

**PUBLIC RECORD****Dates:** 27/10/2025 - 05/11/2025

**Doctor:** Dr Hannah SHAHEEN

**GMC reference number:** 7411503

**Primary medical qualification:** MB BS 2013 Kings College London

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

**Summary of outcome**

Conditions, 6 months  
Review hearing directed

**Tribunal:**

Legally Qualified Chair	Mr Duncan Toole
Lay Tribunal Member:	Mr Matthew Fiander
Registrant Tribunal Member:	Dr Tim Oakley

  

Tribunal Clerk:	Mr Matt O'Reilly
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**Attendance and Representation:**

Doctor:	Present, represented
Doctor's Representative:	Ms Laura Bayley, Counsel, instructed by Gordons Solicitors
GMC Representative:	Mr Thomas Moran, 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 and Impairment - 03/11/2025

1. This determination will be read in private. However, as this case concerns Dr Shaheen's alleged misconduct, a redacted version will be published after the hearing with references to confidential issues, XXX, removed.

## Background

2. Dr Shaheen obtained her MBBS from King's College London in 2013. After completing her Foundation Year 2 in 2015, she spent two and a half years practising in Australia. In 2018, Dr Shaheen returned to the UK and worked in a number of locum positions in the Midlands. She completed her GP training programme in 2022 and currently works as a GP for the NHS, and as a GP & Health Assessment doctor, at Nuffield Health.

3. The matters before this Tribunal relate to the alleged harassment of three individuals, Mr A, Ms C and Ms B.

4. The background to the allegations can be summarised as follows. Dr Shaheen had been in a relationship with Mr A since around February 2019, having met sometime earlier at the XXX of a mutual friend, Ms B. Ms B was a XXX friend of Dr Shaheen and Dr Shaheen was XXX. In around November 2019, Mr A (who was XXX) went XXX. He had decided to end the relationship with Dr Shaheen and used this physical separation as an opportunity to do so. After he left for XXX, Mr A turned off his phone, deleted Dr Shaheen's number and blocked her on his phone. He did not speak with Dr Shaheen or tell her that he was ending the relationship.

5. Dr Shaheen was growing increasingly concerned that she had not heard from Mr A and therefore called him in December 2019 from a different number. Mr A told her that he had ended the relationship. Dr Shaheen called Mr A '*a coward*' and Mr A hung up.

6. Dr Shaheen spoke with Mr A again on the telephone in March 2020. They had a discussion about the reasons for the relationship ending. Dr Shaheen continued to contact Mr A from a withheld number between March and October 2020.

7. In October 2020, Dr Shaheen contacted Ms C (Mr A's new partner). Ms C had a XXX and Dr Shaheen had sent an email enquiry, requesting Ms C's details in order to arrange a treatment. Dr Shaheen then spoke with Ms C on the phone and subsequently admitted that she was an ex-partner of Mr A. Dr Shaheen broke down on the call and Ms C sympathised with her. Dr Shaheen told Ms C *'he will do the same to you'*. Following the call, Dr Shaheen sent text messages to Ms C, which were responded to.

8. In November 2020, Dr Shaheen sent an unpleasant message to Mr A. In response, Ms C sent Dr Shaheen a message to warn her that if they received one more message, call or email, they would contact the police. Mr A continued to receive calls from Dr Shaheen in March 2021. As a result, he reported the matter to the police, providing them with a statement on 14 March 2021.

9. Dr Shaheen was arrested by the police on 6 April 2021 for harassment/stalking of Mr A and Ms C. She subsequently self-referred the matter to the GMC after being advised to do so by the police. Dr Shaheen was later charged (date not provided) with an offence relating to Mr A and Ms C, but it is accepted that the charging decision was made in error, as the offences were 'out of time', which was a bar to bringing any prosecution.

10. Earlier in 2020, Dr Shaheen had contacted Ms B and her partner by message and email. She had sought to discuss the relationship breakdown with them. In May 2020, Dr Shaheen sent Ms B a message that Ms B considered to be abusive. Ms B decided to block Dr Shaheen on WhatsApp. Despite this, Dr Shaheen continued to contact Ms B. This contact became more intense after Ms B provided a witness statement to the police in March 2021. The unwanted contact with Ms B continued during 2022, until the last contact in December 2023. This was despite repeated requests from Ms B to stop contacting her.

11. Specifically, it is alleged that Dr Shaheen contacted Mr A on one or more occasion between around March 2020 and March 2021, by email, telephone call and Whatsapp, including by email on 6 November 2020, and by telephone on 5 March 2021, 13 March 2021 and 22 March 2021. It is further alleged that Dr Shaheen contacted Ms B on one or more occasion between around May 2020 and 23 December 2023, by Whatsapp on 15 June 2020, by email on 26 May 2020 and 3 October 2022, by telephone on 22 December 2022 and 23 December 2023, and by text message on 11 occasions between 9 July 2020 and 21

November 2023. It is also alleged that Dr Shaheen contacted, or attempted to contact Ms C on one or more occasion between around 2 October 2020 and 7 November 2020, by telephone on 2 October 2020, and by text message on 2 October 2020, 4 October 2020 and 7 November 2020.

12. It is further alleged that when Dr Shaheen contacted Ms C via email on 2 October 2020, she did so inappropriately as she asked for her phone number so that she could arrange a treatment at XXX, when she knew that Ms C was Mr A's partner, that she did not intend to arrange a treatment with Ms C and that she intended to speak to Ms C about Mr A.

13. It is alleged that Dr Shaheen's unwanted contact and attempted contact with Mr A, Ms C and Ms B amounted to harassment.

### **The Outcome of Applications Made during the Facts Stage**

14. At the outset of these proceedings, Mr Moran, Counsel on behalf of the GMC, made an application for those individuals named in the confidential schedule to be anonymised, pursuant to Rule 35 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'). Ms Bayley, Counsel on behalf of Dr Shaheen, made no objection. The Tribunal granted the application.

15. On Day 1 of the hearing, Ms Bayley made an application pursuant to Rule 41 of the Rules, that confidential matters relating to XXX should be heard in private. Mr Moran made no objection to the application. The Tribunal granted the application.

16. After receiving and considering a bundle of evidence on behalf of Dr Shaheen, the Tribunal invited parties to make submissions on whether it should adjourn the proceedings and XXX The Tribunal subsequently determined not to XXX, and its full written decision can be found at Annex A.

### **The Allegation and the Doctor's Response**

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

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

Mr A

1. On one or more occasion between around March 2020 and March 2021, you contacted or attempted to contact Mr A by:
  - a. email; **Admitted and found proved**
  - b. telephone call; **Admitted and found proved**
  - c. WhatsApp message; **Admitted and found proved**including on one or more of the dates as set out in Schedule 1.

Ms B

2. On one or more occasion between around May 2020 and 23 December 2023, you contacted or attempted to contact Ms B by:
  - a. WhatsApp message; **Admitted and found proved**
  - b. email; **Admitted and found proved**
  - c. telephone call; **Admitted and found proved**
  - d. text message; **Admitted and found proved**including on one or more of the dates as set out in Schedule 2.

Ms C

3. On one or more occasion between around 2 October 2020 and ~~March 2021~~ 7 November 2020, you contacted or attempted to contact Ms C by:
  - a. telephone call; **Admitted and found proved**
  - b. text message; **Admitted and found proved**including on one or more of the dates as set out in Schedule 3.
4. On 2 October 2020, you inappropriately emailed Ms C and asked for her phone number so that you could call her to arrange a treatment, or words to that effect, when you knew that:

- a. Ms C was Mr A's partner; **Admitted and found proved**
  - b. you did not intend to arrange a treatment with Ms C;  
**Admitted and found proved**
  - c. you intended to speak to Ms C about Mr A. **Admitted and found proved**
5. Your conduct as set out at:
- a. paragraph(s) 1, 2, 3 and/or 4 amounted to harassment of Mr A as ~~defined~~ described in the Protection from Harassment Act 1997, when you knew, or ought to have known that your conduct amounted to harassment; **Admitted and found proved**
  - b. paragraph 2 amounted to harassment of Ms B as ~~defined~~ described in the Protection from Harassment Act 1997, when you knew, or ought to have known that your conduct amounted to harassment;  
**Admitted and found proved**
  - c. paragraph(s) 3 and/or 4 amounted to harassment of Ms C as ~~defined~~ described in the Protection from Harassment Act 1997, when you knew, or ought to have known that your conduct amounted to harassment. **Admitted and found proved**

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

### The Admitted Facts

18. At the outset of these proceedings, Dr Shaheen admitted the Allegation in full, through Ms Bayley, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'). In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced that the Allegation was found proved.

### Determination on Impairment

19. After announcing that the Allegation was admitted and found proved, the Tribunal had to decide, in accordance with Rule 17(2)(l) of the Rules, whether or not Dr Shaheen's fitness to practise is currently impaired by reason of her misconduct.

## The Evidence

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

### Witness statements

- Witness statement of Ms B, dated 1 February 2024, and a supplemental witness statement of Ms B, dated 2 July 2025;
- Witness statement of Ms B's husband, dated 9 February 2024;
- Witness statement of Mr A, dated 13 March 2024, and a supplemental witness statement of Mr A, dated 19 May 2025;
- Witness statement of Ms C, (Mr A's subsequent partner following his breakup with Dr Shaheen), dated 8 March 2024, and a supplemental witness statement, dated 19 May 2025.

21. The Tribunal also received a GMC documents bundle, which included, but was not limited to:

- Screenshots of text messages and emails between Ms B and Dr Shaheen, various;
- Emails from Ms B to Sussex Police, dated 18 March 2021 and 21 November 2023;
- Ms B's second Police statement, dated 29 December 2022;
- A transcript of a call between Ms B and Dr Shaheen, dated 22 December 2022;
- A screenshot of a missed call from Dr Shaheen to Ms B, dated 23 December 2023;
- Police witness statement of Ms B's husband, dated 18 March 2021;
- Screenshots of messages between Ms B's husband and Dr Shaheen, various;
- Screenshot of a call from Dr Shaheen, dated 23 January 2023;
- Mr A's police witness statement, dated 14 March 2021;
- Screenshots of messages and emails between Mr A and Dr Shaheen, various;
- Ms C's witness statement to Sussex Police, dated 15 March 2021;
- Copy of an email received by Ms C from Dr Shaheen, dated 2 October 2020 and
- Screenshots of messages between Ms C and Dr Shaheen, dated 2 October 2020 to 7 November 2020.

22. The Tribunal also received a document which had been agreed by both parties, which stated as follows:

- “1. Dr Shaheen was arrested for harassment of Mr A on 6<sup>th</sup> April 2021.*
- 2. She was charged with an offence relating to Mr A and Ms C on a subsequent date that has not been identified but post-dates the end of the allegations relating to Mr A and Ms C. She was not charged with any offence relating to Ms B.*
- 3. The charging decision was an error. She should not have been charged as the alleged offences were out of time and this was a bar to any prosecution.*
- 4. Dr Shaheen has no cautions or convictions for any criminal offence.”*

On behalf of Dr Shaheen

23. Dr Shaheen provided a witness statement, dated 6 October 2025. She also gave oral evidence during the proceedings.

24. Dr Shaheen provided a Stage 2 bundle, which included but was not limited to:

- Dr Shaheen’s CV;
- A reflective statement, undated;
- Continuous Professional Development (‘CPD’), Patient Feedback and Colleague Feedback, September 2025;
- XXX;
- XXX and
- Various testimonial statements.

25. The Tribunal also heard oral testimonial evidence from Mr F, Clinic Manager, Nuffield Health Moorgate and Dr G, GP Partner and Trainer St Stephens Health Centre, London. Both Mr F and Dr G had provided testimonial statements, dated 21 October 2025 and 1 October 2025 respectively.

Submissions on behalf of the GMC

26. Mr Moran submitted that serious misconduct and impairment were matters for the Tribunal to determine. In respect of seriousness, Mr Moran submitted that the misconduct related to three different people, it went on for a lengthy period in the case of Mr A and Ms B, individually, and as a whole. He said that Dr Shaheen’s actions were to some extent



premeditated and were a deliberate decision that she had signalled in advance. He said that there was a passage of text Dr Shaheen had sent to Ms B's husband which related to giving back the pain to people who have '*ghosted*' others. Mr Moran said that this did not appear to be a coincidence that this came immediately before the start of the harassment and appeared to be a deliberate decision to embark on that course of conduct.

27. Mr Moran referred the Tribunal to Mr A's witness statement. He stated that he had received an email from Dr Shaheen on 6 November 2020 in which she said "*you'll be glad to know, I think I'm finally done*" and "*if you'd behaved decently, this wouldn't have happened.*" Mr A believed that Dr Shaheen was suggesting that she was intentionally and maliciously stalking and harassing both himself and Ms C as a punishment for how he had ended their relationship.

28. Mr Moran said that the harassment continued and the police became involved. Mr Moran submitted that at some stage, Dr Shaheen had bail conditions not to contact Mr A, Ms C and Ms B. He clarified that whilst there was no allegation that Dr Shaheen had breached these bail conditions, the existence of them should have impressed upon her the importance of not contacting Ms B in the future, which she went on to do. He said that when considering the seriousness of Dr Shaheen's actions, it was relevant that she continued her harassment and appeared to be motivated by, at least in part, Ms B's cooperation with the police and seeking to punish her for that.

29. Mr Moran also submitted that it was important to consider the impact of Dr Shaheen's action on the individuals concerned. He said that in respect of Mr A, it was enough of a problem for him that it was affecting his work, and he considered it necessary to report it to his line manager. Mr Moran said that he was not suggesting that Dr Shaheen ever had any intention of doing any direct physical harm to anybody, but because of the way Dr Shaheen behaved, Mr A and Ms C were genuinely worried about their safety. On a telephone call Ms C had with Dr Shaheen on 13 March 2021, Ms C was physically shaking. He said that Mr A described himself as crying when he was telling the police about the harassment, as he was worried that Dr Shaheen might attack Ms C in the dark near XXX. Mr Moran said that this was a genuinely held fear. He said that Ms C subsequently asked the landlord to fit lights and CCTV outside the building, and she told the police in her impact statement that she felt violated and worried about safety. Dr Shaheen's behaviour affected Mr A's relationship with Ms C and their day-to-day lives. Mr A described the constant fear regarding Ms C's safety as 'unbearable'.

30. Mr Moran submitted that Ms B was also concerned for her physical safety. Mr Moran clarified that there was never a suggestion that Dr Shaheen would have ever done anything

to her physically, but that was how she had made Ms B feel. Ms B stated the reason she did not block Dr Shaheen's communications was because she feared that if she did, Dr Shaheen may take further steps to contact her, perhaps physically. Ms B told the police that she was worried because Dr Shaheen knew where she lived and XXX and thought she may turn up there if she blocked her number. Mr Moran said that this was how it made Ms B feel. Mr Moran reminded the Tribunal that Ms B's husband said in his statement that he was concerned for Ms B and worried that Dr Shaheen might attend their address to harass Ms B and the children if he was away for work. Mr Moran said that the impact on Ms B and her husband, led to them installing CCTV at their address. He said that Dr Shaheen's harassing behaviour consumed the lives of Ms B and her husband at times, which was a serious feature of the misconduct.

31. Mr Moran submitted that Dr Shaheen's behaviour breached paragraph 65 of Good Medical Practice (2013) ('GMP'). Namely *"You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession."* He submitted that Dr Shaheen's actions did amount to serious misconduct.

32. When determining the question of impairment, Mr Moran submitted that in relation to insight, the Tribunal will be concerned with the position as of now, though it can look at how it has developed over time. He said that it would be wrong not to recognise that Dr Shaheen has undertaken significant reflection, particularly in more recent times. He said that the Tribunal would consider how deep seated that insight has been. He said this was not a case where the GMC were submitting that Dr Shaheen was a doctor who has not shown insight.

33. In respect of the risk of repetition, Mr Moran submitted that this required due weight to be attached to all the material Dr Shaheen has provided; the insight she has shown, her remediation, her remorse, her testimonials, and the fact that nearly two years had elapsed now since the last contact. He accepted that there was some force in the argument of a 'perfect storm' occurring at the time of the relationship breakdown in 2019. Mr Moran said that when considering whether this was likely to happen again, the Tribunal may wish to consider that Dr Shaheen continued to harass Ms B at a time when COVID-19 was largely in the 'rear-view mirror'.

34. He also reminded the Tribunal that Dr Shaheen received significant XXX specifically directed at addressing the behaviour which has led to these proceedings. However, despite this help and the deterrent through police involvement, the harassment of Ms B continued to a limited extent up to December 2023. Mr Moran submitted that in respect of the risk of repetition, it was not likely, but was also not completely impossible either. He submitted that

even if the Tribunal were to conclude that Dr Shaheen's insight was complete and there was little, if any, risk of repetition; he invited the Tribunal to find that the seriousness of the conduct as a whole demands a finding of impairment in order to declare and uphold proper standards of conduct and behaviour for members of the profession, and to maintain public confidence in the profession.

#### Submissions on behalf of Dr Shaheen

35. Ms Bayley submitted that it is accepted on behalf of Dr Shaheen that the misconduct and breaches of GMP were so serious as to amount to serious professional misconduct. She said that Dr Shaheen has accepted full responsibility and accountability for that serious professional misconduct. Ms Bayley reminded the Tribunal that these matters happened in Dr Shaheen's private life which does take this into a different order of seriousness than, for example, if it involved harm to a patient.

36. Ms Bayley said that it was accepted that the contact with Ms B in particular went on longer than it did with Mr A and Ms C, and that the contact with both of those people ceased upon the involvement of the police. She said that the nature and frequency of the most recent contact with Ms B in 2023 amounted to one text message and one phone call which was not answered. She accepted that the contact only ceased two years ago, but that is still a substantial amount of time. Ms Bayley submitted that whilst it was accepted the totality of the conduct amounted to harassment, the unwanted contact had substantially finished by 22 September 2022.

37. Ms Bayley submitted that it was a feature of this case that Dr Shaheen struggled to recognise the impact of her behaviour and accepted that it has been a story of developing and unfolding insight. She invited the Tribunal to find that Dr Shaheen has developed insight over time in relation to the nature and seriousness of the misconduct. She reminded the Tribunal that it had heard from Dr Shaheen, that it was only in 2024 when these proceedings became more of a live issue that she fully stopped to reflect on the conduct in relation to Ms B. Ms Bayley invited the Tribunal to accept that Dr Shaheen has provided an open, honest and transparent account and has accepted that the insight into her actions relating to Ms B were regrettably, a much later realisation on her part. She said that the Tribunal was however here to assess Dr Shaheen's level of insight today and invited it to give Dr Shaheen credit for the fact that she has developed that insight to a significant degree. Ms Bayley reminded the Tribunal that Dr Shaheen has engaged with the proceedings and the process at all stages and has been cross examined about very deeply personal matters, which are the source of enormous professional and personal shame and embarrassment. Ms Bayley

submitted that all of these matters go directly to maintaining public confidence and maintaining and upholding professional standards.

38. Ms Bayley reminded the Tribunal of the *Cohen* test; namely whether the conduct was remediable, has it been remedied, and whether it was highly unlikely to reoccur. She said that Dr Shaheen has undertaken targeted training relevant to the misconduct, provided reflections of that training at the time she completed those training modules, and had reflective discussions with several colleagues at different times. Ms Bayley said that Dr Shaheen had undertaken the process of reflection, taken a step back and been able to look objectively at what went wrong, why it was wrong, how GMP is engaged, what the impact of the misconduct was on the people involved, and on the wider reputation of the medical profession.

39. Ms Bayley said that at the time the misconduct began, Dr Shaheen had an XXX to the breakup with Mr A, had XXX thinking and found it very difficult to move on from that thinking. Ms Bayley said Dr Shaheen had become increasingly frustrated with the situation, lashing out and was desperate for answers, for closure, or the truth that she wanted. She said Dr Shaheen recognised this was not a healthy reaction to a breakup and sought support from colleagues and XXX. She submitted that Dr Shaheen had made real and concrete changes to her life, reducing the number of hours she was working to maintain a healthier work life balance, undertaking physical exercise, and reaching out to other friends. Ms Bayley submitted that Dr Shaheen has managed now to maintain XXX to the point where she has been XXX, and in June 2025, she was found to have XXX. She said that it was highly unlikely that the precise circumstances which led to her reaction in early 2020, were going to reoccur.

40. Ms Bayley submitted that any medical professional facing fitness to practise proceedings with a hearing upcoming would undoubtedly be feeling incredibly stressed and anxious. She said that these matters were outside Dr Shaheen's control and that it was this sort of situation where there could have been XXX, but that there had not been. She said that this was because of the work Dr Shaheen has done and was due to the coping mechanisms and strategies she put in place. She said that if Dr Shaheen were to XXX. Dr Shaheen now has healthy coping mechanisms.

41. Ms Bayley submitted there was no evidence before the Tribunal to suggest that if there were to be a XXX, Dr Shaheen would react by behaving inappropriately towards patients, colleagues, or members of the public. Ms Bayley submitted that there has been no repetition of the unwanted contact of Ms B since 2023 and Dr Shaheen has no desire to have contact with Mr A, Ms B or Ms C again. She said that Dr Shaheen has expressed remorse not just to this Tribunal, but also in her reflections. She invited the Tribunal to agree that Dr

Shaheen's remorse was genuine and that those feelings of regret, embarrassment, humiliation and shame were real.

42. Ms Bayley submitted that in light of the substantial work Dr Shaheen has undertaken, she has demonstrated that she has remediated the conduct that led to her behaviour. Ms Bayley said that these proceedings have been a salutary lesson for Dr Shaheen who has absolutely no desire to be before her regulator again.

43. Ms Bayley reminded the Tribunal that Dr Shaheen's professionalism at work and patient care has never been called into question, and through the work she has done and continues to do, she has gained a much deeper understanding of the application of GMP. Ms Bayley invited the Tribunal to find no current impairment of Dr Shaheen's fitness to practise. She also invited the Tribunal to agree that Dr Shaheen's reflection was now significant and substantial to the point that she posed no risk to the health, safety and well-being of patients, members of the public or members of the profession.

44. In relation the maintenance of public confidence and upholding and declaring proper professional standards, Ms Bayley submitted that these both come under the umbrella of public interest and that the objectives were not of equal importance. She said that the primary purpose of fitness to practise regulation is to protect patients, and as part of that, the public interest includes maintaining of public confidence in the medical profession and declaring and upholding proper professional standards. She said that this must not be a vehicle for regulators to punish registrants for past misconduct. Ms Bayley reminded the Tribunal that this investigation has been ongoing for four and a half years, which was an incredibly long time for any individual to be under increased scrutiny by their regulator. She said in Dr Shaheen's case, this represented most of her professional career. She said that these proceedings were public and details of the Tribunal's determination at the end of the hearing will be published on the website. Ms Bayley added that Dr Shaheen has lost her good character before her regulator and there are now findings of fact and serious professional misconduct that will remain with her for her entire career.

45. Ms Bayley accepted that limbs (b) and (c) of the *Grant* test were engaged in this case. However, she directed the Tribunal to Mrs Justice Cox's judgment in the same case, which states that "*when considering whether fitness to practise is currently impaired, the level of insight shown by the practitioner is central to a proper determination of that issue*". Ms Bayley invited the Tribunal to determine that Dr Shaheen poses no ongoing risk of repetition and therefore no ongoing risk to the public.

## The Tribunal's Approach

46. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision on impairment is a matter for the Tribunal's judgement alone. When reaching its determination, the Tribunal had regard to the overarching objective and the standards set out in GMP.

47. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted when considering the allegations relating to misconduct. First, whether the facts as found proved amounted to misconduct; and then secondly, whether Dr Shaheen's fitness to practise was currently impaired.

48. Regarding misconduct, the Tribunal was reminded of the guidance in the case of *Nandi v General Medical Council [2004] EWHC 2317 (Admin)*, where misconduct was described as:

*"a falling short by omission or commission of the standards of conduct expected among medical practitioners, and such falling short must be serious". The adjective "serious" must be given its proper weight".*

49. The Tribunal will consider whether Dr Shaheen's fitness to practise is currently impaired at the time of this hearing, not whether impairment existed at the time of the index events.

50. The Tribunal also had in mind the threefold test set out in *Cohen v GMC [2008] EWHC 581 (Admin)*, where Mr Justice Silber identified criteria for assessing current impairment which can be summarised as follows. Firstly, is the conduct remediable; secondly, has it been remedied; and thirdly, is it highly unlikely to be repeated in the future?

51. Whilst there is no statutory definition of impairment, the LQC advised the Tribunal that it is assisted by the guidance provided by Dame Janet Smith in the Fifth Shipman Report, as adopted by the High Court in *CHRE v NMC & Grant (2011) EWHC 927 (Admin.)* Dame Smith sets out some features that are likely to be present when impairment is found. Namely, whether the doctor:

- a. has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or

- b. has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or
- c. has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession;
- d. has in the past acted dishonestly and/or is liable to act dishonestly in the future.

52. In reaching its decision, the Tribunal has taken account of the statutory overarching objective, which includes protecting, promoting and maintaining the health, safety and wellbeing of the public, promoting and maintaining public confidence in the profession, and promoting and maintaining proper professional standards and conduct.

### The Tribunal's Determination on Impairment

#### Misconduct

53. The Tribunal took into account all the evidence before it, and the submissions of both Mr Moran and Ms Bayley.

54. The Tribunal began by reminding itself of the background and context of the matters which led to this hearing.

#### Mr A and Ms C

55. In his witness statement, Mr A states that during his relationship with Dr Shaheen, she used to belittle and talk down to him. Around the beginning of November 2019, he had decided that he did not want to be in the relationship. He said that he was XXX. He took that as the opportunity to leave the relationship. He said that he thought if he left and did not contact Dr Shaheen, she would get the message that the relationship was over. He also deleted and blocked her number and turned his phone off for a month whilst he was away.

56. Mr A stated that Dr Shaheen called him in December 2019 from a different number and wanted to know what was going on with their relationship. He explained to her that he had broken up with her. Dr Shaheen called him a “coward” and Mr A ended the call. Mr A stated that in March 2020 whilst he was at work XXX, he began to receive numerous calls from a withheld number. He stated that he ignored them as he thought they would stop and anticipated that they were from Dr Shaheen. Mr A eventually answered one of the calls to make things clear to Dr Shaheen and tell her that “*I didn’t want her to contact me again.*” Mr

A stated that Dr Shaheen listened in silence and at the end of the conversation she said something to the effect of, *“Oh, well, okay. That’s fair enough. I’ll take that on board. I’m sorry.”* Mr A said that it had ended amicably at that point. He stated that two days later, he received a further series of calls from a withheld number. He thought it was Dr Shaheen and picked up the phone. He said that they went over the same conversation and that Dr Shaheen kept repeating, *“I don’t understand why you lied to me.”* Mr A stated that Dr Shaheen used a series of derogatory remarks; *“coward”, “the worst kind of human”, and “pond scum”*.

57. Between March 2020 and October 2020, Mr A continued to receive a number of calls from a withheld number. He contacted his phone provider, to ascertain whether they could ascertain the source, so he would be able to evidence that it was Dr Shaheen.

58. On 2 October 2020, Dr Shaheen sent an email to Ms C, Mr A’s new partner. The email purported to be an enquiry regarding a beauty treatment and requested Ms C’s phone number, as she would find it easier to arrange an appointment on the telephone. There followed a telephone conversation in which Ms C told Dr Shaheen that she knew who she was, and that she knew she did not want a treatment. During the call, Dr Shaheen broke down in tears and kept saying Mr A would not give her the truth regarding their breakup.

59. On 4 October 2020, Dr Shaheen sent Ms C a number of text messages and asked Ms C to have a further call with her. Ms C responded on the same date. Her message concluded by saying *“...I hope you manage to move past this. I am asking you now please do not contact me again”* Dr Shaheen responded to this message saying that she respected Ms C’s decision.

60. On 6 November 2020, Mr A received an email from Dr Shaheen. The email concluded by saying *“You’ll be glad to know, I think I am finally done”*. Ms C sent a message to Dr Shaheen on 7 November 2020, stating *“One more call/message/email to myself or [Mr A] and we will be reporting you to the police”*. Dr Shaheen responded stating *“Aha. I’m sure they’ll be so interested. Good luck with that one”*.

61. Mr A stated that on 5 March 2021, he received a call from Dr Shaheen on a withheld number and recorded the conversation. He stated that during that conversation he told Dr Shaheen that she was stalking him and that he asked her to stop contacting him. He said that he then received a further call from Dr Shaheen from a withheld number on 13 March 2021. At this point, Mr A and Ms C decided it was time to report Dr Shaheen to the police and did so on 14 March 2021.



62. Mr A stated that the police subsequently got back in touch with him and said that they had spoken to Dr Shaheen and had told her to desist in contacting Mr A whilst their investigation was ongoing. Despite being told this, Mr A stated that he received a further call from Dr Shaheen on 22 March 2021, when he again told Dr Shaheen to stop contacting him and that she was stalking him.

63. Dr Shaheen was arrested by the police on 7 April 2021 and subsequently self-referred to the GMC shortly after her arrest. She was released with bail conditions not to contact Mr A or Ms C.

64. In his impact statement to the police, Mr A stated that:

*“...this situation has had a detrimental effect on my mental health and wellbeing; it has negatively affected my current relationship and my day-to-day life. I feel as though I’m not the same person I was and the constant fear for my partner’s safety is becoming unbearable. I feel this has now gone way past the point of no return and, without the assistance of the police, I feel as though myself and my partner will be living in fear for the foreseeable future which I’m not willing to do. I feel I’ve got a personal responsibility to look after [Ms C] as she’s been dragged into this unwillingly and, if anything happened to her, I’d never be able to forgive myself. I don’t feel I or my partner will feel safe until this has been resolved to the full extent of the law.”*

65. In her witness statement, Ms C stated that she would like to emphasise the amount of stress that Dr Shaheen had caused her and Mr A. She said that although she has never met Dr Shaheen, her actions had really disturbed her. Ms C explained that XXX which is situated down a dark alleyway. She said that she had become extremely paranoid that Dr Shaheen was going to turn up and harm her. She said that she had to ask Mr A to fit some lights and CCTV cameras as she had become so worried.

#### Ms B

66. In her witness statement, Ms B stated that initially she was irritated with Mr A for ‘ghosting’ her friend, and that she tried to support Dr Shaheen through the breakup. She stated that Dr Shaheen quickly got XXX with Mr A, and that at some point Dr Shaheen was calling her every day and talking about the breakup. She stated that it got to the point where she told Dr Shaheen, words to the effect of “it’s happened, you need to move on”. She stated that as the COVID-19 lockdown was approaching, Dr Shaheen’s obsession with Mr A and the breakup was becoming frustrating. Ms B stated that towards the end of spring, possibly in early May 2020, Dr Shaheen sent her a long abusive WhatsApp message and Ms B decided

that she did not want to associate with her anymore. She later received a long email from Dr Shaheen, where she became personal about her and her husband. Dr Shaheen also sent Ms B a long Whatsapp message on 15 June 2020, and she blocked Dr Shaheen on Whatsapp. Dr Shaheen sent Ms B a further text message on 9 July 2020, stating that she presumed that she was now ‘blocked’ and stated that she thought *“blocking was reserved for stalkers and harassers”*.

67. In March 2022, Dr Shaheen became aware that Ms B had provided a witness statement to the police as part of their investigation. On 24 March 2022 Dr Shaheen sent Ms B a message stating *“Morning. I think maybe it is time you gave me some sort of explanation?”*. She sent a further message a few days later with a link to a website, saying *‘You’d better write a statement about this woman too’*. This message was followed by a ‘snake’ emoji. Ms B responded on 5 April 2022, stating, *“The police have informed you that we do not want to be contacted. Please do not contact us again”*. Dr Shaheen responded to that message, saying *“Block my number then you moron! Clearly you’re not that fussed”, “And who is us? I messaged you and no one else”, and “Guilty conscience I suspect. Should’ve thought about that before perhaps.”*

68. On 17 May 2022, Dr Shaheen sent a Whatsapp with four ‘snake’ emojis to Ms B, and a further ‘snake’ emoji on 28 May 2022. Dr Shaheen then sent a further message to Ms B on 29 May 2022, which started *“Hey [‘snake’ emoji]...”*. She then sent a further message on 13 July 2022 with another ‘snake’ emoji. On 21 September 2022, Dr Shaheen’s sent Ms B a message reading *“hahahahahahahahahhahahahahhahahahahahahhahahahahhaha Losers”*, with four ‘crying laughing’ emojis.

69. Dr Shaheen then rang Ms B on 22 December 2022. This telephone call was recorded by Ms B and was professionally transcribed. In that conversation, Ms B told Dr Shaheen *“...You’re not supposed to be contacting me, you’ve been asked several times.”* Dr Shaheen stated that she thought Ms B would want to apologise, Ms B asked what for and Dr Shaheen responded *“What do you think, you stupid fucking chav...”*

70. On 21 November 2022, Dr Shaheen sent Ms B a message calling her a *“nasty piece of work”* and accusing her of telling ‘lies’. The last attempted contact was on 23 December 2023 when Dr Shaheen called Ms B, but she did not answer the phone.

71. In his witness statement, Ms B’s husband stated that he thought Dr Shaheen’s behaviour has had a detrimental impact on Ms B. He stated that the extent of the problem fully materialised when he was due to go away with work XXX. He stated that he clearly remembered discussing with Ms B whether Dr Shaheen might turn up at the house in his

absence to harass her XXX. He stated that given Ms B's anxiety and fear about what Dr Shaheen might do, they decided it was necessary to install CCTV at their home.

72. The GMC referred to a message sent by Dr Shaheen to Ms B's husband on 22 February 2020. It was the GMC's case that this message demonstrated 'premeditation' in relation to the subsequent harassment and its impact. The message appeared to be a screenshot of text on a website, with certain text circled. This included:

*"We need to start holding ourselves and other people to higher standard of accountability and let ghosters know that there are consequences for their actions..."*

*...I have confronted friends when I learned that they have ghosted other people. I have also confronted a few women over the years that ghosted me that I've run into. And in doing so I gave them back some of the unnecessary pain they caused me. Confronting people who ghost lets them know there are consequences for their actions by holding them accountable for such inexcusable behaviour."*

73. In oral evidence, Dr Shaheen confirmed that this was not text which she had typed, rather she accepted that she had sent the screenshot to Ms B's husband and that she had circled the text above. Dr Shaheen went on to explain that she was hoping that Ms B's husband would speak to/confront his friend, Mr A, about the manner in which he had ended the relationship. When she came to hear that this had not happened, she sent Ms B's husband the screenshot. The Tribunal did not consider that this was evidence of premeditation, rather it was Dr Shaheen's attempt at prompting Mr A's friend to take action to confront Mr A.

74. The Tribunal considered the particular circumstances which initially led to Dr Shaheen's misconduct. Namely, she had been in a committed relationship, which ended in an unkind and highly undesirable manner. Not long after Dr Shaheen was able to get an explanation for the relationship breakdown from Mr A, the country went into a period of lockdown due to the COVID-19 pandemic. She was at home and obsessed over what had happened and the reasons for the breakup. Her initial reaction was understandable, as was her decision to seek support from Ms B and her husband.

75. However, the Tribunal also considered the nature of her conduct and the manner in which it progressed, namely by contacting a new partner of Ms A under a false pretence. The unwanted contact with Mr A lasted for around one year. Of particular note, the unwanted contact persisted when she had clearly been told to stop by Mr A and Ms C and been warned that they would contact the police. Mr A installed lights and CCTV where Ms C worked as

they concerned that Dr Shaheen would turn up XXX, and cause her harm. The Tribunal considered that these individuals felt the need to take action to protect themselves from Dr Shaheen, whether or not that was the intended result of Dr Shaheen's behaviour.

76. The continued unwanted contact with Ms B came at a time when she realised that Ms B had provided the police with a witness statement. The messages to Ms B appeared to be intentionally hurtful, abusive and vitriolic. They appeared to be a direct response to the witness statement Ms B had given to the police. At one stage, Dr Shaheen had bail conditions not to contact Ms B (in addition to Mr A and Ms C). Whilst there was no suggestion that she had breached these conditions, the Tribunal considered that Dr Shaheen should have understood the fact that Ms B wanted no further contact with her. She also continued to send Ms B hurtful messages, after Ms B had told her to stop on a number of occasions, both in messages and telephone calls. The persistent unwanted contact with Ms B also came after police involvement for a harassment matter involving Mr A and Ms C, however this did not dissuade Dr Shaheen. Ms B and her husband had CCTV installed at their home as a result of Dr Shaheen's behaviour.

77. The Tribunal was satisfied that paragraph 65 of GMP was engaged in this case. Namely:

*"65. You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession"*

78. Dr Shaheen conceded that her behaviour as set out above amounted to serious misconduct, it is however a matter for the Tribunal's own judgement. The Tribunal considered that her unwanted contact persisted over a period of time, with three individuals, and despite several warnings to desist. Dr Shaheen's unwanted contact amounting to harassment, had a significant impact on those to whom she directed her unwanted contact, resulting in fear, disruption, stress and upset to their day to day lives.

79. The Tribunal was satisfied that Dr Shaheen's conduct fell below the standard expected of a medical professional and that her behaviour did amount to serious professional misconduct.

## Impairment

80. The Tribunal then went on to consider whether Dr Shaheen's fitness to practise is currently impaired by reason of her misconduct.

81. It considered the evidence provided by Dr Shaheen, including her reflections contained in written documents and the oral evidence she provided to the Tribunal. In her witness statement, dated 6 October 2025, Dr Shaheen explained that she was in a loving, committed relationship and was utterly devastated when it ended with no prior warning. She stated:

*“As more COVID-19 lockdowns were enforced, I found that [XXX] significantly deteriorated. I was spending more time alone than usual and without normal day to day distractions; I was spending much of my time thinking about my relationship with Mr A and our break-up. I felt unable to move forward without some sort of closure from Mr A”.*

82. Dr Shaheen went on to explain that she sought support from Ms B and her husband in the aftermath of the breakup.

83. In oral evidence, she explained that she had sent a screenshot of a website to Ms B’s husband. The website was discussing how ‘ghosters’ should be confronted about their behaviour. She explained that she sent this to Ms B’s husband, when she heard that he had not challenged Mr A over his behaviour during a discussion after Mr A returned XXX.

84. She described in her witness statement, that contacting Ms C was ‘impulsive’ and a “significant lapse of judgement”. In relation to Ms B, Dr Shaheen’s witness statement describes how she was incredibly upset and surprised to hear that Ms B has provided a witness statement to the police. She described the messages to Ms B in 2022 and 2023 as being fuelled by her “frustration and confusion about why she would not speak with me”.

85. Dr Shaheen’s witness statement concludes by saying:

*“Having had the opportunity to reflect upon my behaviour with the consequences of my actions now clear, I realise that despite what I believed my intentions were, I was asked by the individuals to cease contacting them and I did not respect those wishes and understand why the persistent contact caused Mr A, Ms B and Ms C distress, for which I am very regretful”.*

86. Dr Shaheen provided a number of CPD certificates after completing various courses on 2 November 2024. These courses were in relation to dealing with conflict, emotional intelligence, personal and team resilience, preventing bullying and harassment, investigations and grievances; and managing difficult conversations with difficult people. Dr Shaheen had also completed written reflections on each of those courses in November 2024. She

explained in oral evidence that she had completed the courses following the Rule 7 documentation from the GMC, once she was aware of the allegations against her. Within those reflections, she considered the reason for and the impact of her actions in respect of Mr A and Ms C.

87. In addition, there were more detailed recent written reflections. In oral evidence, Dr Shaheen confirmed that she had begun to draft these in May 2025, but had finalised them in the week before this hearing. Dr Shaheen reflected on a number of areas, including *what went wrong and why; which areas of Good Medical Practice are engaged; what is the impact on the person; potential impact on patients; potential Impact on members of the public; potential Impact on the wider medical profession; what actions have been taken to reflect on the situation; and, what you should have done/what you would you do in future and why.*

88. In respect of Mr A, Dr Shaheen’s reflections included the following:

*“Essentially, there was never at any point an intent to harm. My behaviour stemmed from emotional distress rather than malice. There is no denying that I did not deal with the breakup in a healthy way. I accept that I called Mr. A repeatedly and this isn’t acceptable because he is entitled to a private life free from harassment. I sincerely regret my actions now”.*

89. Dr Shaheen reflected on her behaviour regarding Ms C, as follows:

*“I have always accepted that my initial contact with Ms. C was unbelievably stupid and a clear lapse of judgement. It was completely impulsive and clearly demonstrates that I was not in a good headspace at the time. My subsequent contact with her was extremely limited. I can relate to her viewpoint and her feelings about me. She did not know me personally and I completely understand why she considered me irrational or even “crazy”.*

90. In oral evidence, Dr Shaheen accepted that she became aware of the allegations relating to Ms B in October 2024, but that her insight and reflection into the unwanted contact with Ms B had developed more recently in the lead up to this hearing. Dr Shaheen said that at the time of the unwanted contact with Ms B, she saw it as different to her behaviour towards Mr A and Ms C, as she felt that if you have a falling out with a friend, you are allowed to ‘*sort it out*’. She said that she had previously had ‘*more sympathy*’ for Mr A and Ms C. Despite this, in her recent reflections, Dr Shaheen does discuss her actions towards Ms B, describing them as ‘*oppressive and inappropriate*’ and that she regretted the ‘*angry tone and confrontational nature of some of the contact*’. Dr Shaheen goes on to say:

*“Ultimately, the fact that the police were involved means that I absolutely should have appreciated just how serious the conduct had been taken by Mr. A and Ms. C. I should have immediately taken a step back at this point. Despite the physical distance between us and despite the fact that it was not my intention to cause fear or alarm, both couples were severely impacted by the conduct. I did not appreciate at the time that my previous history with Ms. B was irrelevant to the matter and that it did not give me the right to continue to contact her. I ought to have appreciated that – in spite of not being the original complainants, Ms. B and her husband were clearly involved to some extent in the case – and taken that much more seriously. Contact across the board should have stopped right away. Regretfully, with the passage of time and due to the fact that Ms. B and I had had such a longstanding friendship prior to this, my judgement was clouded and I later re-established contact.”*

91. In her oral evidence Dr Shaheen apologised to the Tribunal and to the GMC that she had not behaved in a way expected of for someone in a medical profession concerning Mr A, Ms B and Ms C. She said accountability was really important for everyone, but particularly a doctor. She said she took full responsibility for her actions and was grateful for the opportunity to present her case.

92. Dr Shaheen said in oral evidence that she felt betrayed by Ms B as she had provided a witness statement to the police. Dr Shaheen said that she did not think at the time that her contact amounted to harassment.

93. Dr Shaheen recognised that her reaction to the breakup up was not healthy. She sought support from colleagues and undertook XXX Dr Shaheen explained how she has put in place strategies to help her such as reducing the number of hours she works, maintaining a healthier work-life balance, undertaking physical exercise, and reaching out to friends. Dr Shaheen explained that she had experienced relationship breakups since 2021, but had suffered no similar thought patterns. She did however accept that she had not since been in a relationship as serious as the one with Mr A. She said that she had XXX in March 2023 and since then, she had not experienced XXX. She added that at the time of her misconduct, she did not consider the relevance of GMP to her personal life, but she now realises that this was an error.

94. Both Mr F and Dr G provided oral testimonial evidence and said that they were of the view that Dr Shaheen had ‘good insight’ into the behaviour which led to these proceedings. Mr F however accepted that he had not discussed the matters in detail with Dr Shaheen. Dr G was Dr Shaheen’s ST3 trainer. She said that Dr Shaheen had made her aware of the events at

the time, that Dr Shaheen opened up about events as much as she could, had reflected on those matters and had expressed remorse. Dr G said that she thought that Dr Shaheen therefore had good insight into what had happened (with Mr A and Ms C). However, she said that she only became aware that Dr Shaheen had also been engaging in unwanted contact of a friend (Ms B) within the last week. She had not been aware that this unwanted contact had been occurring with Ms B during the period of her ST3 training.

95. On behalf of Dr Shaheen, Ms Bayley had accepted that Dr Shaheen's behaviour had brought the medical profession into disrepute, and that she had in the past breached one of the fundamental tenets of the medical profession. The Tribunal agreed that these two limbs of the *Grant* test were engaged.

96. The Tribunal considered whether Dr Shaheen's misconduct was remediable, whether it has been remedied, and whether it is highly unlikely to recur.

97. Whilst Dr Shaheen's misconduct was serious, the Tribunal was satisfied that it was remediable.

98. The Tribunal then considered the extent to which Dr Shaheen has remedied her behaviour.

99. The Tribunal was satisfied that Dr Shaheen has expressed genuine regret and remorse for her behaviour. She had demonstrated this in respect of Mr A and Ms C in her reflections on the CPD courses in November 2024 and in her recent reflective statement. In oral evidence, she expressed how embarrassed and ashamed she felt both personally and professionally.

100. Following police involvement, there is no evidence that she contacted Mr A or Ms C again. There has also not been any repetition of any unwanted contact with any individual for almost two years, since December 2023.

101. A number of testimonial witnesses have described Dr Shaheen's behaviour as 'out of character' and they discuss the reflections and remorse that Dr Shaheen has demonstrated to them. For example, Dr H and Dr I (both close friends of Dr Shaheen) describe the remorse and insight that Dr Shaheen has shown in respect of her behaviour towards Mr A and Ms C.

102. The Tribunal was of the view that whilst Dr Shaheen had developed substantial insight into her unwanted contact with Mr A and Ms C, the insight in respect of the unwanted contact with Ms B was very recent and was more limited.



103. Dr Shaheen had accepted that at the time of her unwanted contact with Ms B, she did not consider or appreciate that her behaviour towards Ms B amounted to harassment. This harassment was ongoing whilst she was developing insight into her actions towards Mr A and Ms C, but Dr Shaheen did not then make the connection or recognise how her behaviour amounted to harassment. Ms B had asked Dr Shaheen to desist more than once, had blocked her number, and had explained to Dr Shaheen that the police had told her not to contact Ms B. Dr Shaheen was arrested for harassment of others and at one stage, had bail conditions not to contact Ms B or her husband. Despite this, Dr Shaheen still continued the unwanted contact with Ms B (albeit not breaching any bail conditions).

104. The Tribunal found that the content of the messages and emails Dr Shaheen sent to Ms B appeared to be intentionally hurtful, abusive and vitriolic. They also appeared to be in direct response to Ms B having provided a witness statement to the police as part of their investigation.

105. In oral evidence, Dr Shaheen said that she had not fully read all the messages in the bundle of documents sent to her by the GMC in preparation for these proceedings. She was asked about the reason for sending a message in September 2022, which appears to be of a different nature. It read *“hahahahahahahahahhahahahahhahahahahahahahahahaha Losers”*. Dr Shaheen could not recall why she had sent this message to Ms B.

106. The Tribunal was satisfied that Dr Shaheen had recently developed insight into her conduct towards Ms B and this was evidenced in her very recent reflections. However, whilst Dr Shaheen had engaged on a general level with her reflections about the behaviour towards Ms B, the Tribunal considered that her oral evidence demonstrated that she had not fully reflected on the content of all the messages and emails she sent to Ms B and therefore had not developed full insight into her conduct. It also did not appear to the Tribunal that Dr Shaheen had put herself fully in the position of Ms B, being on the receiving end of her persistent unwanted and distressing contact to the point where the family felt the need to install CCTV.

107. The Tribunal was of the view that Dr Shaheen has not fully considered the impact of her behaviour on Ms B. It therefore determined that it could not be satisfied that Dr Shaheen had fully remediated her misconduct.

108. The Tribunal reminded itself of the persistent nature of Dr Shaheen’s harassment of three individuals, which spanned some three and a half years. Her behaviour continued despite several warnings, a police arrest, and her self-referral to her regulator. It however

acknowledged that there was no previous history of this type of behaviour, nor have there been any instances of harassment since 2023.

109. The Tribunal was of the view that the risk of repetition was low. It could not however be satisfied that the risk of repetition was *highly* unlikely. The Tribunal was of the view that Dr Shaheen has more work to do to develop and embed her insight and understanding into the causes of her actions, understanding of her thought processes and the impact her actions had.

110. When considering whether Dr Shaheen's fitness to practise is impaired on public interest grounds, the Tribunal reminded itself that Dr Shaheen's unwanted contact was in respect of three people, it was persistent, she had been asked to desist, the matter was reported to the police (in respect of Mr A and Ms C), and Dr Shaheen was arrested. Dr Shaheen continued her unwanted contact with Ms B, which amounted to harassment. Taking into account the significant impact that her behaviour had on the three individuals, the Tribunal determined that, in balancing all the circumstances of this case, a finding of current impairment was necessary in order to promote and maintain public confidence in the profession, and to promote and maintain proper professional standards and conduct for members of the profession.

111. Accordingly, in all these circumstances of this case, the Tribunal concluded that Dr Shaheen's fitness to practise is currently impaired by reason of her misconduct.

#### **Determination on Sanction - 04/11/2025**

112. Having determined that Dr Shaheen'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 what action, if any, it should take with regard to Dr Shaheen's registration.

#### **The Evidence**

113. The Tribunal has taken into account the background to the case and the evidence received during the earlier stages of the hearing where relevant to reaching a decision on what action, if any, it should take.

## Submissions on behalf of the GMC

114. Mr Moran submitted that the appropriate sanction in this case was one of suspension with a review. The GMC's position was that the suspension did not need to be at the upper end of the scale. He referred the Tribunal to the relevant paragraphs of the Sanction Guidance (5 February 2024) ('the SG') and the relevant principles it should consider when determining what sanction, if any, to impose.

115. Mr Moran submitted that there was significant mitigation in this case, but would leave it to Ms Bayley to address the Tribunal in full. He did refer to paragraphs 27-30 of the SG, which refer to the stage of the doctor's medical career. Mr Moran submitted that although Dr Shaheen was a relatively short way into her career at the time of the index events, a doctor's serious misconduct was not acceptable simply because they are inexperienced. He added that this factor is generally more relevant to clinical failings and paragraph 30 of the SG states that the stage of a doctor's career will sometimes have a limited influence on what action to take. He submitted that insight was always an important consideration and the Tribunal has made its findings at Stage 2, namely that it was satisfied that Dr Shaheen has complete insight in relation to Mr A and Ms C, and that there was still work to do in relation to Ms B.

116. In respect of aggravating factors, Mr Moran submitted that paragraph 56a of the SG was engaged. Namely, the conduct had arisen in the doctor's personal life, it involved acting without integrity and the conduct did not justify their patients' trust in them and the public's trust in the profession.

117. Mr Moran submitted that in considering whether to take no action, there needs to be identifiable exceptional circumstances. He submitted that this was not a case where it would be appropriate to take no action, given the Tribunal's findings.

118. Mr Moran submitted that the Tribunal could and should consider conditions. He submitted however that conditions were not appropriate, as the misconduct was too serious and there were no conditions that could address the reasons for impairment. Mr Moran also said that this case did not fall within the examples set out at paragraph 81, although he recognised that the wording in the paragraph did not preclude the imposition of conditions in other appropriate cases.

119. Mr Moran then referred then Tribunal to the relevant paragraphs of the SG in respect of suspension. He submitted that paragraph 93 of the SG sets out that:

*“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.”*

120. Mr Moran reminded the Tribunal that it determined at Stage 2, that the conduct was unlikely to be repeated.

121. Mr Moran submitted that when considering the factors in paragraph 97 that would indicate suspension may be appropriate, the following were engaged:

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

122. Mr Moran referred the Tribunal to the relevant paragraphs of the SG when considering the length of any suspension and when directing a review hearing. He submitted that it was the position of the GMC that there should be a review hearing, given the Tribunal’s findings in relation to Dr Shaheen’s insight relating to Ms B.

### **Submissions on behalf of Dr Shaheen**

123. Ms Bayley reminded the Tribunal that the main purpose of imposing a sanction is primarily concerned with protection of the public. She reminded the Tribunal that any sanction must be appropriate and proportionate to meet the public interest, and that it must impose the least restrictive sanction necessary to achieve the public interest in the case. Ms Bayley reminded the Tribunal that the misconduct took place entirely within Dr Shaheen's private life and at no stage was any patient harmed or put at risk of harm.

124. Ms Bayley submitted that the Tribunal has found that there was a low risk of repetition in respect of future contact with Ms B, who was not a patient. Ms Bayley submitted that public confidence could be maintained in a number of different ways. She

acknowledged that there has been a departure from GMP, albeit in one limited aspect and in one limited way.

125. Ms Bayley submitted that as far as outstanding risk was concerned, the Tribunal should not punish Dr Shaheen for what she did to Mr A, Ms C or Ms B. She said that Dr Shaheen has been under investigation by the GMC for four and a half years, has waited a substantial amount of time for this hearing and has continued to practise, with no issues arising at work. She said that it was agreed that Dr Shaheen's conduct persisted for quite some time, but did substantially finish in 2022, save for one phone call and one text message in 2023. She said that Dr Shaheen has attended this eight-day hearing at her personal cost, that she has had to take time off work to do so. Ms Bayley said that there has been a financial and reputational cost element to her attending. She said the doctor has given evidence and addressed some deeply personal and difficult matters. She said that Dr Shaheen has continued to engage throughout and admitted all of the allegations, negating the requirements for any of the GMC witnesses to attend.

126. Ms Bayley reminded the Tribunal that it has found the misconduct to be remediable and that it was clear that Dr Shaheen was capable of that remediation. She said that the Tribunal's determination will be published, and that going through this fitness to practise process has had a punitive effect. She submitted that there has been significant action undertaken by the GMC and by the MPTS to mark the seriousness, to maintain public confidence and to declare and uphold professional standards. She said that there was no requirement for an overly restrictive sanction at this stage and that a suspension would have an enormously punitive effect and be entirely disproportionate. Ms Bayley submitted that if there needs to be a further period of reflection to develop insight, understand her thought processes and of the impact her actions had on Ms B, that was achievable by a period of conditions, or a very short suspension.

127. Ms Bayley submitted that Dr Shaheen has demonstrated a lengthy history of safe, effective and kind practice towards patients, and has undertaken targeted training aimed at remedying her misconduct. She said Dr Shaheen has continued with that safe practice throughout the lifetime of this investigation; that Dr Shaheen has developed her insight over the year to the point where it is now almost complete, and the Tribunal has determined that there is a low risk of repetition in light of that work. She said that Dr Shaheen has apologised to the Tribunal, the public and to the parties involved in the case and has taken accountability and responsibility for her actions. She said Dr Shaheen has participated in reflective discussions with professional colleagues, albeit not in respect of Ms B who did not become a feature of this case until the end of 2024.

128. Ms Bayley submitted that Dr Shaheen has taken concrete steps to understand the triggers for her behaviour, to improve XXX and well-being, to adopt healthy coping mechanisms and make herself generally more resilient to upsetting events. She said that it was of particular importance that Dr Shaheen had gone through what has been unquestionably the most stressful week of her life before this Tribunal without XXX. She referred the Tribunal to Dr Shaheen's reflections, her oral evidence, her CPD, patient and colleague feedback, and testimonial evidence. She submitted that Dr Shaheen's insight is almost complete, and that she was willing to comply with conditions.

129. Ms Bayley accepted that taking no action was not appropriate in this case in light of the findings on impairment. She said that the Tribunal could impose conditions requiring the creation of a professional development plan. This could be accompanied by requiring the appointment of a clinical supervisor, with whom Dr Shaheen could have regular discussions. She added that conditions could also require the preparation of a reflective document. Ms Bayley submitted that the imposition of conditions would give some structure for that remedial work, allow the GMC to continue to monitor Dr Shaheen's practise to guard against any risk of repetition, and require that she return for a review hearing to demonstrate to a future panel that her fitness to practise was no longer impaired. Ms Bayley submitted that a period of 6 months conditional registration would satisfy the public interest.

130. Ms Bayley concluded by saying that a suspension order would be unduly punitive and would likely result in Dr Shaheen losing her employment if any suspension were for a period longer than around 4 weeks.

131. At the conclusion of Ms Bayley's submissions, the Tribunal clarified a point that Ms Bayley had raised. Namely, she had submitted that the Tribunal had found that there was a low risk of repetition in respect of future contact with Ms B. The Tribunal referred Ms Bayley to its determination on Impairment (Paragraph 109). Within that paragraph it is not stated the risk of repetition is in relation to future contact with Ms B.

### **The Tribunal's Determination**

132. The Tribunal's decision as to the appropriate sanction to impose on Dr Shaheen's registration, if any, is a matter for the Tribunal exercising its independent judgement. In reaching its decision, the Tribunal should take account of SG and the overarching objective in section 1 of The Medical Act 1983.

133. In reaching its decision, the Tribunal should have regard to the principle of proportionality, balancing Dr Shaheen's interests with those of the public. Throughout its

deliberations the Tribunal should bear in mind that the purpose of a sanction is not to punish a doctor, although a sanction may have a punitive effect.

134. The Tribunal must also bear in mind that in deciding what, if any, sanction to impose, it should consider all the sanctions available, starting with the least restrictive and consider each sanction in ascending order until the overarching objective is met.

#### Aggravating & Mitigating Factors

135. In reaching its decision, the Tribunal first considered the aggravating and mitigating factors present in this case.

136. The Tribunal identified the following as being aggravating factors:

- Dr Shaheen's behaviour involved three people, and her actions had a highly detrimental impact on them, causing them fear and distress. It persisted over a period of time despite repeated prompts to desist. The Tribunal had concluded that Dr Shaheen's conduct did not justify patients' trust in them and the public's trust in the profession.

137. The Tribunal identified the following mitigating factors:

- Dr Shaheen has no previous history of regulatory findings against her and is highly regarded by colleagues.
- The initial harassment was as a result of Mr A ending their relationship in an unkind and undesirable manner. The ending of the relationship occurred at the start of the COVID-19 Pandemic and a period of lockdown when Dr Shaheen was somewhat isolated from her physical support network.
- XXX
- Dr Shaheen has demonstrated a genuine expression of apology, regret and remorse for her actions. She has completed targeted CPD and reflection.

138. The Tribunal considered the issue of insight. Dr Shaheen has developed significant insight, but the Tribunal found there was more work for her to do, as it found at Stage 2. The Tribunal did not therefore consider her level of insight to be either an aggravating factor or a mitigating factor in the particular circumstances of this case.

## No action

139. In reaching its decision as to the appropriate sanction, if any, to impose in this case, the Tribunal first considered whether to take no action.

140. The Tribunal considered that there were no exceptional circumstances in this case which could justify it taking no action. Given the findings against Dr Shaheen, the Tribunal determined that to take no action would be neither appropriate nor proportionate and would fail to uphold the statutory overarching objective.

## Conditions

141. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Shaheen's registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable and measurable.

142. The Tribunal had regard to paragraphs 81 and 82 of the SG:

*"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."*

143. The Tribunal noted that the particular circumstances of this case did not fall into any of the examples at paragraph 81 of the SG. The Tribunal noted however that paragraph 81 sets out cases where conditions '*might be most appropriate*'. The Tribunal considered that as



paragraph 81 of the SG was not prescriptive, it was appropriate to carefully consider whether the following paragraphs of the SG in respect of conditions might be engaged.

144. The Tribunal was satisfied that Dr Shaheen has significant insight, she has the potential to respond positively to further remediation and there is no suggestion that she would not comply with conditions.

145. The Tribunal considered that paragraphs 84 a, b and c:

*“84 Depending on the type of case (eg health, language, performance or misconduct), some or all of the following factors being present (this list is not exhaustive) would indicate that conditions may be appropriate:*

*a no evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor’s unwillingness to engage*

*b identifiable areas of their practice are in need of assessment or retraining*

*c willing to respond positively to retraining, with evidence that they are committed to keeping their knowledge and skills up to date throughout their working life, improving the quality of their work and promoting patient safety...”*

146. The Tribunal was satisfied that there was no evidence to suggest that remediation is unlikely to be successful. Whilst paragraphs 84b and 84c refer to ‘retraining’, the Tribunal was satisfied that there were identifiable areas where Dr Shaheen could develop further insight. In particular, Dr Shaheen had not fully reflected on the content of all the messages and emails she sent to Ms B; and had not put herself fully in the position of Ms B, being on the receiving end of her persistent unwanted and distressing contact to the point where the family felt the need to install CCTV. Until Dr Shaheen develops this further insight, there is a risk (albeit low) of repeating her harassing behaviour towards others.

147. The Tribunal was satisfied that Dr Shaheen has demonstrated that that she would be likely to respond positively if provided with the opportunity to engage in further reflections. This was evidenced by her attempts to reflect and remediate thus far, including in her recent written reflections finalised the week before the hearing.

148. Before deciding whether the imposition of conditions was the least restrictive and most proportionate response to Dr Shaheen’s misconduct, the Tribunal had regard to the factors which may indicate that suspension was appropriate.

## Suspension

149. The Tribunal considered the relevant paragraphs of the SG in respect of suspension. It had particular regard to paragraphs 92, 93 and 97a, e, f and g:

*“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...”*

*“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. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions...”*

*“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.*

*f No evidence of repetition of similar behaviour since incident.*

*g The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour.”*

150. The Tribunal was of the view that a period of suspension would mark the seriousness of Dr Shaheen’s misconduct. It was also apparent that paragraph 93 and paragraphs 97e, f, and g were engaged. However, paragraph 97a states that suspension may be appropriate where the departure is serious enough that a sanction lower than a suspension would not be sufficient to protect the public. The Tribunal took into account the level of insight that Dr Shaheen had demonstrated, the various impressive testimonials and the highly impressive patient and colleague feedback. The Tribunal determined that a sanction of suspension was not necessary to protect the public given the low risk of repetition and the significant mitigation in this case. Public confidence and proper professional standards and conduct could be maintained by imposing a sanction lower than a suspension.

151. The Tribunal recognised that this was not a case that neatly fell into the examples in paragraph 81, but it determined that conditions could be drafted that would be workable, measurable, appropriate and proportionate.

### **Tribunal’s Decision**

152. The Tribunal therefore determined to impose a period of conditions on Dr Shaheen’s registration for 6 months. It considered that this period of conditional registration would allow Dr Shaheen sufficient time to further develop her insight through the completion of a PDP.

153. The following conditions are not confidential and will be published:

- 1 She must personally ensure the GMC is notified of the following information within seven calendar days of the date these conditions become effective:
  - a the details of her current post, including:
    - i her job title
    - ii her job location
    - iii her responsible officer (or their nominated deputy)
  - b the contact details of her employer and any contracting body, including her direct line manager

- c any organisation where she has practising privileges and/or admitting rights
  - d any training programmes she is in
  - e of the organisation on whose medical performers list she is included
  - f of the contact details of any locum agency or out of hours service she is registered with.
- 2 She must personally ensure the GMC is notified:
  - a of any post she accepts, before starting it
  - b that all relevant people have been notified of her conditions, in accordance with condition 6
  - c if any formal disciplinary proceedings against her are started by her employer and/or contracting body, within seven calendar days of being formally notified of such proceedings
  - d if any of her posts, practising privileges or admitting rights have been suspended or terminated by her employer before the agreed date within seven calendar days of being notified of the termination
  - e if she applies for a post outside the UK
- 3 She must allow the GMC to exchange information with any person involved in monitoring her compliance with her conditions.
- 4
  - a She must have a workplace reporter appointed by her responsible officer (or their nominated deputy).
  - b She must not work until:
    - i her responsible officer (or their nominated deputy) has appointed her workplace reporter

- ii She has personally ensured that the GMC has been notified of the name and contact details of her workplace reporter.
- 5
  - a She must design a personal development plan (PDP), with specific aims to address the deficiencies in the following areas of her practice.
    - insight into her harassment.
  - b Her PDP must be approved by her responsible officer (or their nominated deputy)
  - c She must give the GMC a copy of her approved PDP within three months of these substantive conditions becoming effective
  - d She must give the GMC a copy of her approved PDP on request
  - e She must meet with her responsible officer (or their nominated deputy), as required, to discuss her achievements against the aims of her PDP.
- 6 She must personally ensure the following persons are notified of the conditions listed at 1 to 5:
  - a her responsible officer (or their nominated deputy)
  - b the responsible officer of the following organisations:
    - i her place(s) of work, and any prospective place of work (at the time of application)
    - ii all her contracting bodies and any prospective contracting body (prior to entering a contract)
    - iii any organisation where she has, or has applied for, practising privileges and/or admitting rights (at the time of application)
    - iv any locum agency or out of hours service she is registered with
    - v If any of the organisations listed at (i to iv) does not have a responsible officer, she must notify the person with responsibility for

overall clinical governance within that organisation. If she is unable to identify this person, she must contact the GMC for advice before working for that organisation

c the responsible officer for the medical performers list on which she is included or seeking inclusion (at the time of application)

d her immediate line manager and senior clinician (where there is one) at her place of work, at least 24 hours before starting work (for current and new posts, including locum posts).

154. The Tribunal determined to direct a review of Dr Shaheen's case. A review hearing will convene shortly before the end of the period of conditional registration.

155. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Shaheen to demonstrate how she has further developed her insight. It considered that a reviewing Tribunal may be assisted by a copy of Dr Shaheen's completed PDP, reflections which demonstrate her further insight into the outstanding concerns of this Tribunal, and any other evidence Dr Shaheen considers would assist.

#### **Determination on Immediate Order - 05/11/2025**

156. Having determined to impose conditions on Dr Shaheen's registration for a period of six months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether her registration should be subject to an immediate order of conditions.

#### **Submissions**

157. On behalf of the GMC, Mr Moran referred the Tribunal to the relevant paragraphs of the SG. He submitted that the GMC's position is that an immediate order is not required given the findings of the Tribunal. He confirmed that there is no interim order in currently place.

158. On behalf of Dr Shaheen, Ms Bayley submitted that an immediate order is not necessary. She said that the Tribunal found the risk of repetition to be low and therefore an immediate order was not necessary to protect members of the public. Further, that there was a high bar to reach before imposing an immediate order on public interest grounds

alone. Ms Bayley submitted that an immediate order was not required in Dr Shaheen's own interests.

### The Tribunal's Determination

159. In reaching its decision, the Tribunal considered the relevant paragraphs of the Sanctions Guidance and exercised its own independent judgement. In particular, it took account of paragraphs 172, 173, 177 and 178:

*"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. ...*

*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.*

*...*

*177 Where the tribunal has directed conditional registration as the substantive outcome of the case, it may impose an immediate order of conditional registration. Where the tribunal has directed suspension or erasure as the substantive outcome of the case, it may impose an immediate order to suspend registration.*

*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."*

160. The Tribunal determined that as the risk of repetition was low and there was no direct risk to patient safety, an immediate order was not necessary to protect the public. Further, that an immediate order was not required to protect public confidence in the medical profession and that it was appropriate for Dr Shaheen to continue in unrestricted practice until the substantive order comes into force.

161. The Tribunal therefore determined not to impose an immediate order of conditions on Dr Shaheen's registration.

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



ANNEX A – 03/11/2025

XXX

## SCHEDULE 1

### Schedule 1 – Mr A

Method	Date
Email	6 November 2020
Telephone call	5 March 2021
	13 March 2021
	22 March 2021

### Schedule 2 – Ms B

Method	Date
WhatsApp Message	15 June 2020
Email	26 May 2020
	3 October 2022
Telephone Call	22 December 2022
	23 December 2023
Text message	9 July 2020
	24 March 2022
	1 April 2022
	4 April 2022
	5 April 2022
	17 May 2022
	28 May 2022
	29 May 2022
	13 July 2022
	21 September 2022

	21 November 2023

Schedule 3 – Ms C

Method	Date
Telephone call	2 October 2020
Text message	2 October 2020
	4 October 2020
	7 November 2020