

**PUBLIC RECORD****Dates:** 22/09/2025 - 26/09/2025**Doctor:** Dr Alaa TALAAT**GMC reference number:** 6137400**Primary medical qualification:** MB BCh University of Minya

Type of case	Outcome on facts	Outcome on impairment
New - Misconduct	Facts relevant to impairment found proved	Not Impaired

**Summary of outcome**

No warning

**Tribunal:**

Legally Qualified Chair	Mrs Alison Storey
Registrant Tribunal Member:	Dr Iftikhar Ahmed
Registrant Tribunal Member:	Dr Becky McGee

Tribunal Clerk:	Mrs Jennifer Ireland
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**Attendance and Representation:**

Doctor:	Present, not represented
GMC Representative:	Mr Peter Byrne, Counsel

**Attendance of Press / Public**

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

## Overarching Objective

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

## Determination on Facts - 25/09/2025

1. This determination will be handed down in private under Rule 41. However, as this case concerns Dr Talaat's misconduct, a redacted version will be published at the close of the hearing.

## Background

2. Dr Talaat qualified in 1993. At the time of the events, Dr Talaat was practising as a Speciality Doctor in Breast Surgery.

3. The allegation that has led to Dr Talaat's hearing can be summarised as follows: Between September and October 2021, Dr Talaat submitted an application for a Speciality Doctor post ('the Application') at Bedfordshire Hospitals NHS Foundation Trust ('the Trust'). Within the Application, Dr Talaat is alleged to have falsely answered 'no' to the question '*Have you ever been removed from the register, or have conditions or sanctions been placed on your registration, or have you been issued with a warning by a regulatory or licensing body in the UK or in any other country?*'. It is alleged that Dr Talaat knew that the answer he had given was untrue as he had been suspended from the UK Medical Register between 19 September and 25 November 2016 following a previous MPTS Tribunal. It is further alleged that Dr Talaat's actions were dishonest.

4. The initial concerns were raised with the GMC by the Trust after the failure to disclose came to light.

## The Outcome of Applications Made during the Facts Stage

5. The Tribunal refused Dr Talaat's application, made pursuant to Rule 34 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), that, unredacted copies of two witness statements should be included as evidence. The Tribunal's full decision on the application is included at Annex A.

6. The Tribunal granted Dr Talaat's application, made pursuant to Rule 34 of the Rules that the determinations from his previous MPTS hearings in 2016 should be excluded from the bundle. The Tribunal's full decision on the application is included at Annex B.

### The Allegation and the Doctor's Response

7. The Allegation made against Dr Talaat is as follows:

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

1. Between around September and October 2021 you submitted an application for a Speciality Doctor post at Bedfordshire Hospitals NHS Foundation Trust ('the Application') and you falsely answered 'No' to the following question:

*'Have you ever been removed from the register, or have conditions or sanctions been placed on your registration, or have you been issued with a warning by a regulatory or licensing body in the UK or in any other country?'*

**To be determined.**

2. You knew that the answer you gave in the Application as set out at paragraph 1 was untrue, in that between 19 September 2016 and 25 November 2016, your registration with the General Medical Council was suspended. **To be determined.**
3. Your actions as set out at paragraph 1 were dishonest by reason of paragraph 2. **To be determined.**

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

### The Facts to be Determined

8. Dr Talaat did not make any formal admissions before the Tribunal. In light of this, the Tribunal is required to determine the Allegation in its entirety.

### **Witness Evidence**

9. The Tribunal received oral evidence on behalf of the GMC from Mr A, Consultant Surgeon at Bedford Hospital.

10. Dr Talaat provided his own witness statement, dated 10 July 2025, and also gave oral evidence at the hearing. In addition, the Tribunal received oral evidence from Mrs B, a former colleague of Dr Talaat.

11. The Tribunal also received a witness statement from Mrs C, a Consultant Breast Surgeon, on behalf of Dr Talaat, who was not called to give oral evidence.

### **Documentary Evidence**

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

- A copy of the Application form, unsigned and undated;
- Dr Talaat's NHS Jobs '*My Profile*' page, correct as of 29 September 2021;
- Email messages between Dr Talaat and Dr E dated 2 August 2017; and
- Interview notes dated 22 October 2021.

13. The GMC evidence before the Tribunal was the application itself, produced by the Trust. On its face, this document contained false information with regard to the issue of previous sanctions placed on Dr Talaat's registration.

14. The Tribunal heard evidence from Mr A, who was one of the members of the advisory appointment committee, who interviewed Dr Talaat. He told the Tribunal that they only had the application available to them and as it did not contain any information that Dr Talaat had any previous fitness to practise history, he was not asked any questions on that topic. He said that if it had been disclosed then they would have asked questions. They would have wanted to know about the matter and any learning points and reflection. Ultimately, if any candidate had a previous fitness to practise history it would be a matter he would have to take advice on. He had no experience of the situation.

15. Dr Talaat gave evidence and maintained that he did not answer the question knowingly. He firstly queried whether the application could be relied upon at all, as the version produced was not signed or dated.

16. Dr Talaat told the Tribunal that he thought it may have automatically populated the answer ‘No’ when he completed the application, taking information from his ‘Profile’ which was not entirely up to date. He also said that the question may have had a default setting of ‘No’ and he had not noticed this.

17. In short, Dr Talaat could not recall ever answering the question on the form and so was suggesting ways in which this may have occurred without him noticing that the answer was incorrect.

18. Dr Talaat said that, whatever the explanation for the question being answered incorrectly, it was inadvertence on his part, an error, and he did not deliberately answer the question incorrectly.

19. Dr Talaat said that following his suspension he had always been open about it. He had put together a training presentation on the topic of professional boundaries and had used his own experience to teach others about this and how they could easily fall into error themselves.

20. Further, Dr Talaat had applied for two positions after the suspension in 2016 and had disclosed the suspension. These applications were in 2017 and 2019. He had obtained those positions despite the fitness to practise history. He said that he did not need to hide it.

21. Dr Talaat also referred to having openly discussed his fitness to practise history with Dr E when discussing the possibility of him going to work for her trust. He followed this up by sending his reflective statement to her and the email correspondence provided, confirms that.

22. Dr Talaat was questioned by GMC counsel about changing his name in 2018. Dr Talaat said that he had not changed his name but had shortened it. He had XXX, this could cause confusion. He said it was not an attempt to hide his identity. Further he had done this in 2018, and he had already applied for and obtained a position in his longer name. He also said that a search of his GMC number would reveal the previous suspension.

23. Dr Talaat denied that this was done so that anyone checking his name on the GMC register would not discover the suspension. He said that he had been in a stressful situation,

rushing as it was a last-minute application. He was XXX. He said that these contributed to the error.

24. Dr Talaat conceded that many details on the application had been updated since his last application and that he had answered other questions correctly. He also admitted that he had not reviewed the application before he submitted it.

25. Dr Talaat denied that he was embarrassed about the circumstances of his suspension and that he was seeking to avoid questions about it at any interview, or that he was concerned that he might not get the position if he disclosed his previous suspension.

26. Mrs B, a former Clinical Nurse Specialist, provided a statement and gave oral evidence on behalf of Dr Talaat. She said that she had known him for many years and worked with him during the period of the previous MPTS proceedings. She said that he had been open about it and devised training for other doctors on the topic of boundaries. She said that he had good insight.

27. Mrs B confirmed that she had had discussions with Dr Talaat and she said that he realised he needed to be honest on future job applications. He had told her at the time of his previous job applications in 2017 and 2019, he had disclosed his suspension.

28. Mrs B also said that Dr Talaat had suffered a very difficult time following the suspension and XXX.

29. Mrs C provided a statement. She said that she had known Dr Talaat for 20 years and had worked with him at different hospitals. She said that he had been honest and transparent with her about the events in 2013 and his suspension. She said that she had discussed this with him, and he had shown real insight and had given teaching sessions on the subject of professional boundaries.

30. Mrs C said that she was aware that Dr Talaat had included the information about his suspension in his job applications to Royal Derby and to East North Hertfordshire Trust.

31. Mrs C also confirmed that she was aware of the circumstances of Dr Talaat reporting fraud at the hospital he was working at and as a result he was victimised and was working in a

toxic atmosphere. This was the reason he resigned that position and applied for the job in Bedford.

### The Tribunal's Approach

32. In reaching its decision on facts, the Tribunal has borne in mind that the burden of proof rests on the GMC and it is for the GMC to prove the Allegation. Dr Talaat does not need to prove anything. The standard of proof is that applicable to civil proceedings, namely the balance of probabilities, i.e., whether it is more likely than not that the events occurred.

33. The Legally Qualified Chair ('LQC') gave the following legal advice to the Tribunal. She reminded the Tribunal had now reached the stage set out in Rule 17(2)(j) where they are required to deliberate to make their findings on the facts alleged. She reminded the Tribunal of the matters they should consider when approaching determining the facts of the case. The LQC reminded the Tribunal that that they are neither deciding the issue of misconduct nor whether the Doctor's fitness to practise is impaired.

34. According to the Fitness to Practise Rules, those facts which are admitted by the doctor at the outset of the hearing are proved by virtue of being admitted.

35. The LQC reminded the Tribunal of *Byrne v General Medical Council [2021] EWHC 2237 (Admin)*: quoting from *O v Secretary of State for Education* (which referred to/considered *Re B* and other relevant authorities), confirmation of the principle that there is only one standard of proof in civil and regulatory cases and that is proof that the fact in issue more probably occurred than not.

36. The LQC asked the Tribunal to consider that the seriousness of an allegation does not of itself require more cogent evidence. There is no heightened civil standard of proof in particular classes of case. It is not correct that the more serious the nature of the allegation made, the higher the standard of proof required. The inherent probability of the relevant conduct is a matter which can be considered when weighing the probabilities and in deciding whether the event/conduct occurred; this goes to the quality of evidence. It does not follow that the more serious the allegation, the less likely it is to have occurred.

37. The LQC reminded the Tribunal of inferences in this case. The Tribunal may draw reasonable inferences from the facts, using common sense and from experience. However, it would be wrong for the Tribunal to speculate about matters or for example to consider

what evidence might or might not have been available in the case. The Tribunal must decide the case purely on the evidence that has been put before it.

38. The LQC reminded the Tribunal that they should only draw an inference if they could safely exclude other possibilities. [*Sony v GMC (2015) EWAC 0364 Admin*]

39. The Tribunal must also consider the submissions of the parties. But the submissions are not evidence, and the Tribunal may accept them or reject them as they see fit. It is the evidence and the Tribunal's decision on the evidence that is important.

40. The LQC asked the Tribunal to consider witness evidence and credibility. The Tribunal should have regard to the whole of the evidence [including the agreed/admitted evidence] and form its own judgement about the witnesses, and which evidence is reliable, and which is not. The Doctor has chosen to give evidence. The Tribunal must judge his evidence by precisely the same fair standards as they apply to any other evidence in the case

41. It is up to the Tribunal to decide what weight they attach to the evidence before them. She reminded the Tribunal the fact that a doctor has denied the allegation cannot be a factor to be held against them when assessing their evidence. The Tribunal's role is to determine if the denial is supported or undermined by the evidence – *Okpara v GMC* [2019] EWHC 2624 (Admin). Tribunals should not assess a witness's credibility exclusively on their demeanour when giving evidence, but their veracity should be tested by reference to objective facts proved independently in their evidence, by reference to the documents in the case.

42. The Tribunal should make a rounded assessment of a witness's reliability, rather than approaching their reliability in respect of each charge in isolation from the others: *R (on the application of Dutta) v GMC* [2020] EWHC 1974 (Admin). Tribunals should consider all the evidence before them before concluding about a witness's credibility. This could include conflicts in evidence with another witness, denials of the allegations and reasons why they could not be true or admissions of lying (on oath or otherwise) on a previous occasion.

43. The LQC reminded the Tribunal in this matter there is an allegation of dishonesty. In determining whether the allegation regarding dishonesty has been proved, the Tribunal should apply the test set out in the matter of *Ivey v Genting Casinos (UK) Ltd* [2017] UKSC 67.

44. The Tribunal must first ascertain (subjectively) the state of the individual's knowledge or belief as to the facts. The reasonableness of the belief is a matter of evidence going to whether she genuinely held the belief but it is not a requirement that the belief must be reasonable;

45. Secondly, the Tribunal must then consider whether that conduct was dishonest by the (objective) standards of ordinary decent people. There is no requirement that the individual must appreciate that what they have done was, by those standards, dishonest.

46. When considering the test for dishonesty in Ivey: the objective standards of ordinary and decent people must involve the expectation that registered professionals will have at least some regard to the professional standards under which they are required to operate, pursuant to a system of regulation that is designed to protect the public.

47. The LQC asked the Tribunal to consider that they should assess and decide on each head of the allegations and each sub-head separately. It is open to the Tribunal to find some parts, but not other, proved.

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

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

#### Paragraph 1

49. The Tribunal first considered whether Dr Talaat falsely answered 'no' to the question '*Have you ever been removed from the register, or have conditions or sanctions been placed on your registration, or have you been issued with a warning by a regulatory or licensing body in the UK or in any other country?*'.

50. The Tribunal first considered Dr Talaat's concerns that the copy of the Application form placed before the Tribunal may not be the correct version, as it was not signed and dated. He also raised concerns that he did not recall the question being included on his form, and it may have been that his version of the Application did not ask the question. Dr Talaat maintained that a majority of the Application was auto populated from his NHS Jobs profile page, which he submitted to the Tribunal, and did not contain a question regarding fitness to practise.

51. Whilst the Tribunal accepted that the events were four years ago, and that recollections are limited, it was satisfied that the document was the Application form that Dr Talaat completed and submitted. The document was produced by the Trust, and although undated, does accurately reflect Dr Talaat's information, so far as it can be verified by the information in his profile on the NHS Jobs website. The Tribunal accepted that Dr Talaat's profile does not contain a question regarding fitness to practise, but was of the view that this was likely a '*live*' question which needed to be answered every time an application was completed, so as to be sure the information was accurate at the time of completion. It was not information that would be contained on his '*My Profile*' document and imported into the application.

52. Dr Talaat accepts that he completed the form himself. The Tribunal was satisfied that there was no reason to doubt that the information contained within the Application is accurate, and that there was no evidence that the answers had been changed after Dr Talaat had submitted it. Therefore, the only conclusion to be drawn is that the Application form is accurate, and that by submitting it Dr Talaat had falsely answered '*no*' to the question regarding his past fitness to practise.

53. Accordingly, the Tribunal found paragraph 1 of the Allegation proved.

#### Paragraph 2

54. The Tribunal next considered whether Dr Talaat knew that the answer he had given was untrue at the time he submitted the Application.

55. The Tribunal was satisfied that Dr Talaat knew that he had been suspended in 2016 for a period of three months at the time he had completed his application. He does not deny this but maintains that the omission of this information to the Trust was inadvertent. The Tribunal noted that Dr Talaat had immediately, within 15 minutes of being notified by the Trust, accepted that his answer was incorrect and apologised for what he said was a mistake.

56. The Tribunal noted Dr Talaat's position which was largely that he had no recollection, but that he had not intentionally selected the wrong answer. He thought that it may have been either auto populated from his profile document and he had not noticed the question, or that the application had an automatic default to an answer of '*No*'.

57. Dr Talaat explained that he was under various pressures at the time, including significant workplace stress due to a hostile working environment, after he had reported a fraud in the department. This had caused him to XXX and had led to him XXX. It also meant that he wanted to leave his then current position due to the '*toxic environment*' and so he had applied for the role in a rush with no prior planning, and that any mistakes were inadvertent. His evidence in relation to XXX and issues in his then current position is supported by the witnesses Mrs B and Mrs C.

58. The Tribunal agreed that a doctor with previous sanctions would be more aware of the need to disclose those matters in a job application. Dr Talaat, in his oral evidence, told the Tribunal that he had always been open with people about his past suspension, and that evidence is supported by the evidence if Mrs B, Mrs C and the messages between himself and Dr E in 2017.

59. The Tribunal noted that he had used his history of suspension to teach others about how to maintain professional boundaries and this suggested that he was open about it.

60. Further, Dr Talaat had successfully applied for two other roles after his suspension, when he had revealed his fitness to practise history, without his past being an issue. His own experience was that it was not a bar to him being successful and the Tribunal found this to be relevant as to whether it was likely to have been left out deliberately on this occasion. The Tribunal considered that it would make it less likely that he would have acted deliberately.

61. In regard to Dr Talaat changing his name in the period between the previous MPTS hearings and submitting the Application, the Tribunal noted the submissions made by Mr Byrne on behalf of the GMC that:

- Dr Talaat had changed his name after the suspension, in an effort to hide his suspension;
- The explanation for this was not convincing;
- The timing of the name change was questionable, as Dr Talaat had been practising in the UK since 2007, but only chose to change his name in 2018;
- The timing of the name change was relevant in relation to this particular application.

62. Dr Talaat had explained in his oral evidence that he had chosen to take a different shortened version of his given name in 2018 in order to distinguish himself from XXX.

63. The Tribunal noted that Dr Talaat had not changed his name immediately after receiving his suspension, and that he had successfully applied for a job in his old name in 2017. Further the timing of the name change had no proximity to the 2021 application, it was three years earlier.

64. The Tribunal was satisfied with Dr Talaat's reasonable explanation about his name change and that this had been done three years prior to this Application. The Tribunal therefore rejected the submissions made by the GMC that the Tribunal should infer that the name change was specifically aimed at hiding his previous suspension.

65. Further, the Tribunal gave limited weight to the submission by Mr Byrne that Dr Talaat had failed to review his application form before his interview. This would be a matter pointing to diligence not dishonesty. Likewise, the submission that he was not transparent at the interview as he did not raise the matter himself. The Tribunal accepted that Dr Talaat had not disclosed the issue within the interview as he was not asked. It noted that the interview was only 28 minutes long, according to the notes and would no doubt have focussed on Dr Talaat's experience. It was satisfied that it would not be unusual for an applicant to fail to raise such an issue if it was not raised by the interviewing panel.

66. When considering the evidence before it, the Tribunal formed the view that there was limited evidence before it to support that the falsely answered question was done deliberately in order to conceal the prior suspension. The Tribunal considered that the cumulative impact of stress, XXX, could result in a rushed application which was not adequately reviewed. This may point to lack of diligence but that does not equate to a deliberate intention to deceive.

67. The Tribunal accepted Dr Talaat's explanation that his personal circumstances at the time had led to a '*rushed*' Application, and he had failed to give proper due diligence when checking his answers.

68. Accordingly, the Tribunal found paragraph 2 of the Allegation not proved.

### Paragraph 3

69. Having found paragraph 2 of the Allegation not proved, the Tribunal did not go on to consider dishonesty and found paragraph 3 of the Allegation not proved.

### The Tribunal's Overall Determination on the Facts

70. The Tribunal has determined the facts as follows:

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

1. Between around September and October 2021 you submitted an application for a Speciality Doctor post at Bedfordshire Hospitals NHS Foundation Trust ('the Application') and you falsely answered 'No' to the following question:

*'Have you ever been removed from the register, or have conditions or sanctions been placed on your registration, or have you been issued with a warning by a regulatory or licensing body in the UK or in any other country?'*

**Determined and found proved.**

2. You knew that the answer you gave in the Application as set out at paragraph 1 was untrue, in that between 19 September 2016 and 25 November 2016, your registration with the General Medical Council was suspended. **Not proved.**
3. Your actions as set out at paragraph 1 were dishonest by reason of paragraph 2. **Not proved.**

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

### Determination on Impairment - 26/09/2025

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

### Submissions

72. On behalf of the GMC, Mr Byrne submitted that the GMC's position was one of neutrality in respect of both misconduct and impairment. He stated that there were no relevant paragraphs of Good Medical Practice (2013) ('GMP') in this case. He submitted that,

on that basis, it was not anticipated that the Tribunal will find serious misconduct and as such the GMC were neutral.

73. Dr Talaat submitted that he had created a work plan to help himself avoid the mistake in the future. He stated that he would not in the future fill in any form using a previously saved version, ensuring he takes his time to review all the answered questions in every subject before submitting. Further, he stated he would continue to be open about his previous suspension and would also reflect on this hearing as well. He stated that he has taken his experiences since 2021 and has learned from the difficult times. He submitted that he would continue to learn and use his experience to help people to understand professional boundaries.

### **The Relevant Legal Principles**

74. 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.

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

76. The Tribunal must determine whether Dr Talaat's fitness to practise is impaired today, taking 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 remedied and any likelihood of repetition.

### **The Tribunal's Determination on Impairment**

77. In determining whether Dr Talaat's fitness to practise is impaired by reason of misconduct, the Tribunal first considered whether the admitted facts and facts found proved amounted to misconduct.

78. The Tribunal was of the view that a professional should check and make sure the answers he was giving were accurate, and that Dr Talaat had failed in his due diligence. However, it had accepted his explanation of the difficult circumstances which led to his

‘rushed’ application. It was of the view that Dr Talaat has otherwise been open about his past suspension and has used that experience to teach others about professional boundaries.

79. The Tribunal was satisfied that the conduct in this case did not constitute a breach of GMP or any other standard. It has already accepted that Dr Talaat had not intended to mislead the Trust and had made a genuine error.

80. The Tribunal was satisfied that fellow practitioners would accept that Dr Talaat’s conduct was a genuine error made during a period of stress, and that it was unlikely to be repeated.

81. The Tribunal has therefore concluded that Dr Talaat’s conduct did not fall so far short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct, and did not go on to consider the issue of impairment.

### **Determination on Warning - 26/09/2025**

82. The Tribunal determined that Dr Talaat’s fitness to practise did not amount to misconduct and as such was not impaired. However, it was invited to consider whether, in accordance with s35D(3) of the 1983 Act, a warning was required.

#### **Submissions**

83. On behalf of the GMC, Mr Byrne submitted that a warning would be appropriate in Dr Talaat’s case. He referred the Tribunal to the Sanctions Guidance (2024) (‘the SG’), the GMC Guidance on Warnings (May 2025) (‘the Warnings Guidance’) and the Tribunal’s determination on Impairment.

84. Mr Byrne submitted that the power to issue a warning by a Tribunal is central to the role of protecting the public including protecting patients, maintaining public confidence in the profession, and declaring and holding proper standards of conduct and behaviour. He stated that the power to impose a warning allowed the Tribunal to indicate to a doctor that any given conduct, practise or behaviour represents a departure from the standards expected of members of the profession should not be repeated. Further, a warning would allow the GMC to identify any repetition of the particular conduct, practise or behaviour and take appropriate action in that event. He submitted that a warning should be viewed as a

deterrent, both as a reminder to Dr Talaat and highlighting to the wider profession that certain conduct or behaviour is unacceptable.

85. Mr Byrne submitted that basis of the application was the finding that Dr Talaat had falsely answered a question on an application form for a position as a '*senior clinical fellow*', which was not checked before it was submitted or at any point during the recruitment process, until after a recruitment decision, which was then revoked. He submitted that the question that was answered falsely is an important question which is asked for a number of reasons, all of them valid, seeking to address the safety of patients and other employees of the NHS. He stated that the obvious purpose of employees seeking information about GMC regulatory action is to ensure that patients are protected if any cause for concern arises, and it may have been relevant to the employer's consideration of chaperone policies or other steps that could be taken to ensure public protection, including both patients and colleagues. He submitted that there was some evidence from Mr A about whether further questions would have been asked, although it was not a matter he had come across before so he would have referred it to someone else within the NHS organisation.

86. In response to a question from the Tribunal, Mr Byrne submitted that the GMC seek to rely on the second limb of the test set out in the Warnings Guidance. He stated that the Tribunal could find that the behaviour in this case relates to Dr Talaat's general performance, not simply performance in terms of fulfilling his medical duties.

87. Dr Talaat submitted that completing application forms was an administrative task, not a medical task. He stated that he had made a genuine error, as all human beings can do, especially with multifactorial causes. He stated that he could not understand why the GMC was insisting on a warning in the circumstances.

### Legal Advice

88. The LQC gave brief advice directing the Tribunal to the test laid out at paragraph 16 of the Warnings Guidance:

*'16. A warning will be appropriate if there is evidence to suggest that the practitioner's behaviour or performance has fallen below the standard expected to a degree warranting a formal response by the GMC or by a MPTS tribunal. A warning will therefore be appropriate in the following circumstances:*

- *there has been a significant departure from Good medical practice, or*
- *there is a significant cause for concern following an assessment of the doctor's performance.'*

### The Tribunal's Determination on Warning

89. The Tribunal had regard to paragraph 20(a) of the Warnings Guidance:

**'20.** *The decision makers should take account of the following factors to determine whether it is appropriate to issue a warning.*

- a. There has been a clear and specific breach of Good medical practice or our supplementary guidance.'*

90. The Tribunal had regard to the above and considered the test set out in the Warnings Guidance. It had regard to its finding on impairment and considered that there were no identified breaches of GMP.

91. Further, the Tribunal did not accept that it was appropriate to label this as a '*significant cause for concern following an assessment of the doctor's performance*' given the fact Dr Talaat has not undergone an assessment of his performance, nor was there any suggestion of performance concerns.

92. Therefore, the Tribunal did not consider that the test was met in this case and determined that a warning was not necessary or appropriate.

93. That concludes this case.

ANNEX A – 25/09/2025

**Application to admit two unredacted witness statements as evidence under Rule 34**

94. At the outset of the hearing, Dr Talaat made an application pursuant to Rule 34 of the Rules, for unredacted statements from two witnesses to be admitted as evidence.

**Submissions**

95. Both parties submitted written submissions in advance of the hearing and made oral submissions before the Tribunal.

96. On behalf of the GMC, Mr Byrne stated that the precise objections of the GMC are set out in the skeleton submissions made. He submitted that it was important that witnesses only speak about what they can give actual evidence about. He submitted that somebody giving evidence about what Dr Talaat had told them he had done, is inadmissible.

97. Mr Byrne submitted that, having viewed the written submissions of Dr Talaat, the concerns expressed by the GMC about the witnesses remain. He stated that there was not issue with the witnesses as purely character references but as the witnesses were not present when he made the Application and were told of the matters after the fact, then the evidence is entirely self-serving.

98. Dr Talaat submitted that it was the case that people apply for jobs by themselves, not with a gathering of people around them. However, he stated that the two statements were not a character reference, but actual evidence. He stated that one witness was a mentor, who he spoke to regularly, had gotten advice from regarding this issue, and who knew exactly what he had suffered in the past.

99. Dr Talaat refuted that the statements were just character references, as he had spoken to the witnesses '*straight away*' after hearing from the Trust and had explained what had happened. He accepted they were not witnesses to his Application, but they were witness to what happened after he learned of his mistake. He explained that both witnesses were colleagues, who were respectable and more than just character witnesses.

**The Tribunal's approach**

100. The Tribunal was reminded that, the test for adducing evidence in hearings, is set out in Rule 34(1) of the Rules:

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

101. The Tribunal should first consider whether the evidence in question was relevant to any question to be determined by the Tribunal. If deemed relevant, the Tribunal should then consider whether it would be fair to Dr Talaat to allow the GMC to rely on the additional evidence. The Tribunal should take account of submissions from Dr Talaat and the GMC in the context of other relevant evidence. The additional documents should only be admitted if that may be done without injustice to either party.

#### **The Tribunal's decision**

102. The Tribunal carefully considered the submissions made in respect of the application to admit the statements in full.

103. The Tribunal applied the test for admitting evidence, as set out in Rule 34(1). It noted that the GMC has set out each occasion to which it objects, and have provided reasons for that objection.

104. The Tribunal took into account that neither witness was present at the time Dr Talaat submitted his application, and this was not an eyewitness account. It noted that this is acknowledged by the witnesses.

105. The Tribunal was satisfied that the statements were acceptable evidence to Dr Talaat's character, and therefore should not be removed in their entirety, but was of the view that the redactions should be made as outlined by the GMC. It was satisfied that the highlighted statements were clearly opinions formed by the witnesses based on what they had been told by Dr Talaat, which did not add to the evidence.

106. Accordingly, the Tribunal refused Dr Talaat's application for the unredacted statements to be admitted as evidence.

ANNEX B – 25/09/2025

**Application to remove evidence from the hearing bundle**

107. At the outset of the hearing, Dr Talaat made an application pursuant to Rule 34 of the Rules, for the determinations of his previous hearing in 2016 to be removed from the bundle.

**Submissions**

108. Dr Talaat submitted that the decision from 2016 was already a matter of public record, however, he did not want the Tribunal to be influenced by matters from the past. He stated that he felt that the GMC were trying to make the current issue '*bigger*' by bringing in the previous matters.

109. Dr Talaat stated that the previous matters were not linked to this incident and were not a repetition of the past incident of lack of professional boundaries. He stated that he had worked in two different jobs since then with no evidence of repetition of that matter. He stated that the Tribunal should exclude the previous determinations.

110. On behalf of the GMC, Mr Byrne submitted that Dr Talaat had been provided with a copy of the GMC bundle well in advance of the hearing, including a redacted version of the 2016 determinations, and had been asked to make redaction and removal requests by 21 July 2025.

111. Mr Byrne stated that the Tribunal should first determine whether the evidence is admissible and then decide whether it should be excluded for reasons of fairness. He stated that the document is a formal record of a tribunal hearing, prepared for the purposes of legal proceedings and there was no suggestion that that is an unreliable document. He stated that the veracity of the document was not being called into question, nor was it being used to '*throw mud*' or suggest that Dr Talaat was not a good person. He stated that it was important to understand the case against Dr Talaat and submitted that it was highly relevant to the issues in this case to establish whether the omission in the application was deliberate or not. He submitted that it may explain why Dr Talaat may have been unwilling to disclose the conduct and avoid the inevitable questions about the nature of the misconduct that would have followed likely in the interview process. He stated there was also an additional issue of whether Dr Talaat would have been less attractive as a candidate for the role if that had been disclosed, as there may have been additional steps that may have needed to have been considered by the Trust if he was appointed.

112. Mr Byrne submitted that there could not really be any prejudice as it was evidence of previous misconduct in a record that is entirely accurate and is not relied on to show bad character. He stated it was relied on to assist this Tribunal in deciding the factual background of the case.

### The Tribunal's approach

113. The Tribunal was reminded that, the test for adducing evidence in hearings, is set out in Rule 34(1) of the Rules.

114. The Tribunal should first consider whether the evidence in question was relevant to any question to be determined by the Tribunal. If deemed relevant, the Tribunal should then consider whether it would be fair to Dr Talaat to allow the GMC to rely on the additional evidence. The Tribunal should take account of submissions from Dr Talaat and the GMC in the context of other relevant evidence. The additional documents should only be admitted if that may be done without injustice to either party.

### The Tribunal's decision

115. The Tribunal carefully considered the submissions made in respect of the application to remove the previous determinations from the bundle, applying the test as set out at Rule 34.

116. The Tribunal considered that details of the previous hearing could be highly relevant if it established a pattern of behaviour. However, in this case, there was no suggestion of repetition of the previous behaviour; the current allegation was of an entirely different type. The Tribunal was aware that the previous misconduct involved a breach of professional boundaries but did not consider that knowledge of the further detail of the misconduct was particularly relevant. The GMC could use this fact in their submissions about any potential motive of Dr Talaat.

117. This minor relevance had to be balanced against the potential for prejudice to Dr Talaat, and thus whether it would be fair to admit it. The Tribunal considered that it would be unfairly prejudicial to Dr Talaat include the details of previous and very different misconduct at the Facts stage of the hearing.

**Record of Determinations –  
Medical Practitioners Tribunal**

118. Therefore, the Tribunal determined to grant Dr Talaat's application and exclude the determinations of the 2016 Tribunal from the bundle at the facts stage of the hearing.