect the evidence, namely by deleting ‘December 2020’ and inserting ‘August 2020’.

667. The Tribunal also directed the parties’ attention to paragraph 28 of the Allegation, in respect of Ms H. Paragraph 28 alleges that Dr Sharma approached Ms H and touched the top of her ‘*back and shoulders*’ when speaking to her. The Tribunal noted that in her oral evidence Ms H was asked to clarify where Dr Sharma had touched her and demonstrated that it was at the top of her back on the nape of her neck. The Tribunal therefore also invited submissions from the parties regarding amending paragraph 28 of the Allegation to reflect Ms H’s oral evidence as follows:

*‘28. On or around 26 February 2021, you approached Ms H, a colleague, and touched the top of Ms H’s back ~~and shoulders~~ around the nape of her neck when speaking to her.’*

668. Rule 17(6) of the Rules reads,

*‘(6) Where, at any time, it appears to the Medical Practitioners Tribunal that—*

*(a) the allegation or the facts upon which it is based and of which the practitioner has been notified under rule 15, should be amended; and*

*(b) the amendment can be made without injustice, it may, after hearing the parties, amend the allegation in appropriate terms’.*

669. Mr Jenkins objected to any amendment submitting that the Tribunal should not permit ‘*sloppy drafting*’ by the GMC to be altered at such a late stage in the proceedings. Mr Jenkins conceded, however, that he could identify no injustice, unfairness or prejudice which might be caused by the proposed amendments. Mr Jenkins further accepted that he would not have conducted his case any differently had the Allegation been originally drafted as now proposed.

670. Ms Beattie did not object to the proposed amendment in respect of paragraph 28 of the Allegation. Ms Beattie submitted that the proposed amendment in respect of the date in the stem of paragraph 27 was not a material averment. She submitted that Dr Sharma’s defence was not that he could not have committed the conduct alleged because of the date on which it was said to have occurred. Ms Beattie submitted that Dr Sharma’s defence was either that Ms G had misinterpreted matters or they had not occurred at all. Ms Beattie further submitted that the conduct alleged had been fully challenged by Dr Sharma.

671. Ms Beattie also raised no objection to the proposed amendment of paragraph 28. Ms Beattie submitted that Dr Sharma's defence is that, if he touched Ms H at all, it was on her shoulder not her neck and that she had misinterpreted this. Ms Beattie submitted that the amendment would assist the Tribunal and Dr Sharma by providing clarity.

### **Tribunal's Decision**

672. The Tribunal considered that Rule 17(6) of the Rules allows it to make amendments to the Allegation at any time if this can be done without causing injustice, unfairness or prejudice to either party.

673. The Tribunal considered that Dr Sharma's defence to the conduct described by paragraph 27 of the Allegation was not that it could not have occurred because of the timeframe alleged in the Allegation. Consequently, the date was not fundamental to proving paragraph 27. Mr Jenkins had clearly put Dr Sharma's case to Ms G, namely that she had misunderstood or misinterpreted events or was lying about them and had explored with her what he stated was actually said or done.

674. In respect of paragraph 28 of the Allegation, the Tribunal considered that the proposed amendment provided clarity in that it reflected the oral evidence given by Ms H. The Tribunal further considered that the proposed amendment would assist it in its deliberations as it was accepted by Ms Beattie that the GMC case has always been that Dr Sharma touched the nape of Ms H's neck. Ms Beattie accepted that the GMC did not assert that the conduct admitted by Dr Sharma, namely a single, momentary touch on the shoulder, could or should amount to misconduct.

675. The Tribunal therefore determined that the proposed amendments to paragraphs 27 and 28 could be made without injustice, unfairness or prejudice to either party. It therefore determined to make the amendments.

## **ANNEX C – 20/02/2025**

### **Amendment to the Allegation**

676. The Tribunal sat in camera at the facts stage on Friday 14 February 2025. During this session, the Tribunal proposed two amendments to the Allegation. These proposed amendments related to paragraphs 14d, and 31d and e, pursuant to Rule 17(6) of the Rules.

#### Paragraph 14d

14d brushed Patient F's cheeks with your own;

677. The Tribunal noted that the evidence from Patient F was that Dr Sharma's cheek (singular) contacted her cheek (singular), the Tribunal therefore proposed to delete the letter 's' to make the word 'cheek' singular.

#### Paragraph 31

678. In respect of paragraph 31, the Tribunal proposed to insert a new stem after 31cii, which would relate specifically to the current 31d and e. The proposal is that 31d and e would become 31A and 31B. respectively and would read:

31. During the Test, you:

l. stood over Ms I;

m. told Ms I:

i. to come over and give you a kiss;

ii. that no one would see if Ms I kissed you;

or words to that effect;

n. asked Ms I if you could feel her:

i. breast;

ii. nipple;

or words to that effect;

~~e. told Ms I you felt like a blow job, or words to that effect;~~

~~p. put your hand on Ms I's left knee and rubbed upwards towards her thigh.~~

31A After the XXX test you told Ms I you felt like a blow job, or words to that effect;

31B On another occasion, during Ms I's shift on 26 to 27 September 2021, you put your hand on Ms I's left knee and rubbed upwards towards her thigh.

679. There were a number of reasons for the proposed amendment in respect of 31d and e. Firstly, Ms I consistently, in her documentary and oral evidence, stated that these events did not occur during the XXX test. Further, that Mr Jenkins cross examined Ms I on the basis that this event never occurred and had therefore properly advanced and explored Dr Sharma’s defence before the Tribunal. Finally, the Tribunal did not consider that the stem of paragraph 31 was a material averment.

680. To ensure clarity, and in light of Mr Jenkins closing Stage 1 written submissions in respect of paragraphs 31d and e, the Tribunal proposed this amendment and considered that it could be made without any injustice or prejudice to Dr Sharma.

681. The Tribunal instructed the Tribunal Clerk to send an email to parties advising them of the proposed amendments and invited their responses and/or any submissions they wished to make, either in writing or orally, in respect of the proposed amendments. The Tribunal had in camera listed days in which it could consider any such submissions on 19 and 20 February 2025.

682. Both parties responded in writing stating that they had no objection to any of the amendments proposed. For the reasons set out above, the Tribunal considered that the amendments could be made without any injustice to Dr Sharma. It therefore made the amendments proposed.

## SCHEDULES

### Schedule 1

‘XXX’

### Schedule 2

That she should not be with a XXX man



Schedule 3

‘You are the best XXX and you are so sexy’