

PUBLIC RECORD

Dates: 13/01/2025 - 28/01/2025, and 23/09/2025 – 24/09/2025

Doctor:

Dr Sariyah AL-HALLAO

GMC reference number:

7082218

Primary medical qualification:

BM 2010 University of Southampton

Type of case

New - Misconduct

Outcome on factsFacts relevant to impairment
found proved**Outcome on impairment**

Impaired

Summary of outcome

Erasure

Immediate order imposed

Tribunal:

Legally Qualified Chair	Mrs Becky Miller
Lay Tribunal Member:	Dr Nigel Westwood
Registrant Tribunal Member:	Dr Nagarajah Theva

Tribunal Clerk:	Miss Racheal Gill
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Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Nicholas Peacock, Counsel, instructed by Medical Protection Society
GMC Representative:	Mr Chris Hamlet, 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 - 27/01/2025

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

Background

2. Dr Al-Hallao qualified with BM(BSc) from the University of Southampton in 2010. He moved to the UK aged 15-16 in May 1996 as a refugee from Syria. Prior to the events which are the subject of the hearing, Dr Al-Hallao undertook a two-year foundation programme at Wessex Deanery and then undertook his two-year Core Surgical Training with the Oxford Deanery. Following this, he completed a year as a registrar in Trauma and Orthopaedics, before returning to Wessex Deanery in 2015 to commence four years of Trauma and Orthopaedics surgery training as a ST4-ST7 registrar. He changed speciality and started his GP training in 2019 and completed his GP training in August 2022. At the time of the alleged events Dr Al-Hallao was practising as a salaried GP at The Lighthouse Group Practice ('the Practice) and he had been in this role since September 2022. He was also a locum GP at Mid Hampshire Healthcare (October 2022 – September 2023) and at Nicholstown Surgery (September 2022 – October 2023).

3. The matters that have led to Dr Al-Hallao's hearing can be summarised as follows: the Tribunal will inquire into the allegation that, on 5 June 2023, Dr Al-Hallao consulted with Patient A, who was vulnerable, and his conduct towards her was inappropriate and sexually motivated. It is alleged that Dr Al-Hallao continued the inappropriate and sexually motivated behaviour and subsequently engaged in a sexual relationship with Patient A.

4. It is also alleged that in October 2023, Dr Al-Hallao made dishonest statements to Mr B and Ms C, Business Partner and Advance Care Practitioner at the Practice, respectively, as

part of a local investigation into his relationship with Patient A and attempted to influence and/or interfere with the evidence Mrs C might provide to the GMC.

5. On 16 October 2023, Mr B referred Dr Al-Hallao to the GMC on behalf of the Practice.

The Outcome of Applications Made during the Facts Stage

6. The Tribunal granted, in part, an application on behalf of Dr Al-Hallao, made pursuant to Rule 34(1) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), to admit a witness statement from Ms D, Communications and Liaison Officer at the Practice. However, the Tribunal also determined to redact a number of passages from Ms D's witness statement. The Tribunal's full decision on the application is included at Annex A.

7. The Tribunal refused an application, made on behalf of the GMC pursuant to Rule 29 of the Rules for the hearing to be adjourned. Mr Hamlet applied for an eight-week adjournment of the hearing in order for the GMC to obtain a proper, comprehensive expert report on the issue of the potential deletion of text messages on Patient A's phone. The Tribunal's full decision on the application is included at Annex B.

The Allegation and the Doctor's Response

8. The Allegation made against Dr Al-Hallao is as follows:

1. You consulted with Patient A on 5 June 2023 and:

- a. during the consultation you inappropriately:
 - i. asked about her taste in men, or words to that effect;
To be determined
 - ii. told her that the men in Portsmouth were blind and should be queuing around the block to take her out, or words to that effect;
To be determined
 - iii. talked about:
 1. the breakup of your relationship;
To be determined
 2. feeling lonely sometimes;
To be determined

3. details of your personal life;
To be determined
- b. following the consultation, you:
 - i. took Patient A's mobile telephone number when it had been provided for medical purposes and used it to contact her for non-medical purposes;
To be determined
 - ii. inappropriately telephoned Patient A later that day and said:
 1. 'I was aware of a connection between us and I need to investigate it further to see where it takes us. I feel certain that you felt this connection too', or words to that effect;
To be determined
 2. 'I didn't notice an age gap, I just saw this gorgeous woman and thought this is my woman, the woman I've waited for all my life', or words to that effect;
To be determined
 3. 'I'm not bothered about my career, it's not important. What is important is exploring this connection', or words to that effect.
To be determined
2. On 12 June 2023 you:
 - a. telephoned Patient A and:
 - i. said 'I don't see any age gap, you're still my woman', or words to that effect;
To be determined
 - ii. said 'as far as my job is concerned, I don't care about that, this is far more important', or words to that effect;
To be determined
 - iii. suggested going out for coffee to talk about things and explore the connection, or words to that effect;
To be determined
 - b. went to Patient A's house and:
 - i. gave her flowers and chocolates;
Admitted and found proved

- ii. hugged her, on one or more occasion;
Admitted and found proved
 - iii. kissed her cheek, on one or more occasion;
To be determined
 - iv. gave her your personal telephone number.
Admitted and found proved
3. Between around 13 June 2023 and 8 October 2023, you sent one or more inappropriate personal messages to Patient A, including those set out at Schedule One.
To be determined
4. On 16 June 2023, you telephoned Patient A whilst on your way to visit her at her home address and there was no medical reason for you to do so.
Admitted and found proved
5. Your actions as set out in paragraphs 1ai, 1aii, 1aiii, 1bi, 1bii, 2ai, 2aii, 2aiii, 2bi, 2bii, 2biii, 2biv, 3 and 4 were sexually motivated.
To be determined
6. Between around 16 June 2023 and 4 September 2023 you:
- a. engaged in a sexual relationship with Patient A;
To be determined
 - b. on more than one occasion, had sexual intercourse with Patient A.
To be determined
7. At all material times:
- a. Patient A was vulnerable due to the matters set out in Schedule Two;
To be determined
 - b. you knew that Patient A was vulnerable due to the matters set out in Schedule Two.
To be determined
8. On 9 October 2023:
- a. as part of a local investigation into your relationship with Patient A, you told Mr B that:
 - i. you had only had sex with Patient A once, or words to that effect;
To be determined

- ii. Patient A made advances which you did not rebuff, or words to that effect;
To be determined
- b. when Ms C spoke to you in your office about what had happened with Patient A, you told her that you had only had sex with Patient A once.
To be determined
9. On 27 November 2023, after you had been made aware that Ms C had received an email from the GMC regarding Patient A, you asked Ms C to tell the GMC you only wanted to be a friend to Patient A in an attempt to influence and/or interfere with the evidence Ms C might provide to the GMC.
To be determined
10. You knew that:
- a. the information you provided to:
 - i. Mr B as described at paragraph:
 1. 8.a.i, was untrue in that you had had sex with Patient A on more than one occasion;
To be determined
 2. 8.a.ii, was untrue in that you had instigated the relationship with Patient A;
To be determined
 - ii. Ms C as described at paragraph 8.b, was untrue in that you had had sex with Patient A on more than one occasion.
To be determined

11. Your action as described at:

 - a. paragraph 8.a.i was dishonest by reason of paragraph 10.a.i.1;
To be determined
 - b. paragraph 8.a.ii was dishonest by reason of paragraph 10.a.i.2;
To be determined
 - c. paragraph 8.b was dishonest by reason of paragraph 10.a.ii.
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 Admitted Facts

9. None of the alleged facts were admitted at the outset but admissions were made following the Doctor giving evidence. The paragraphs that were admitted prior to closing submissions being given were: Paragraph 2(b) (i), (ii) and (iv) and Paragraph 4.

The Facts to be Determined

10. In light of Dr Al-Hallao's response to the Allegation made against him, the Tribunal considered the disputed facts.

Witness Evidence

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

- Patient A, complainant, in person, together with witness statement dated 15 February 2024 and supplementary witness statement dated 29 November 2024.
- Mr B, Business Partner at the Lighthouse Group Practice, by video link, together with witness statement 25 July 2024 and supplementary witness statement dated 23 December 2024.
- Mrs C, Advanced Nurse Practitioner at the time of events, in person, together with witness statement dated 22 January 2024 and supplementary witness statement dated 24 July 2024.

12. The Tribunal also received evidence on behalf of the GMC in the form of witness statements from the following witnesses who were not called to give oral evidence:

- Mr E, Company Director of Config Computers Ltd, dated 28 November 2024.

13. Dr Al-Hallao provided his own witness statement dated 18 December 2024 and also gave oral evidence at the hearing. In addition, the Tribunal received evidence from the following witnesses on Dr Al-Hallao's behalf:

- Ms D, Communications and Liaison Officer for the Lighthouse Group Practice, by videolink.

Documentary Evidence

14. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to:
- Patient A's timeline of meetings from June 2023 and September 2023 between herself and Dr Al-Hallao, dated 8 October 2023.
 - Transcript of text messages between Patient A and Dr Al-Hallao, dated 13 June 2024 and 23 September 2023.
 - Mr B's record of chronology of events, undated.
 - Correspondence between Mr B and Dr Al-Hallao, dated 11 October 2023.
 - Patient A's medical records, various dates between 1 January 2023 and 31 October 2023.
 - Transcripts of a digitally recorded discussion between Dr Al-Hallao and Mrs C, 30 October 2023.
 - A number of references and testimonials provided on behalf of Mr Al-Hallao, dated December 2024.
 - XXX

The Tribunal's Approach

15. In reaching its decision on facts, the Tribunal accepted the following legal advice from the Legally Qualified Chair.

Context

16. When exercising its functions the Tribunal must have particular regard to the statutory overarching objective:

- a. To protect, promote and maintain the health, safety and wellbeing of the public;
- b. To promote and maintain public confidence in the medical profession; and
- c. To promote and maintain proper professional standards and conduct for members of that profession.

How to approach the Allegation

17. In this case some parts of the Allegation namely 2b, i, ii and iv and 4 have now been accepted by Dr Al-Hallao and found proved.

18. The Tribunal only has to determine the parts of the Allegation that have not been admitted, those being:

- a. Paragraph 1 of the Allegation in its entirety
- b. Paragraph 2 (a) in its entirety
- c. Paragraph 2(b)(iii)
- d. Paragraphs 3, 5, 6, 7, 8, 9, 10 and 11 in their entirety.

19. The final sentence “And that by reason of the matters set out above your fitness to practice is impaired because of your misconduct” does not require a determination at Stage One.

Burden/Standard

20. The GMC has the burden of proving each aspect of the allegation upon the civil standard, which is upon the balance of probabilities i.e. is it more likely than not that the events occurred.

21. The Tribunal will have regard to the case of Byrne v GMC (2021) EWHC 2237 (Admin) which confirmed that there is only one civil standard of proof in all civil cases, and that is proof that the fact in issue more probably occurred than not. And, that there is no heightened civil standard of proof in particular classes of case. In particular, it is not correct that the more serious the nature of the allegation made, the higher the standard of proof required.

22. If the Tribunal, having weighed all the evidence in relation to an allegation, considers the case is evenly balanced, then the GMC will not have discharged its burden and will not have proved its case.

Credibility/How to approach evidence

23. It is for the Tribunal to determine which evidence assists in discharging its duties to make findings and the weight to be given to that evidence. Decisions must be based upon the evidence alone and not speculation.

24. The Tribunal should consider the case of Khan v The General Medical Council [2021] EWHC 374 (Admin). This case set out that Tribunals should not assess a witness’s credibility exclusively on their demeanour when giving evidence. The Tribunal should consider all of the evidence before them before coming to a conclusion about a witness’s credibility. It is open to a Tribunal not to rule out the whole of a witness’s evidence based on credibility -

credibility can be divisible. Tribunals must take good character evidence into account in their assessment of credibility and propensity where relevant.

25. The case of *Roy v GMC [2023] EWHC 2659 (Admin)* confirmed that when a doctor and a witness provide fundamentally incompatible accounts, the Tribunal can determine credibility and reliability against the background of any admissions by the parties, their contemporaneous documents and any inconsistencies and consistencies in their evidence. The recent case of *Roach* noted and approved case law that it is commonplace for there to be inconsistency and confusion in some of the detail but the task of the Tribunal is to consider whether the core allegations are true.

26. Written evidence as compared to live evidence does not, inherently, have greater or lesser weight to be attached to it. The Tribunal are entitled to take into account all of the evidence before it and attach whatever weight they see fit to it. The Tribunal must consider the strengths and weaknesses of the evidence when considering its decision.

27. In assessing the evidence, the Tribunal will consider the case of *Dutta, R (On the Application Of) v General Medical Council (GMC) [2020] EWHC 1974 (Admin)* where the judge addressed errors in the approach of the Tribunal. The Tribunal will be mindful of starting with the objective facts as shown by authentic contemporaneous documents, independent of witnesses, and using other evidence as a means of subjecting these to critical scrutiny.

Nature of the Allegation (sexual)

28. In this case aspects of the case relate to sexual allegations and we have heard evidence from Patient A in relation to those sexual allegations.

29. When considering this evidence, the Tribunal should be mindful of the risk of stereotypes and assumptions about reactions to sexual conduct.

30. The Tribunal is cautioned against applying stereotyped images of how an alleged victim or an alleged perpetrator of a sexual allegation ought to have behaved at the time, or ought to appear while giving evidence. Instead, the Tribunal is to judge the evidence on its intrinsic merits. The Tribunal should approach the evidence without prejudice.

31. The recent case of *Roach v GMC [2024] EWHC 1114 (Admin)* confirmed the approach to be taken by a Tribunal when there are disputed allegations. Where there are disputed allegations of sexual misconduct and a practitioner and complainant give conflicting accounts

of events, the Tribunal should not simply prefer one account to another. The Tribunal first needs to assess whether the GMC have discharged the burden of proof that the events as described occurred by considering whether to accept that the complainant's evidence is sufficiently credible in itself and when compared with all the other evidence. If the complainant's evidence is insufficiently credible, there is no need to go further. If the complainant's evidence is sufficiently credible, the Tribunal then needs to consider whether the evidence from the complainant and all the other evidence is to be preferred over the Doctor's evidence.

Sexual motivation

32. The term 'sexually motivated' is defined in the case of Basson v GMC [2018] EWHC 505 (Admin) as: 'A sexual motive means that the conduct was done either in pursuit of sexual gratification or in pursuit of a future sexual relationship'. The Tribunal must be satisfied on the evidence that there was a specific intent.

33. Tribunal must consider whether there is a plausible alternative explanation before determining if the conduct was sexually motivated.

Dishonesty

34. The correct test for dishonesty is confirmed in the case of Ivey v Genting Casinos (UK) Ltd t/a Crockfords [2017] UKSC 67

The Court held that the correct test of dishonesty is that which is used in civil cases that:

a. the fact finding tribunal must first ascertain (subjectively) the state of the individual's knowledge or belief as to the facts at the time.

The reasonableness of the belief is a matter of evidence going to whether he genuinely held the belief but it is not a requirement that the belief must be reasonable; and

b. the fact finding 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 [para 74].

Good Character

35. The Tribunal has heard that Dr Al-Hallao is of good character. His good character must be taken into account by the Tribunal when assessing his credibility and the likelihood of him having done what has been alleged. His good character is not a defence to the Allegation, it is a factor to take into account when considering all of the evidence in the round. The weight to assign his good character is a matter for the Tribunal to determine.

Conclusion

36. Nothing in this legal advice points the Tribunal to assume guilt of the doctor.

37. In summary, it is for the Tribunal to determine which evidence assists in discharging its duties to consider making findings and the weight to be given to that evidence.

38. Decisions must be based upon the evidence alone and not speculation.

39. The GMC must prove the allegation on the balance of probabilities – it is not for the doctor to disprove them.

40. The Tribunal's reasons must be outlined in writing.

The Tribunal's Analysis of the Evidence and Findings

41. Having heard oral evidence from witnesses in this hearing, the Tribunal made the following observations.

42. The Tribunal has carefully considered the contemporaneous documents as a starting point and balanced this with the other written evidence provided and the oral evidence that has been given.

43. Patient A provided a written statement with a number of exhibits including text messages that were sent between her and Dr Al-Hallao at the time of the events in the Allegation and a timeline written for Mr B on the 8 October 2023. In addition to this Patient A gave oral evidence to the Tribunal. The Tribunal found that Patient A's oral evidence given was consistent with the written evidence and the text messages. Patient A confirmed in her oral evidence that she has not deleted any text messages between herself and Dr Al-Hallao and those contained within the bundle provide a full and accurate account of the

communication between them. The Tribunal noted that Patient A gave clear evidence, and it was apparent from both the messages and the oral evidence that the relationship between her and Dr Al-Hallao was unexpected but joyful, with her highlighting on a number of occasions that it was ‘fabulous’. The Tribunal assessed that her answers to questions were consistent and heartfelt, often highlighting Dr Al-Hallao’s positive qualities and that she did not want him to get into trouble or for his career to be affected. On occasion Patient A accepted inadequacies in her own evidence and made concessions such as accepting that there may have been conversations about XXX between her and Dr Al-Hallao. It has been noted that the timeline produced for Mr B on 8 October 2023 only records sexual intercourse taking place on 16 June 2023 but refers to the incidents on 3 July and 4 September 2023 in terms such as ‘gave the impression the relationship had become much closer’ and ‘a great homecoming and full of joy’. The Tribunal acknowledge that the timeline does not specify that sexual intercourse took place but considered it alongside the contemporaneous text messages, reports of the relationship to Mrs C and Mr B and the evidence of Patient A herself.

44. Mr B gave clear and consistent evidence. He confirmed that the meeting between him and Dr Al-Hallao on 9 October 2023 was an informal meeting to apprise Dr Al-Hallao of Patient A’s complaint and did not form part of a full investigation and that the notes provided were typed either during or shortly after the meeting. He has also confirmed that the letter sent to Dr Al-Hallao on 1 October 2023 was typed contemporaneously. He admitted that, in retrospect, he should not have spoken to Mrs C about the case at all in December 2024 but confirmed that they did not collude or speak about the evidence that they were to give. The Tribunal were satisfied that the evidence provided by Mr B was not undermined by this conversation. Mr B made appropriate concessions regarding his knowledge of undertaking investigations but was clear that the meeting on 9 October 2023 was held in private and sufficient attention was given to the seriousness of it. Mr B was clear that he took advice from more experienced colleagues and the GMC and proceeded in accordance with their advice. The Tribunal was satisfied that Mr B was a credible witness.

45. Mrs C gave both written and oral evidence in person. It is noted that she is XXX and is no longer working at the Practice. In addition to her original statement a further statement has been provided in respect of a conversation that took place between her and Mr B in December. The Tribunal has carefully considered the submission of Dr Al-Hallao that little, if any weight, can be given to the evidence of Mrs C due to her ‘gossip mongering’ and ‘scurrilous intentions’. The Tribunal weighed the evidence of Mrs C with that of the other witnesses. Although Ms C has had to accept that some elements of her evidence were not consistent as revealed by covert recordings, much of her evidence has withstood cross-

examination. The Tribunal also considered that Mrs C was not party to the relationship between Patient A and Dr Al-Hallao and her evidence in respect of the allegation involving Patient A relates only to information provided by Patient A which is corroborative only. The Tribunal have placed little weight on a conversation that Dr Al-Hallao says he had with Mrs C on 6 June 2023 setting out his intention to befriend Patient A as this has no bearing on the facts stage of this matter.

46. In considering Dr Al-Hallao's evidence the Tribunal noted that he is of good character and has taken this into account when assessing his credibility. The Tribunal have also considered the testimonial evidence that has been provided by Dr Al-Hallao supporting his position that he is a dedicated doctor. Dr Al-Hallao gave lengthy written evidence and oral evidence. He has also provided the Tribunal with a number of supporting documents including contemporaneous notes taken in June 2023 regarding his triage project. The Tribunal has considered the notes within his notebook, which are dated 12/6 and 16/6. There are notes contained within the notebook but these are minimal. The Tribunal accept that these may have been made on or about the time of meeting with Patient A but does not accept that the main purpose of meetings on those days was for the discussion about XXX, particularly as little information is contained within them. The Tribunal does not place significant weight on the notes within the notebook. XXX. The Tribunal does not find Dr Al-Hallao's evidence of XXX following his encounter with Patient A on 16 June 2023 to be credible. Dr Al-Hallao has also made numerous comments about messages being deleted that were sent by him to Patient A trying to reinforce boundaries and that they were only friends. Dr Al-Hallao had the opportunity to provide evidence prior to the hearing starting and did not do this. Dr Al-Hallao was unable to provide detail in oral evidence about when these messages were sent, the detailed content of the messages or the number of messages sent. The Tribunal has also considered the messages that have been provided and in particular the message of 4 September 2023 in which Patient A is shocked that Dr Al-Hallao is 'friend-zoning' her. The Tribunal interpret this message as an expression of dismay by Patient A that what had previously been intimate/romantic relationship was now to be downplayed to a friendship. The Tribunal was not persuaded that there are missing messages which would support Dr Al-Hallao's case and did not find his evidence credible in this respect.

47. XXX

48. Ms D provided consistent written and oral evidence. She was a down to earth witness who readily accepted when she was unable to confirm information from her own knowledge but as a result of supposition or opinion. Ms D was not provided with detailed information

from Patient A about her relationship with Dr Al-Hallao and her evidence did not have as much probative value as that of other witnesses although she was a credible witness.

49. 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.

5 June 2023

Paragraph 1 (stem)

50. It is alleged, in the stem of Paragraph 1, that Dr Al-Hallao consulted with Patient A on 5 June 2023. There is no dispute that Dr Al-Hallao had a consultation with Patient A.

51. Patient A was XXX, she knew the staff at the Practice. It was her evidence that on 20 May 2023, she attended the COVID19 clinic at the Practice for her third injection. Patient A spoke to Mrs C who was working on reception at the COVID19 clinic that day and she told her about the personal issues she had been dealing with. It is not in dispute that Mrs C recommended that Patient A speak to someone about her issues and booked an appointment with Dr Al-Hallao. On 5 June 2023, Dr Al-Hallao had a consultation with Patient A where they met each other for the first time.

Paragraph 1a(i) and Paragraph 1a(ii)

52. The Tribunal considered whether during the consultation, Dr Al-Hallao inappropriately:

- asked about Patient A's taste in men, or words to that effect;
- told her that the men in Portsmouth were blind and should be queuing around the block to take her out, or words to that effect.

53. The Tribunal heard evidence from both Dr Al-Hallao and Patient A regarding the consultation. It is accepted that this was the first time Dr Al-Hallao and Patient A had met. Patient A asserted that she did not think a consultation was necessary and she thought she was wasting both her and the doctor's time.

54. Dr Al-Hallao denied making either of these statements or asking any other inappropriate questions. He said that GPs normally ask about current or past relationships when taking a general psychosocial history and this was part of all mental health assessment questions.

55. Patient A's evidence was that Dr Al-Hallao had asked her a number of personal questions such as, if she was currently in a relationship and when she was last in a relationship, which she answered. She said that he had also asked her what her taste in men was. Patient A also stated that Dr Al-Hallao said that '*men in Portsmouth were blind and should be queuing around the block to take her out*', which she laughed and responded, '*how kind of you but how wrong!*'. Patient A told the Tribunal that the consultation felt more like a conversation than an assessment by a GP and that Dr Al-Hallao went on more than she would have expected from a GP.

56. The Tribunal noted that the only contemporaneous record of the consultation was Patient A's medical notes made by Dr Al-Hallao. Dr Al-Hallao accepted he would have asked about Patient A's relationship status as part of a mental health assessment and the Tribunal noted that Dr Al-Hallao recorded that Patient A has not been in a relationship since XXX in her medical notes.

57. The Tribunal was mindful that Dr Al-Hallao and Patient A have very differing accounts of the content discussed at the consultation. It noted that Patient A's witness statement was very detailed, and she listed a number of topics that they had discussed during the consultation.

58. Dr Al-Hallao stated repeatedly in oral evidence that he wanted to have his first ever English friend. In his witness statement, he stated that "*Since arriving to the UK, I have always felt like a failure for not being able to have English friends and integrate into British society. I was always made to feel like a foreigner and an outsider, both in Syria and in the UK.*" He also said that he knew Patient A was friends with XXX and he wanted very much to be part of that environment. He said that "*I saw becoming friends with Patient A as a way of becoming a more integral part of [XXX], and not feeling like an outsider anymore.*"

59. The Tribunal preferred the evidence of Patient A over that of Dr Al-Hallao. Accordingly, it determined that it was more likely than not Dr Al-Hallao made the comments as alleged, and that this was his attempt at flattery. It accepted that Dr Al-Hallao felt like an outsider and that he was attempting to ingratiate himself with Patient A, knowing she was friends with XXX. It determined that it was more than likely that Dr Al-Hallao was using flattery to build rapport with Patient A as he said he wanted a friendship to develop.

60. The Tribunal determined that Dr Al-Hallao's statements as alleged went beyond what is expected of a GP in a clinical consultation and that his statements were inappropriate.

61. Therefore, on the balance of probabilities, the Tribunal determined paragraph 1a(i) and paragraph 1a(ii) Allegation proved.

Paragraph 1a(iii)(1), paragraph 1a(iii)(2) and paragraph 1a(iii)(3)

62. The Tribunal considered whether during the consultation, Dr Al-Hallao inappropriately talked about:

- the breakup of his relationship;
- feeling lonely sometimes; and
- details of his personal life.

63. By Patient A's account of the consultation, she had asked Dr Al-Hallao about his accent and stated that she had almost visited Syria in the past. She said that he had disclosed to her a number of personal details about his life, such as that he came from Syria, stories about his medical education and family. These personal details also included references to his partner, their recent breakup and that he felt sad and lonely about it sometimes.

64. Dr Al-Hallao denied discussing the breakup of his relationship or any details of his personal life or that he felt lonely sometimes. He accepted that a brief exchange regarding where his accent was from occurred and that he told her he was from Syria. His evidence was that Patient A made some negative comments about immigrants and about her experience with the people when she visited the Middle East. Patient A denied making these negative comments but did accept a remark about her brother attempting to sell her as a wife to an Egyptian as a joke when she was younger. Following these negative comments that Patient A had allegedly made, Dr Al-Hallao told the Tribunal that he wanted to help change Patient A's mind about immigrants, and her views and experience of middle eastern people through kindness, compassion, and friendship.

65. Dr Al-Hallao also stated that he could tell that Patient A was unhappy during the mental health assessment. Whilst it was accepted that she did not suffer from anxiety or depression, he said that she felt angry about her situation with XXX. In his witness statement, Dr Al-Hallao said that '*I was really empathetic for Patient A's situation with [XXX] and the loneliness I understood she was experiencing. She indicated that she missed having [XXX] and not taking her out. It reminded me of my year of loneliness and the pain of isolation when I came as a teenager to the UK and had no friends for over a year.*' Although he said that these thoughts came to his mind, he never verbalised them to Patient A.

66. The Tribunal preferred the evidence of Patient A over that of Dr Al-Hallao. Thus, it determined that a conversation regarding personal details such Dr Al-Hallao's life as a refugee from Syria occurred. It considered that it was likely that he felt empathetic to how Patient A was feeling and wanted to share personal details about his life to build rapport and gain empathy from Patient A. It also noted Dr Al-Hallao's account that he wanted to change Patient A's perception about Middle Eastern people and become her friend, XXX. Taking this into account, the Tribunal determined that Dr Al-Hallao was treating this consultation differently to how he would treat another patient and was attending to his own desire to make English friends.

67. On balance, the Tribunal considered it more likely than not that Dr Al-Hallao shared a number of personal details whilst building rapport with Patient A in that he also disclosed details about the breakup of his relationship and that he felt lonely sometimes. While it considered it legitimate for a doctor to build rapport with a patient, the Tribunal determined that going into detail about his partner XXX and his own personal circumstances, went beyond what was acceptable in a routine GP consultation and it was inappropriate.

68. Therefore, on the balance of probabilities, the Tribunal determined paragraph 1a(iii)(1), paragraph 1a(iii)(2) and paragraph 1a(iii)(3) of the Allegation proved.

Paragraph 1b(i)

69. The Tribunal considered whether, following the consultation, Dr Al-Hallao took Patient A's mobile telephone number when it had been provided for medical purposes and used it to contact her for non-medical purposes.

70. It was accepted by both Dr Al-Hallao and Patient A that Dr Al-Hallao asked her if he could follow up by telephone to complete the consultation in two weeks and discuss any further arrangements and that she agreed. He checked Patient A's records which number was best to contact her and she confirmed her mobile telephone number. It was common ground that Dr Al-Hallao contacted Patient A the same day after his clinic ended.

71. The Tribunal noted that Patient A agreed to Dr Al-Hallao telephoning her in two weeks' time as part of her consultation, although she said that she did not think it was necessary.

72. Dr Al-Hallao denied that the call was made for non-medical purposes. His evidence was that Patient A had stood up abruptly before the end of the consultation and said that this

was a waste of her time and his and he was shocked by this outburst. Therefore, his intention was to conclude the consultation properly over the phone and ensure that she was not unhappy with the consultation. He said that he was worried that Patient A might complain to his colleagues, XXX. He also said that he wanted to contact her to discuss the XXX work she was involved in to help him with a project he was undertaking XXX.

73. The Tribunal bore in mind the contemporaneous entry that Dr Al-Hallao wrote in Patient A's medical notes. It considered that the entry included detailed notes and indicated a complete consultation. By Dr Al-Hallao's own account, he carried out a full mental health assessment within the appointment and he had no serious concerns regarding Patient A's mental health. Patient A herself also agreed that a follow up was not necessary but she considered it was part of procedure and acceded to it for that reason. Therefore, the Tribunal was of the view that a follow up call to conclude the consultation was not necessary for Patient A's care.

74. The Tribunal was not persuaded by Dr Al-Hallao's evidence that he was worried Patient A might complain and he might be criticised for wasting her time. In fact, he invested 30 minutes (over the normal GP consultation time allotment and the time allocated for this appointment) and conducted a thorough mental health assessment. Dr Al-Hallao confirmed on a number of occasions in his evidence that he is a good and thorough doctor and that he did not have any concerns about Patient A's mental health other than anger. On this basis, the Tribunal determined that there was no medical purpose to contact Patient A later that day and the call was made for his personal reasons.

75. Therefore, on the balance of probabilities, the Tribunal determined paragraph 1b(i) of the Allegation proved.

Paragraph 1b(ii)(1), paragraph 1b(ii)(2) and paragraph 1b(ii)(3)

76. The Tribunal considered whether following the consultation, Dr Al-Hallao inappropriately telephoned Patient A later that day and said:

- 'I was aware of a connection between us and I need to investigate it further to see where it takes us. I feel certain that you felt this connection too', or words to that effect;
- 'I didn't notice an age gap, I just saw this gorgeous woman and thought this is my woman, the woman I've waited for all my life', or words to that effect;
- 'I'm not bothered about my career, it's not important. What is important is exploring this connection', or words to that effect.

77. The Tribunal had already found that Dr Al-Hallao had telephoned Patient A the same day as the consultation, and the call was not for medical purposes. Dr Al-Hallao accepted he telephoned her but asserted it was to conclude the consultation and when Patient A was emphatic that there was not a need for further discussion, he proceeded to discuss XXX in order to help with his XXX project. He disputed making any of these comments and stated that it was a total fabrication.

78. In her witness statement, Patient A says she was surprised by the call and said Dr Al-Hallao started ‘waffling’ saying that he shouldn’t be calling her and it’s so unprofessional to which she said if he needed to hang up he should. Patient A’s evidence was that he proceeded to say that he was aware of a connection between them, and he needed to investigate it further, to which she told him that there was a XXX age gap between them. She said that Dr Al-Hallao continued the conversation and made the above statements as alleged and asked her what she thought. Patient A told him to think about what he’s doing and of his career, and he could call her in seven days if he felt the same way, they could talk about it again, which Dr Al-Hallao agreed to.

79. The Tribunal bore in mind the ‘timeline of meetings’ document that Patient A wrote, dated 8 October 2023, which was more contemporaneous than her witness statement. She records that on 5 June 2023 at 19.04 she received *‘a telephone call from Dr Al-Hallao. After some preamble asking for a private meet-up. I suggested a seven-day delay to think about age difference between us and the potential implications of such a meeting to his career and life’*. The Tribunal noted that while the ‘timeline of meetings’ document did not provide detail, it was congruent with her witness statement, in that she says they discussed their age difference and his career. It also noted the timeline between this call and Dr Al-Hallao calling her a week later was accurate. The Tribunal determined that the seven-day lacuna was consistent with Patient A having suggested to Dr Al-Hallao a “cooling off period”.

80. The Tribunal reminded itself that it found Patient A to be a credible witness, she was consistent in her witness statement and her oral evidence in respect of these allegations. The Tribunal preferred the evidence of Patient A to that of Dr Al-Hallao’s as it found her recollection of the conversation convincing. It considered there was enough evidence to corroborate these specific allegations.

81. Therefore, on the balance of probabilities, the Tribunal determined paragraph 1b(ii)(1), paragraph 1b(ii)(2), and paragraph 1b(ii)(3) of the Allegation proved.

12 June 2023

Paragraph 2a(i), paragraph 2a(iii) and paragraph 2b(iii)

82. The Tribunal considered whether on 12 June 2023 Dr Al-Hallao telephoned Patient A and said:

- said 'I don't see any age gap, you're still my woman', or words to that effect.
- 'as far as my job is concerned, I don't care about that, this is far more important', or words to that effect.
- suggested going out for coffee to talk about things and explore the connection, or words to that effect.

83. Dr Al-Hallao accepted that he telephoned Patient A and arranged a meeting which was intended to discuss XXX in order to help with his XXX project. He denied making any of the alleged statements.

84. The Tribunal had regard to Dr Al-Hallao's evidence for his motivation for the 5 June 2023 telephone call. He asserted that he wanted to conclude the face-to-face consultation because it ended abruptly. He said that he knew she was friends with XXX and he was worried she might complain to them about the mental health consultation. He said he wanted to cultivate a friendship with Patient A, partly to change her mind about Middle Eastern people. Furthermore, he said that he wanted to discuss her work with XXX to help him with his XXX project.

85. Dr Al-Hallao told the Tribunal that he had actually shared with Mrs C, the following day after the 5 June 2023 consultation, that he was planning to meet Patient A for coffee "outdoors" to discuss XXX and that she did not suggest to him that this was inadvisable. In her oral evidence, Mrs C did not recall this conversation. The Tribunal determined that whether or not this conversation took place, it had little bearing on the issue to be determined.

86. The Tribunal accepted that Patient A was XXX and she knew the members of staff at the Practice because of that work. It also considered it plausible that Dr Al-Hallao's motivation for the meeting on 12 June 2023 was to discuss Patient A's XXX work to help him with his XXX project. However, it was cognisant that XXX had disbanded at the beginning of covid in XXX 2020 and it was not active at the time of events alleged. Furthermore, there was no documentary evidence of any discussion of XXX, such as in Dr Al-Hallao's notebook. Indeed, Dr Al-Hallao's handwritten notebook entry for 12 June 2023 merely stated "[XXX] >

12/6/23 – [Ms D] runs it – Covid stopped it". The Tribunal was also mindful that it had determined that Dr Al-Hallao had already made a number of comments to Patient A in similar terms on the 5 June particularly in relation to the age gap between them and his career. Therefore, it did not consider Dr Al-Hallao's account to be credible.

87. The Tribunal also bore in mind the more contemporaneous account in Patient A's 'timeline of meetings' document. She recorded that on 12 June 2023 at 14:07 '*Dr Al-Hallao phoned again. We chatted about my concerns...he allayed my fears and we decided to meet up that evening at my house*'. It noted that the timeline was congruent with her evidence and therefore the Tribunal was persuaded that Patient A's recollection of sequence of events was accurate.

88. The Tribunal was mindful that much of what was said during the 5 June 2023 telephone call was reiterated in the 12 June 2023 phone call. On balance, it preferred Patient A's account to Dr Al-Hallao's. In reaching that determination, it bore in mind Patient A's consistent evidence in her witness statement and her oral evidence, comments made in the text messages relating to age and the more contemporaneous timeline.

89. Therefore, on the balance of probabilities, the Tribunal determined paragraph 2a(i), paragraph 2a(iii) and paragraph 2b(iii) of the Allegation proved.

Paragraph 2b(iii)

90. The Tribunal considered whether on 12 June 2023 Dr Al-Hallao went to Patient A's house and kissed her cheek, on one or more occasion.

91. The Tribunal had regard to Patient A's account of when Dr Al-Hallao went to her house on 12 June 2023. She stated that Dr Al-Hallao arrived at her home bearing roses and chocolates and gave her a hug and kissed her on the cheek. They chatted for a few hours and when he left, Dr Al-Hallao gave "me a long hug and kissed me goodbye, again on the cheek".

92. Dr Al-Hallao accepted that he engaged in a hug with Patient A's but asserted she initiated the embrace. However, he denied giving or receiving a kiss on this occasion or any other occasion. His evidence was that he normally tries his best to avoid any physical contact with others due to his allergies. The Tribunal considered Dr Al-Hallao assertion that a kiss on the cheek would not have occurred because of his allergies undermined by the fact he has admitted to hugging Patient A on more than one occasion. While the Tribunal recognise that

a kiss on the cheek may be a more intimate contact between two people than a hug, a hug is carried out in similar close proximity.

93. The Tribunal preferred the evidence of Patient A over Dr Al-Hallao's. It considered that the kiss on the cheek would have likely been one single action along with the hug and would have been part of a hello/goodbye interaction.

94. Therefore, on the balance of probabilities, the Tribunal determined paragraph 2b(iii) of the Allegation proved.

Paragraph 3

95. The Tribunal considered whether between around 13 June 2023 and 8 October 2023, Dr Al-Hallao sent one or more inappropriate personal messages to Patient A, including those set out at Schedule One.

96. The Tribunal took into account the entirety of the message chain spanning approximately four months, and there was no dispute that these were messages exchanged between Dr Al-Hallao and Patient A. The Tribunal determined that they were personal messages.

97. The Tribunal next had to determine whether Dr Al-Hallao sending these messages was inappropriate.

98. Dr Al-Hallao acknowledged that the messages exchanged with Patient A would be viewed as inappropriate in the context of a conventional doctor/patient relationship. However, his evidence was that by 12 June 2023, he had established a friendship with Patient A and had terminated their doctor/patient relationship. He stated that the messages reflected his care and kindness towards her as a friend, and nothing else. He also asserted to the Tribunal that he instigated a friendship with Patient A partly to learn about Patient A's work with XXX. The Tribunal considered this to be unlikely as the messages were plainly personal and there was no content within them about XXX or the triage XXX. In any event, Patient A's evidence was that XXX disbanded when the covid lockdown began.

99. The Tribunal reminded itself that Dr Al-Hallao undertook a mental health assessment with Patient A on 5 June 2023. It took into account Patient A's medical records and noted that Dr Al-Hallao had accessed these on 19 June 2023. Dr Al-Hallao stated in his oral evidence that he had accessed these on the 19 June to make a follow-up appointment with a locum

doctor for Patient A. Taking this into account, Dr Al-Hallao was still involving himself in an element of Patient A's medical care.

100. The Tribunal determined that the messages exchanged were inappropriate because of the close proximity in time between Dr Al-Hallao acting as Patient A's GP and the personal relationship that subsequently developed.

101. Therefore, on the balance of probabilities, the Tribunal determined paragraph 3 of the Allegation proved.

Paragraph 5

102. The Tribunal considered whether Dr Al-Hallao's actions as set out in paragraphs 1ai, 1a(ii), 1a(iii), 1bi, 1bii, 2ai, 2a(ii), 2a(iii), 2bi, 2bii, 2b(iii), 2b(iv), 3 and 4 were sexually motivated.

103. The Tribunal had already determined that Dr Al-Hallao's actions as alleged in the entirety of paragraphs of 1, 2, 3 and 4 proved.

104. Dr Al-Hallao denied that his actions were ever sexually motivated. His evidence was that as Patient A was friends with XXX, he wanted to be friends with Patient A. Dr Al-Hallao told the Tribunal repeatedly that he lamented his lack of English friends and that he felt he was an 'outsider'. He saw an opportunity to befriend Patient A and hoped that this would help him integrate into XXX. He also reiterated that he wanted to discuss with Patient A about her work with XXX. While the Tribunal accepted that Dr All-Hallao was conducting a XXX project as part of his Fellowship which had commenced in March 2023, there was no documentary evidence within the messages about XXX.

105. The Tribunal took into account the comments Dr Hallao had made towards Patient A. During the consultation he asked her about her taste in men and told her that the men should be queuing around the block to take her out. It was not persuaded by Dr Al-Hallao's assertion that he only wanted to 'extend an arm of friendship'. These statements were endearments and indicative that he was interested in Patient A's personal and intimate life. It also found that Dr Al-Hallao disclosed details of his personal life to Patient A and this was to gain empathy, to build rapport and to lay the foundations for a future sexual relationship.

106. The Tribunal considered the two telephone calls made on 5 June and 12 June 2023. It noted that much of what was found proven had similar themes. He said that he was 'aware of a connection' and needed to 'investigate it further' which were comments indicative of him wanting to pursue a relationship with Patient A. The Tribunal has found that he also said to her that she was a "gorgeous woman", and he doesn't see an age gap 'you're still my

woman'. The Tribunal determined that this is not the language of a friendship, but that of a relationship.

107. The Tribunal considered that there was clear pattern and progression of flattery and flirtatious language used on 5 June and 12 June 2023, which would sow the seed for a sexual relationship. It also noted Dr Al-Hallao's gifts of roses and chocolates to Patient A was a way to further encourage a relationship. The Tribunal considered it clear that these actions, now found proved, were in pursuit of a future sexual relationship and was therefore sexually motivated.

108. The Tribunal took into account the entirety of the text messages between Dr Al-Hallao and Patient A spanning 13 June 2023 and 8 October 2023 and highlighted the following messages:

13 June 2023

Patient A- *Good morning, Sari. Thank you so much for the beautiful roses – they are looking stunning this morning. It was a huge pleasure to see you yesterday and I will look forward to seeing you again soon. I hope you'll have a happy day. [kissing emoji]*

Dr Al-Hallao- *Good morning [Patient A] My pleasure. I'm glad you like them! Likewise was lovely to see you too. Would have loved to have stayed longer yesterday! Yes let me know if you'd like me to come back this week!! [kissing and hug emoji]*

Patient A- *Of course I would!! Any time, particularly now I'm only 21. [Smiling emoji] I guess I'm as nervous as you are but it's a lovely feeling. Enjoy (?) your day, I think its going to be a hot one again [kissing emoji] Now get on with your work [smiling emoji]*

Dr Al-Hallao- *I'm glad we share the same feeling. Yes 21 indeed. Had my age [smiling emoji] You're full of energy so believe that. I always try to. I'm wearing my scrubs as I felt the heat. Here we go...almost fist [sic] time I'm being told off by you. Will do boss. [happy emoji]*

Dr Al-Hallao- *Looking at my availability. I could come and see you either tonight or Fri Eve [hugging emoji]*

Patient A- *I'm out with [B] today and not sure what time we'll be home BUT Friday would be great [champagne cheers emoji]*

Dr Al-Hallao- *Ok sounds good. Enjoy your time with [B] and See you Friday [smiling emoji]*

Patient A- *Looking forward to it [smiling emoji]*

Dr Al-Hallao *Likewise [kissing emoji]
Do you have a spare pillow in case?
[happy emoji]*

16 June 2023

Dr Al-Hallao- *Enjoy your shower [Happy emoji]*

Patient A- *I'm sure you'll be equally grateful [flowers emoji] I have the pillows on standby
- don't forget your toothbrush [laughing emoji]*

Dr Al-Hallao- *I'm sure I would need one before I come too! However en route might be hot!!
Second shower might be needed!! I'll bring my toothbrush if the pillow is comfy and the
office is not overcrowded lol*

Patient A- *You are outrageous . I've cleared a special [laughing emojis] place for you
[laughing emojis]*

Dr Al-Hallao- *[laughing emoji] Ok sounds great. Is that in the office or the attic?!*

Patient A- *Hmm Not sure yet.*

Dr Al-Hallao- *Oh dear! Could be the dungeon then!!!*

Patient A- *[laughing emojis] I was thinking more of the shed . If it's a [laughing emoji]
dungeon you want, you'll just have to use your imagination Dare I say "hurry up "
[laughing emoji]*

Dr Al-Hallao- *Looking forward to seeing you later*

...

Dr Al-Hallao- *Apologies in advance if I run late as finishing late x*

Patient A- *Hmmm. May have to be the dungeon after all [laughing emoji] just take care
[kissing emoji]*

Dr Al-Hallao- *Lol. Thank you x*

Patient A- *You do know you're worth waiting for, don't you? X*

Dr Al-Hallao- *Oh that's a very sweet and kind thing to say xx*

Patient A- *Very true though. x*

109. While the Tribunal noted that no text messages were explicitly sexual, it considered a number of messages exchanged between them to be indicative of something more than platonic friends.

110. It rejected Dr Al-Hallao's assertion that he was merely engaging in 'banter' with Patient A as the text messages referencing 'special home visits' and 'afternoon delight' were indicative of sexual intimacy taking place. Furthermore, messages such as 'don't forget your toothbrush' from Patient A implied an understanding that Dr Al-Hallao would be staying over at her house. The Tribunal considered it more likely than not, these messages were sexually motivated.

111. The Tribunal considered that given the nature of the conduct found proved, the flirty language over the phone and via text messages, the behaviour and gifts, the Tribunal could find no other possible credible explanation save that Dr Al-Hallao's conduct was sexually motivated.

112. Therefore, on the balance of probabilities, the Tribunal has found that Dr Al-Hallao's actions at the paragraphs alleged above were sexually motivated.

113. The Tribunal determined paragraph 5 of the Allegation proved.

Paragraph 6a and paragraph 6b

114. The Tribunal considered whether between around 16 June 2023 and 4 September 2023 Dr Al-Hallao:

- engaged in a sexual relationship with Patient A.
- on more than one occasion, had sexual intercourse with Patient A.

115. The Tribunal had regard to the occasions where sexual intercourse was alleged to have taken place: 16 June, 3 July and 4 September 2023.

116. It is accepted that Dr Al-Hallao and Patient A had arranged to see each other at her house on 16 June 2023. Patient A's evidence was that around 10 p.m. that night, Dr Al-Hallao

had said he was tired after a long and busy day and asked her if it would be ok if he went to bed. She said Dr Al-Hallao asked her where he should sleep and she responded offering her half of her bed '*without any obligation or expectation*', which he accepted with a smile. She said that she felt embarrassed, and she didn't want him to feel any pressure or embarrassment either. Patient A's evidence was that when they were in bed, Dr Al-Hallao put his arm out to cuddle up and consensual sex and intimacy took place, twice.

117. Dr Al-Hallao's accepted that there was no clinical reason for him to be visiting Patient A's house on 16 June 2023. He said that he arrived at Patient A's house around 9 p.m. and he was mainly visiting to obtain information about XXX. He said that after getting all the information he needed about XXX; he told her that he needed to go home. Dr Al-Hallao stated that Patient A was very cross with him for proposing to leave as he had promised to stay longer. He also said that she explained to him that her security cameras were not working, and this made her scared of sleeping upstairs because she was afraid of some people in the neighbourhood. Dr Al-Hallao's written evidence was that Patient A pressured him into staying the night and she would not take no for an answer, however in his oral evidence he stated that he was intending to stay as a reassuring presence for Patient A to allow her to get a few hours of sleep.

118. Dr Al-Hallao accepted he went to sleep in Patient A's bed. In his witness statement, he said Patient A had planned to sleep downstairs. He said that he woke up a couple of hours after falling asleep and woke up to the shock of finding her lying on the other side of the covers. He then told the Tribunal that he asked Patient A to create a barrier of pillows to separate them in bed but she refused. During the night, Dr Al-Hallao stated that Patient A had leaned onto his left side and touched his groin with her hand. After this, he said that he had a panic attack and left her house.

119. The Tribunal also bore in mind Dr Al-Hallao's oral evidence regarding the night of 16 June 2023. He said that after waking up to find Patient A next to him in her bed, he went back to sleep. He also said he left her house before midnight. He attested in oral evidence that the experience in which Patient A touched his groin had caused him to XXX.

120. The Tribunal considered Dr Al-Hallao's account of events to be inconsistent and implausible. It considered it more likely than not that they had mutually agreed to share the same bed, and no 'barrier of pillows' had been proposed or had occurred. It found his reason for staying over, which was by his account, because Patient A was afraid of sleeping downstairs due to concerns over her neighbours, to be utterly implausible. The Tribunal accepted Patient A's denial of ever sleeping downstairs in her own home. The Tribunal also

considered the notes of the mental health assessment on the 5th June 2023 only 11 days prior to this event at which there were no concerns recorded regarding sleep or sleep patterns – this was accepted by Dr Al-Hallao in his oral evidence.

121. The Tribunal further considered Dr Al-Hallao's timescales where he stated that he arrived at Patient A's house at approximately 9:00pm, chatted including about XXX, then slept for a few hours before leaving well before midnight to be implausible. The contemporaneous text messages also support the timings in Patient A's account with her sending a message at 1pm on 16 June and Dr Al-Hallao responding on the 17 June with words including 'lovely to see you yesterday'. The Tribunal considered that all this undermined the credibility of his account.

122. The Tribunal preferred Patient A's consistent and detailed evidence regarding the 16 June 2023. It concluded that it was more likely than not that sexual intercourse took place and that it was consensual.

123. The Tribunal next considered the events of 3 July 2023.

124. It was Patient A's evidence that she and Dr Al-Hallao had exchanged a series of text messages throughout lunch time that day, which resulted in him asking if he could come over during his break. She said he arrived around 1pm and they went up to her bedroom where they had sexual intercourse. She referred the Tribunal to the text messages exchanged and said that they joked about Dr Al-Hallao carrying out a 'special home visit'.

3 July 2023

Patient A- *Is that your usual style of Home Visit?? Please tell me that wasn't our last chance. I hope you're not suffering for your art*

Dr Al-Hallao- *Lol. Never Only special home visit for you. Struggling but have to keep going x*

Patient A- *It's more than appreciated, believe me (hug emoji) Just for your interest, you take my breath away too [kissing emoji]*

Dr Al-Hallao- *Thank you. I do believe and trust you fully. Thank you Big hug x
You too to the death extent lol*

Patient A- *Thank you , that means so much. Death is a bit extreme, I hope you'll be breathing normally very soon but until then Afternoon Delight is just fine...*

125. Dr Al-Hallao denied having sexual intercourse on 3 July 2023 and said he only wanted to say goodbye to Patient A as he was going away XXX to Europe for the summer holidays. He accepted that they shared a joke about the ‘special home visit’ but he asserted this was a joke because it had been a short visit to say goodbye and hug Patient A, and he would never do a home visit to any of his patients.

126. The Tribunal noted that the timeline provided to Mr B by Patient A did not specify that sexual intercourse had taken place on 3 July 2023. It considered the oral evidence of Patient A that she did not include this as it was personal and embarrassing, but noted that she had included reference to sexual intimacy on 16 June 2023. The Tribunal also considered the evidence of Mrs C and particularly the notes of her meeting on 9 October 2023 which specified that sexual intercourse had taken place in July 2023 although it did not include an exact date. The Tribunal determined that whilst the reference to sexual intimacy on 16 June 2023 and the lack of reference to sexual intimacy on 3 July 2023 (mis-stated as 4 July 2023) in Patient A’s Timeline provided to Mr B was an inconsistency in Patient A’s evidence, it could be explained by Patient A’s distressed state at the time of writing the timeline and her desire to minimise any adverse impact on Dr Al-Hallao’s career and personal life arising from her disclosure of their relationship to Dr Al-Hallao’s employer.

127. The Tribunal considered that Dr Al-Hallao’s explanations were not credible, and the text messages were indicative of sexual intercourse having occurred. The Tribunal noted that the visit was initiated by Dr Al-Hallao and the timings were in accordance with his availability but lasted longer than the 5 minutes he proposed within his evidence. The contemporaneous text messages confirm that Dr Al-Hallao was outside of Patient A’s house at 13:21 as he sent a message stating ‘outside’. A message sent by Patient A asking if that ‘was his usual style of home visit’ was sent at 14:30, over an hour later.

128. It was persuaded by Patient A’s consistent and credible account of events, supported by the timing of text messages sent on the 3rd July and the Timeline, as such it found it more likely than not that sexual intercourse took place on 3 July 2023.

129. The Tribunal next considered the events on 4 September 2023.

130. Dr Al-Hallao’s evidence was that he had been on a family vacation in Italy and Germany between 22 July 2023 and 3 September 2023 and that he met with Patient A at her home on 4 September 2023 was because he felt “obliged” to visit her following XXX.

131. In her witness statement, Patient A stated that she and Dr Al-Hallao had arranged to meet up at her house on 4 September 2023 as suggested by Dr Al-Hallao. She said that he burst through the door full of smiles and telling her how much he had missed her, how seven weeks was too long, and he would never leave me that long again. She said that Dr Al-Hallao had astounded her by saying '*I so want to make love to you*'. She said that he was a changed man and they '*literally did make love and it was amazing*'.

132. Dr Al-Hallao denied having sexual intercourse and attested that he visited her because she had suffered a fall. His evidence was that '*When I helped her to sit up she held onto me and hugged me whilst saying "Thank you," then ran her hands up and down my back to my upper bottom area. I explained that I really needed to go, and she let go.*'

133. The Tribunal considered that the timeline provided to Mr B by Patient A did not specify that sexual intercourse had taken place on the 4 September. It considered the oral evidence given by Patient A that she did not include this as it was personal and embarrassing, but did accept that she had included this on the 16 June.

134. When considering this evidence, the Tribunal also considered the evidence of Mrs C and particularly the notes of her meeting on the 9 October which specified that sexual intercourse had taken place in September although it did not include an exact date. Furthermore, the number of times sexual intercourse was said to have taken place was raised in the letter from Mr B on the 11 October, albeit acknowledging that dates were not included, it was clear that the information from Patient A was that sexual intercourse had occurred on more than one occasion.

135. The Tribunal preferred Patient A's consistent and credible evidence over Dr Al-Hallao's. Furthermore Dr Al-Hallao's denial of any sexual relationship or sexual intercourse was undermined by the accounts of Mr B and Mrs C. Both witnesses gave evidence attesting that Dr Al-Hallao accepted he had sexual intercourse with Patient A, albeit only once.

136. The Tribunal had regard to the letter sent to Dr Al-Hallao from Mr B. This stated:

"Given the evidence provided to me and your admission that you have been involved in a sexual relationship with a patient that you had recently consulted..."

"There is also the matter of how many times you and the patient had sexual contact, and who initiated the contact...I mention this as the accounts from the patient differ

from your account and your insistence that there was sexual contact only once and the patient had initiated the contact..."

137. The Tribunal was mindful that Dr Al-Hallao had opportunity to confirm his position in his email response to Mr B but instead he said that "...this is a solitary incident which will never be repeated".

138. The Tribunal took into account Patient A's evidence regarding her relationship with Dr Al-Hallao. In her witness statement, after their first meetup at her house on 12 June 2023, she described Dr Al-Hallao as '*delightful company, funny, full of flattery and chatty*' and that she '*began to really like him*'. As the relationship progressed, she said that she "really cared" for Dr Al-Hallao and would question why a young, good-looking man would possibly want with a woman of her age. By a few weeks, she said the nature of their relationship had changed to them being intimate and flirty. In her witness statement, she later described Dr Al-Hallao as '*everything I had ever dreamed of*'. Patient A reiterated in oral evidence that she considered their relationship at the time to be '*fabulous*'.

139. Taking the evidence as a whole, the Tribunal concluded that Dr Al-Hallao and Patient A's relationship was one which was consensual and sexual, whereby sexual intercourse took place on more than one occasion.

140. Therefore, on the balance of probabilities, the Tribunal determined paragraph 6a and paragraph 6b of the Allegation proved.

Paragraph 7a and paragraph 7b

141. The Tribunal considered whether at all material times:

- Patient A was vulnerable due to Mental health symptoms and;
- Dr Al-Hallao knew that Patient A was vulnerable due to Mental health symptoms.

142. It was common ground that when Patient A had attended the Practice on 20 May 2023, she had a conversation with Mrs C in which she told her about the personal issues she had been dealing with. It is not in dispute that Mrs C recommended that Patient A speak to someone about her issues and subsequently booked an appointment with Dr Al-Hallao for 5 June 2023.

143. The Tribunal took into account the Patient Record for Patient A at the material times.

144. It first noted the entry made by Mrs C in Patient A's medical record, dated 20 May 2023. Mrs C wrote that Patient A '*came to reception for a chat and advised she has been feeling herself getting very low and feels she is finding it harder every day... Normally a very upbeat person. No thoughts of harm to self or others. [Patient A] isn't normally a tearful person.*'

145. Patient A's evidence was that she denied feeling depressed and she did not see herself as vulnerable due to mental health symptoms. She said that she did not want a consultation with a doctor but was encouraged by Mrs C to speak to someone. During her oral evidence, when presented with Mrs C's entry in her medical record, Patient A told the Tribunal that she was surprised by these statements written about her. She said the first sentence is very much exaggerated and feels the statements were inaccurate. She confirmed that she felt the consultation was a waste of her and Dr Al-Hallao's time.

146. Following the mental health assessment of Patient A on 5 June 2023, the Tribunal also noted the same day entry made by Dr Al-Hallao in Patient A's medical record: '*discussed MH issues and highlighted more anger as having issues with [XXX]. denied feeling depressed or ongoing low mood....*'. In his witness statement, Dr Al-Hallao said that he saw no vulnerability at the time as Patient A was very active, independent and still working. He said he carried out a full mental health assessment and she had neither anxiety or depression, and her anger was due to a social issue, rather than medical. Dr Al-Hallao reiterated in evidence that he carried out a full mental health assessment, and he had no concerns regarding Patient A's mental health, save for the anger he highlighted.

147. The Tribunal accepted that the mental health assessment carried out by Dr Al-Hallao was thorough. It preferred the evidence from Dr Al-Hallao, who was the medically qualified person assessing Patient A, that she was not suffering from mental health symptoms. He was not concerned about any symptoms of poor sleep, loneliness, self-harm or depression. As such, the Tribunal was satisfied that Patient A was not vulnerable for the reasons stated in Schedule 2.

148. The Tribunal also took into account the past medical history of Patient A prior to May 2023 and noted there was no history of adverse mental health.

149. It therefore followed that the Tribunal found that Dr Al-Hallao did not know that Patient A was vulnerable due to her mental health symptoms.

150. Therefore, on the balance of probabilities, the Tribunal determined paragraph 7a and 7b of the Allegation not proved.

Paragraph 8a(i) and paragraph 8a(ii)

151. The Tribunal considered whether on 9 October 2023 as part of a local investigation into Dr Al-Hallao's relationship with Patient A, he told Mr B that:

- he had only had sex with Patient A once, or words to that effect;
- Patient A made advances which he did not rebuff, or words to that effect.

152. The Tribunal heard evidence from both Mr B and Dr Al-Hallao regarding the meeting they had on 9 October 2023. It was accepted that Mr B confronted Dr Al-Hallao with the allegation that he had a sexual relationship with Patient A.

153. It was Dr Al-Hallao's evidence that he denied making these statements. He said that during the meeting, he told Mr B he wanted to befriend Patient A partly because she was XXX and that their relationship was only ever a friendship. He said that he told Mr B that Patient A had made sexual advances towards him but he explained to her that they could only be friends.

154. Dr Al-Hallao did concede to saying 'once' in response to Mr B asking him how many times they had sexual contact. However he told the Tribunal that he was actually referring to the incident on 16 June 2023 where he alleged that Patient A had made a sexual advance on him by touching his groin area.

155. By Mr B's account, he said that Dr Al-Hallao had admitted that he had a consensual sexual relationship with Patient A. He said that Dr Al-Hallao did not admit to having instigated the relationship and said that it was Patient A who made advances. He also stated that Dr Al-Hallao had admitted to him to having sexual intercourse with Patient A and at that point, that they only had sex once.

156. The Tribunal bore in mind the interview notes made by Mr B of his meeting with Dr Al-Hallao. Although the interview notes were undated, Mr B told the Tribunal that it was written shortly after the interview on 9 October 2023. The interview notes are as follows:

'When confronted with the allegations the GP admitted that he had entered a consensual sexual relationship with a patient. The GP expressed his regret that he had engaged in a relationship with the patient. He stressed that he only wanted to befriend the patient however things seemed to have evolved. The GP stated that he had only had sex with the patient once and that the patient had made advances, which he sadly

did not rebuff. The GP realised that he had made a mistake and that he had tried to break things off with the patient, in a considerate way.

...

The GP reiterated that he had only had sex with the patient once and that the patient had made the advances.'

157. The Tribunal also considered the response of Dr Al-Hallao to the letter sent by Mr B on 11 October setting out the admission made in the meeting on 9 October. In Dr Al-Hallao's reply on the same day he does not dispute that he had sexual intercourse but highlights that it was consensual and only once. XXX

158. The Tribunal had regard to its findings that this was a consensual sexual relationship between Dr Al-Hallao, and that sexual intercourse occurred on more than one occasion. It rejected Dr Al-Hallao's evidence that his admission saying 'once' was referring to Patient A making a sexual advance on him. It determined it more likely, given the evidence that Dr Al-Hallao had admitted that Patient A made a sexual advance on him which he did not rebuff and that he said that he had had sexual intercourse with her but only on one occasion.

159. Therefore, on the balance of probabilities, the Tribunal determined paragraph 8a(i) and paragraph 8a(ii) of the Allegation proved.

Paragraph 8b

160. The Tribunal considered whether on 9 October 2023 when Ms C spoke to Dr Al-Hallao in his office about what had happened with Patient A, Dr Al-Hallao told her that he had only had sex with Patient A once.

161. The Tribunal considered Mrs C witness statement regarding this conversation. She stated that she went to see Dr Al-Hallao in his office and he told her that he and Patient A were friends and that they had sex only once.

162. The Tribunal had regard to Mr Peacock's submission that Ms D regarded Mrs C as a gossip. While it made no observations on that submission, the Tribunal considered that it could rely on Mrs C evidence in this regard. Credibility is divisible and whether or not Mrs C is a gossip does not determine whether she can be believed on a specific point. In this case, the Tribunal was content that Mrs C was being truthful when she asserted that Dr Al-Hallao had told her that he had sex with Patient A on only one occasion.

163. Therefore, on the balance of probabilities, the Tribunal determined paragraph 8b of the Allegation proved.

Paragraph 9

164. The Tribunal considered whether on 27 November 2023, after Dr Al-Hallao had been made aware that Mrs C had received an email from the GMC regarding Patient A, he asked Mrs C to tell the GMC he only wanted to be a friend to Patient A in an attempt to influence and/or interfere with the evidence Mrs C might provide to the GMC.

165. The Tribunal reminded itself that it first had to ascertain whether, given the evidence, it was satisfied that Dr Al-Hallao knew that Mrs C had received an email from the GMC regarding Patient A. Dr Al-Hallao did not state in evidence that he was aware of any communications between the GMC and Ms C regarding Patient A's complaint.

166. The Tribunal noted a lack of evidence to support this allegation. It considered that the GMC had failed to discharge its evidential burden. Therefore, it was not satisfied that it had sufficient evidence that Dr Al-Hallao knew Mrs C had received an email from the GMC regarding Patient A.

167. Therefore, on the balance of probabilities, the Tribunal determined paragraph 9 of the Allegation not proved.

Paragraph 10a(i)(1), paragraph 10a(i)(2) and paragraph 10a(ii)

168. The Tribunal considered whether Dr Al-Hallao knew that the information he provided to:

- Mr B as described at paragraph 8.a.i, was untrue in that he had had sex with Patient A on more than one occasion;
- Mr B as described at paragraph 8.a.ii, was untrue in that he had instigated the relationship with Patient A.
- Ms C as described at paragraph 8.b, was untrue in that you had had sex with Patient A on more than one occasion.

169. The Tribunal has already found at paragraph 6b above that Dr Al-Hallao had sexual intercourse with Patient A on more than one occasion. It had found this was a consensual sexual relationship. It therefore followed that Dr Al-Hallao knew he had had sexual intercourse with Patient A.

170. It has also found that Dr Al-Hallao had instigated the relationship by calling Patient A for non-medical purposes.

171. The Tribunal determined that Dr Al-Hallao had made these statements to Mr B and Mrs C in an attempt to minimise the seriousness of situation.

172. The Tribunal determined that Dr Al-Hallao provided information which he knew to be untrue.

173. Therefore, on the balance of probabilities, the Tribunal determined paragraph 10a(i)(1), paragraph 10a(i)(2) and paragraph 10a(ii) of the Allegation proved.

Paragraph 11a, paragraph 11b and paragraph 11c

174. The Tribunal considered whether his actions as described at:

- paragraph 8.a.i was dishonest by reason of paragraph 10.a.i.1;
- paragraph 8.a.ii was dishonest by reason of paragraph 10.a.i.2;
- paragraph 8.b was dishonest by reason of paragraph 10.a.ii.

175. The Tribunal has already ascertained Dr Al-Hallao's subjective state of knowledge and belief at the time he made the statements outlined in paragraph 8 of the allegation. The Tribunal was satisfied that when Dr Al-Hallao made these statements to Mr B and Mrs C he knew them to be untrue.

176. The Tribunal then proceeded to apply the second limb of the test in *Ivey*. The Tribunal determined that, objectively, ordinary decent people would conclude that Dr Al-Hallao had acted dishonestly when he made these untrue statements.

177. Therefore, on the balance of probabilities, the Tribunal has found that Dr Al-Hallao's actions at: paragraph 8.a.i was dishonest by reason of paragraph 10.a.i.1; paragraph 8.a.ii was dishonest by reason of paragraph 10.a.i.2; paragraph 8.b was dishonest by reason of paragraph 10.a.ii.

178. The Tribunal determined paragraph 11a, paragraph 11b and paragraph 11c of the Allegation proved.

The Tribunal's Overall Determination on the Facts

179. The Tribunal has determined the facts as follows:

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

1. You consulted with Patient A on 5 June 2023 and:
 - a. during the consultation you inappropriately:
 - i. asked about her taste in men, or words to that effect;
Determined and found proved
 - ii. told her that the men in Portsmouth were blind and should be queuing around the block to take her out, or words to that effect;
Determined and found proved
 - iii. talked about:
 1. the breakup of your relationship;
Determined and found proved
 2. feeling lonely sometimes;
Determined and found proved
 3. details of your personal life;
Determined and found proved
 - b. following the consultation, you:
 - i. took Patient A's mobile telephone number when it had been provided for medical purposes and used it to contact her for non-medical purposes;
Determined and found proved
 - ii. inappropriately telephoned Patient A later that day and said:
 1. 'I was aware of a connection between us and I need to investigate it further to see where it takes us. I feel certain that you felt this connection too', or words to that effect;
Determined and found proved
 2. 'I didn't notice an age gap, I just saw this gorgeous woman and thought this is my woman, the woman I've waited for all my life', or words to that effect;
Determined and found proved

3. ‘I’m not bothered about my career, it’s not important. What is important is exploring this connection’, or words to that effect.
Determined and found proved
2. On 12 June 2023 you:
 - a. telephoned Patient A and:
 - i. said ‘I don’t see any age gap, you’re still my woman’, or words to that effect;
Determined and found proved
 - ii. said ‘as far as my job is concerned, I don’t care about that, this is far more important’, or words to that effect;
Determined and found proved
 - iii. suggested going out for coffee to talk about things and explore the connection, or words to that effect;
Determined and found proved
 - b. went to Patient A’s house and:
 - i. gave her flowers and chocolates;
Admitted and found proved
 - ii. hugged her, on one or more occasion;
Admitted and found proved
 - iii. kissed her cheek, on one or more occasion;
Determined and found proved
 - iv. gave her your personal telephone number.
Admitted and found proved
3. Between around 13 June 2023 and 8 October 2023, you sent one or more inappropriate personal messages to Patient A, including those set out at Schedule One.
Determined and found proved
4. On 16 June 2023, you telephoned Patient A whilst on your way to visit her at her home address and there was no medical reason for you to do so.
Admitted and found proved
5. Your actions as set out in paragraphs 1ai, 1aii, 1aiii, 1bi, 1bii, 2ai, 2aii, 2aiii, 2bi, 2bii, 2biii, 2biv, 3 and 4 were sexually motivated.
Determined and found proved

6. Between around 16 June 2023 and 4 September 2023 you:
 - a. engaged in a sexual relationship with Patient A;
Determined and found proved
 - b. on more than one occasion, had sexual intercourse with Patient A.
Determined and found proved
7. At all material times:
 - a. Patient A was vulnerable due to the matters set out in Schedule Two;
Determined and found not proved
 - b. you knew that Patient A was vulnerable due to the matters set out in Schedule Two.
Determined and found not proved
8. On 9 October 2023:
 - a. as part of a local investigation into your relationship with Patient A, you told Mr B that:
 - i. you had only had sex with Patient A once, or words to that effect;
Determined and found proved
 - ii. Patient A made advances which you did not rebuff, or words to that effect;
Determined and found proved
 - b. when Ms C spoke to you in your office about what had happened with Patient A, you told her that you had only had sex with Patient A once.
Determined and found proved
9. On 27 November 2023, after you had been made aware that Ms C had received an email from the GMC regarding Patient A, you asked Ms C to tell the GMC you only wanted to be a friend to Patient A in an attempt to influence and/or interfere with the evidence Ms C might provide to the GMC.
Determined and found not proved
10. You knew that:
 - a. the information you provided to:
 - i. Mr B as described at paragraph:

1. 8.a.i, was untrue in that you had had sex with Patient A on more than one occasion;
Determined and found proved
 2. 8.a.ii, was untrue in that you had instigated the relationship with Patient A;
Determined and found proved
- ii. Ms C as described at paragraph 8.b, was untrue in that you had had sex with Patient A on more than one occasion.
Determined and found proved
11. Your action as described at:
- a. paragraph 8.a.i was dishonest by reason of paragraph 10.a.i.1;
Determined and found proved
 - b. paragraph 8.a.ii was dishonest by reason of paragraph 10.a.i.2;
Determined and found proved
 - c. paragraph 8.b was dishonest by reason of paragraph 10.a.ii.
Determined 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**

Determination on Impairment - 28/01/2025

180. 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 Al-Hallao's fitness to practise is impaired by reason of misconduct.

The Evidence

181. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary. In addition, the Tribunal received further evidence as follows:

- A) Two further testimonials in support of Dr Al-Hallao, all of which it has read.
- B) A stage 2 bundle Dr Al-Hallao. This evidence included but was not limited to:
 - Continuing Professional Development ('CPD') certificates:

- Professional Boundaries in Practice, dated 19 October 2023.
- GDPR, dated 9 November 2023.
- Insight & Remediation in Practice, dated 20 November 2023.
- Medical Ethics, dated 2 May 2024.
- Maintaining Professional Boundaries, 15-17 May 2024.
- Development and restoration plan, dated 17 May 2024.
- Multi-source Feedback 7 December 2010 and 19 January 2012.
- Colleague feedback 2020-2024 and Patient feedback.

Submissions

On behalf of the GMC

182. Mr Hamlet, counsel, submitted that the facts found proved in this case amount to serious misconduct and that Dr Al-Hallao's fitness to practise is impaired by reason of that misconduct. Mr Hamlet referred the Tribunal to the relevant case law. He also referred the Tribunal to paragraphs of Good Medical Practice (2013 edition) (GMP), 1, 53 and 65 which he submitted had been breached by Dr Al-Hallao.

183. Mr Hamlet submitted that Dr Al-Hallao has not merely denied the allegations, but asserted that the allegations were fabricated by Patient A. He also submitted that Dr Al-Hallao had asserted Mrs C had colluded with Patient A in fabricating these allegations and he blamed Mr B for failing to follow the appropriate procedure when he made admissions to him. Mr Hamlet stated that the Tribunal had found that Dr Al-Hallao lied to Mrs C and Mr B about the extent of his involvement with Patient A during the Practice's local investigation. Mr Hamlet submitted that Dr Al-Hallao's maintenance of his innocence in this case is to be equated with a lack of insight.

184. Mr Hamlet submitted Dr Al-Hallao's oral evidence was that there was nothing untoward in principle in arranging to meet a patient on a personal level, or going to their home in an evening and on the extreme end, spending time in their bed. He submitted that Dr Al-Hallao considered he and Patient A were friends.

185. Turning to Dr Al-Hallao's stage 2 bundle. Mr Hamlet submitted that Dr Al-Hallao's completion of courses in professional boundaries is not a panacea as it cannot overcome what is a lack of appreciation on his part of professional boundaries. He noted the absence of any reflective piece by Dr Al-Hallao setting out the topics on those courses, his understanding and what he has learnt about professional boundaries.

186. Mr Hamlet submitted Dr Al-Hallao heavily relied on his cultural naivety and his difficulty in understanding the nature of Patient A's communication. He submitted that in fact, Dr Al-Hallao's communication skills and quality of his English language are repeatedly and highly praised in feedback.

187. Mr Hamlet submitted that Dr Al-Hallao used his professional position to pursue a sexual relationship and sexual intercourse occurred, and that this was a direct breach of GMP. He submitted that the dishonesty in this case has compounded and aggravated that original breach.

188. Mr Hamlet submitted that Dr Al-Hallao has yet to remedy the attitudinal features of this case and therefore there is a high risk of repetitious behaviour.

On behalf of Dr Al-Hallao

189. Mr Peacock took the Tribunal to relevant case law in respect of misconduct and impairment. He stated that he had no further submissions to make at this stage.

The Relevant Legal Principles

190. When considering impairment, the Tribunal must have particular regard to the statutory overarching objective:

- a. To protect, promote and maintain the health, safety and wellbeing of the public;
- b. To promote and maintain public confidence in the medical profession; and
- c. To promote and maintain proper professional standards and conduct for members of that profession.

191. There is no burden or standard of proof to adopt.

192. In relation to the paragraphs of the Allegation found proved, the Tribunal must consider whether the nature and circumstances of the conduct is such that the Doctor's fitness to practice is currently impaired.

193. In relation to the Allegation, the Tribunal must consider:

- a. whether or not the facts found proved amount to misconduct,
- b. whether the misconduct was serious
- c. and whether the misconduct, that was serious, leads to a finding of impairment.

194. There are two distinct processes: firstly, to consider whether there has been serious misconduct and secondly, to consider whether this leads to a finding of impairment.

195. There is no legal definition for the word “serious” and the word should be given its ordinary meaning.

196. Serious professional misconduct has been described in case law as “conduct which would be regarded as deplorable by fellow practitioners.”

197. For the purpose of fitness to practice proceedings, “misconduct” is defined as follows:

“....some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a practitioner in the particular circumstances.”

198. Where a tribunal finds misconduct the tribunal should be clear on whether this amounts to a significant departure from the guidance in Good Medical Practice or not.

199. The Tribunal will need to bear in mind the case of *General Medical Council v Meadow [2006] EWCA Civ 1390* in which it was held:

‘...the purpose of FTP proceedings is not to punish the practitioner for past misdoings but to protect the public against the acts and omissions of those who are not fit to practise. The FTP thus looks forward not back. However, in order to form a view as to the fitness of a person to practise today, it is evident that it will have to take account of the way in which the person concerned has acted or failed to act in the past.’

200. The Tribunal must determine whether the Doctor’s fitness to practice is impaired today, taking into account:

- a. his conduct at the time of the events;
- b. whether the matters are remediable;
- c. whether they have been remedied; and

d. the likelihood of repetition.

201. When considering whether fitness to practice is currently impaired, *CHRE v NMC and Paula Grant [2011] EWHC 927 (paragraph 76)* endorsed the following test, formulated by Dame Janet Smith in the Fifth Shipman Report:

'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practise is impaired in the sense that s/he:

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

202. The Tribunal must also determine whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of current impairment were not made.

203. The Tribunal shall consider any paragraphs of Good Medical Practice it believes is applicable. It must consider the version of Good Medical Practice that was in force at the date of the Allegation. Here this is the 2013 version of GMP (2013).

204. The decision on impairment is a matter for the Tribunal's judgement alone.

205. Written reasons must be given for the Tribunal's decision.

The Tribunal's Determination on Impairment

Misconduct

206. The Tribunal had regard to all the facts outlined in this case. It considered the categorisation of the allegation as follows for the purposes of the consideration of misconduct.

Allegation paragraph 1 to 6

207. The Tribunal reminded itself that it had not found that Patient A was vulnerable due to the matters set out in schedule 2. However, it acknowledged that in her mental health assessment, Dr Al-Hallao had noted that she was distressed and angry about the situation with XXX, she felt lonely, and it had been a long time since her last relationship.

208. The Tribunal found that Dr Al-Hallao during the mental health assessment of Patient A, used flattery and flirtatious language and disclosed details of his personal life to Patient A. It was cognisant that within hours of meeting for the first time, Dr Al-Hallao continued to pursue Patient A by inappropriately telephoning her, saying that he was 'aware of a connection' and he needed to 'investigate it further'. The Tribunal found that this went beyond what might be characterised as an attempt to gain empathy and build rapport with a patient, but was instead intended to lay the foundations for a future sexual relationship. Dr Al-Hallao's evidence was that he wanted to end the professional relationship with Patient A and instigate a friendship with her to discuss her work with XXX, to change her mind about Middle Eastern people and his own desire to make English friends. The Tribunal found that Dr Al-Hallao subsequently entered into a sexual relationship with Patient A and sexual intercourse occurred on more than one occasion. The Tribunal has found that Dr Al-Hallao's actions were, from the outset, carried out in pursuit of a future sexual relationship and were therefore sexually motivated.

209. The Tribunal has found that Dr Al-Hallao was not thinking about overstepping professional boundaries, and he had no regard to the adverse impact that their relationship would have on Patient A. Patient A was clearly distressed by the way their relationship ended and had come to suspect that she had been used for casual sex. She described herself as feeling 'broken as a person', her confidence been shattered and unable to trust anyone by the way their relationship unfolded.

210. The Tribunal had regard to GMP and considered the following paragraphs were relevant to its findings in relation to paragraph 1 to 6 of the allegation:

*53 You must not use your professional position to pursue a sexual or
improper emotional relationship with a patient or someone close
to them.*

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

211. The Tribunal also had regard to the GMC's Guidance on Maintaining a professional boundary between you and your patient ('Professional Boundaries Guidance' 2013). It found that Dr Al-Hallao had breached:

7 You must not end a professional relationship with a patient solely to pursue a personal relationship with them.

8 Personal relationships with former patients may also be inappropriate depending on factors such as:

- a the length of time since the professional relationship ended*
- b the nature of the previous professional relationship*
- c...d*

9 It is not possible to specify a length of time after which it would be acceptable to begin a relationship with a former patient. However, the more recently a professional relationship with a patient ended, the less likely it is that beginning a personal relationship with that patient would be appropriate

212. The Tribunal determined that Dr Al-Hallao's conduct constituted a serious departure from GMP and Professional Boundaries Guidance 2013. It determined that Dr Al-Hallao's conduct would be regarded as deplorable by fellow practitioners.

213. The Tribunal concluded that Dr Al-Hallao's conduct at paragraphs 1 to 6 of the Allegation fell so far short of the standards of conduct reasonably to be expected of a doctor and was sufficiently serious as to amount to misconduct.

Allegation paragraphs 8, 10 and 11

214. The Tribunal found that Dr Al-Hallao made false representations to Mr B and Mrs C, which he knew to be untrue and dishonest.

215. The Tribunal considered paragraphs 1 and 68 of GMP were engaged in respect to the allegations of dishonesty:

1 Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.

68 You must be honest and trustworthy in all your communication with patients and colleagues. This means you must make clear the limits of your knowledge and make reasonable checks to make sure any information you give is accurate.

216. The Tribunal was of the view that to knowingly lie to colleagues about a serious matter such as a relationship with a Patient, constituted a serious departure from GMP. He did so in an attempt to minimise the seriousness of the situation. It determined that Dr Al-Hallao's conduct would be regarded as deplorable by fellow practitioners.

217. The Tribunal concluded that Dr Al-Hallao's conduct at paragraphs 8, 10 and 11 of the Allegation fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct which was serious.

Impairment

218. The Tribunal, having found that the facts found proved amounted to misconduct, went on to consider whether, as a result of that misconduct, Dr Al-Hallao's fitness to practise is currently impaired.

219. The Tribunal considered evidence of insight or remediation on the part of Dr Al-Hallao and whether there was a likelihood of him repeating his misconduct in the future.

220. The Tribunal reminded itself that Dr Al-Hallao had denied all of the paragraphs of the Allegation against him. While it acknowledged that he was entitled to defend himself, he had sought to proffer an alternative explanation that all three witnesses have fabricated it all. The Tribunal was cognisant that during his oral evidence, Dr Al-Hallao had repeatedly said he has done nothing wrong, and he has sought to blame others for the Allegation against him. For example, his evidence was that he told Mrs C that he was going to meet Patient A, and he blamed Mrs C for not telling him that he could not be friends with a patient. He also blamed Mrs C for not telling him that Patient A had told her that she found him attractive and wished she was XXX years younger.

221. The Tribunal had regard to Dr Al-Hallao's Development and restoration plan which identified behaviours of concern and provided action, measures and timeframes. This gave the Tribunal an indication of what Dr Al-Hallao is planning to do in terms of remediation.

222. The Tribunal noted that Dr Al-Hallao has taken some steps towards remediation in that he has undertaken courses on professional boundaries and medical ethics. However, the Tribunal received no reflective document or oral evidence from Dr Al-Hallao on these courses, such as on what he has learnt and how he will apply that learning in the future.

223. The Tribunal was mindful that it had not received anything that demonstrated that he understands the impact of his conduct on Patient A and the medical profession as a whole. The Tribunal noted there has been no evidence of an apology to Patient A or the Practice from Dr Al-Hallao.

224. Therefore, in light of the lack of evidence, the Tribunal was unable to make any assessments on his level of insight.

225. The Tribunal received a good body of evidence from testimonials in support of Dr Al-Hallao. It noted that the authors of the testimonials, many of whom are colleagues, employers, friends, were aware of the allegations he faced. It bore in mind that the testimonials, as well as the colleague and patient feedback surveys, show he is clinically well regarded and has had no other complaints about his behaviour. The Tribunal accepted that the Allegation is not regarding Dr Al-Hallao's clinical ability and noted that the evidence before it (both within testimonials and the oral evidence at the facts stage) was that he was clinically a good doctor.

226. The Tribunal determined that in the absence of any meaningful insight, remorse or remediation, it could not be satisfied that Dr Al-Hallao's conduct would not be repeated in the future in respect of both sexual misconduct and dishonesty. It therefore determined there was a risk of repetition.

227. Applying the key legal principles in the case of Grant and considering the Statutory Overarching Objective, the Tribunal concluded that Dr Al-Hallao's conduct as a whole was serious as his actions had brought the medical profession into disrepute, breached fundamental tenets of GMP and has acted dishonestly.

228. The Tribunal determined that public confidence in the profession would be undermined if a finding of impairment was not made, given the sexually motivated misconduct and dishonesty found proved.

229. The Tribunal acknowledge the interests of the wider medical profession as a whole are more important than that of an individual doctor. The Tribunal considered that a finding of impairment by reason of misconduct was necessary in this case to uphold the second and third limbs of the overarching objective, namely, *to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of the profession.*

230. The Tribunal has therefore determined that Dr Al-Hallao's fitness to practise is impaired by reason of misconduct.

Determination on Sanction - 24/09/2025

231. Having determined that Dr Al-Hallao's fitness to practise is impaired by reason of misconduct, the Tribunal now has to decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

The Evidence

232. The Tribunal has taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

233. The Tribunal received a further bundle on behalf of Dr Al-Hallao including:

- Letter of suspension from the Lighthouse Group Practice, dated 12 February 2025.
- Written reflections from Dr Al-Hallao, dated 8 September 2025.
- CPD certificate: Professional Boundaries, 15 September 2025.
- Testimonials in support of Dr Al-Hallao from colleagues, friends and his wife.

Submissions

On behalf of the GMC

234. Mr Hamlet submitted that erasure is the most appropriate and proportionate sanction in this case. He referred the Tribunal to its findings in its impairment determination and the relevant paragraphs of the Sanctions Guidance (2024) (SG).

235. Turning to Dr Al-Hallao's reflective statement, Mr Hamlet submitted that while there is some recognition that professional boundaries were breached, the understanding appears limited. The reflections focus on visiting Patient A at home, exchanging personal messages, offering gifts, and having personal conversations. There is no reference to the event that Dr Al-Hallao admitted in oral evidence that he got into, and shared, Patient A's bed. Mr Hamlet submitted that this was a flagrant breach of professional boundaries and a clear step towards the pursuit of a sexual relationship. The omission of this event from the written reflections is significant and indicative of a lack of meaningful insight. Although Dr Al-Hallao stated that he accepts full responsibility and acknowledged the Tribunal's findings, he continues to deny that a sexual relationship occurred. Furthermore, Dr Al-Hallao does not acknowledge the significance or impact of engaging in a sexual relationship with a patient, nor does he appear to fully understand the seriousness of lying to colleagues. The apology Dr Al-Hallao offered to Patient A does not address the key aspects of the misconduct. He submitted this shows that Dr Al-Hallao continues to lack insight, he has not fully acknowledged the extent of his wrongdoing, nor the impact his actions have had on public confidence in the medical profession.

236. Mr Hamlet submitted that Dr Al-Hallao has undertaken one course on professional boundaries, completed only a week prior to the hearing reconvening. No evidence has been provided of any training in relation to probity or honesty, which would have indicated a broader understanding of the seriousness of misleading colleagues. While Mr Hamlet acknowledged that a denial of the allegations does not automatically equate to a lack of insight, he submitted that Dr Al-Hallao has failed to engage with or address the central concerns in the case.

237. Turning to the sanctions available, Mr Hamlet submitted that there are no exceptional circumstances in this case which could justify taking no action. He further submitted that any conditions would need to be appropriate, proportionate and workable; but in light of the seriousness of Dr Al-Hallao's conduct, conditions would be both inappropriate and inadequate. Mr Hamlet invited the Tribunal to consider whether there has been a direct acknowledgment of fault and whether it can be satisfied that the behaviour is unlikely to be repeated. He reminded the Tribunal of the finding at the Impairment Stage in January 2025 that there remained at that time a risk of repetition. He submitted that the shortfall in Dr Al-Hallao's current insight presents a real risk of repetition and that, therefore, suspension would not be an appropriate sanction in this case.

238. He also submitted that Dr Al-Hallao has had the advantage of time, given the delay between the Tribunal's findings and this stage of proceedings. This period provided Dr Al-Hallao with the opportunity to reflect, absorb the Tribunal's criticisms, and present evidence of meaningful remediation. However, Mr Hamlet submitted that Dr Al-Hallao had failed to do so, not because he lacked opportunity, but because he cannot bring himself to accept the full extent of his misconduct. For these reasons, Mr Hamlet submitted that erasure is the appropriate and proportionate sanction necessary to protect the public, to maintain confidence in the profession, and to address the risk of repetition arising from both the sexual misconduct and the dishonesty.

On behalf of Dr Al-Hallao

239. Mr Peacock submitted that a sanction of suspension, subject to review, is both fair and consistent with the principles set out in the SG and that erasure would be disproportionate in the circumstances.

240. Mr Peacock submitted the Tribunal must approach its decision by assessing the misconduct in the broader context of similar types of behaviour. He emphasised that neither dishonesty nor sexual misconduct is "binary", and the sanction must be proportionate to the particular behaviour in question. In relation to dishonesty, he submitted that the conduct here represented a moment of panic, falling at the lowest end of the scale of seriousness.

241. In relation to sexual misconduct, Mr Peacock submitted that Patient A was not vulnerable, and that the relationship was consensual. Although the relationship spanned a few months, in the context of Dr Al-Hallao's medical career, it could fairly be characterised as a one-off incident.

242. Mr Peacock submitted there was testimonial evidence confirming that no similar conduct had occurred previously. The testimonials also attested to the quality of care Dr Al-Hallao provides, his commitment to the core principles of GMP, his respect for women, a strong family ethos, and his ability to form appropriate personal relationships outside of work. He submitted that Dr Al-Hallao has had a previously unblemished medical career and that there has been no repetition of the behaviour since the index events.

243. Turning to personal circumstances, Mr Peacock submitted that Dr Al-Hallao was at a very early stage in his career as a GP and was, at the relevant time, unfamiliar with the pressures and demands of the role. He was under considerable stress, and that contributed to the misconduct.

244. He submitted that Dr Al-Hallao's CPD extends beyond a single course on professional boundaries, and includes a significant foundation of earlier work. He emphasised that there is nothing in the SG or relevant High Court authorities requiring a doctor to have completed their journey of insight and reflection. He submitted that Dr Al-Hallao is capable of doing the necessary reflective work and has already done so. What is important is Dr Al-Hallao's capacity to engage meaningfully with the process and to understand the importance of expressing genuine regret. However, Dr Al-Hallao cannot be expected to apologise for something he does not accept he has done; he can only apologise for what he does accept.

245. He emphasised that not all cases involving sexual misconduct lead to erasure, and that suspension is an equally apt sanction in this case. He submitted that these circumstances do not meet the threshold for erasure, particularly as Dr Al-Hallao has demonstrated a willingness to engage in reflective practice and a commitment to upholding the standards of GMP in the future. He submitted that suspension carries a deterrent effect and sends a clear message to both the doctor and the wider profession. It is an appropriate sanction where the misconduct, while serious, is not fundamentally incompatible with continued practice.

246. Mr Peacock concluded that suspension is the proper and proportionate sanction to enable Dr Al-Hallao to continue on his journey of insight and remediation. Dr Al-Hallao has the capacity to provide safe and effective care to patients, and it is in the public interest to retain a good doctor on the register.

The Relevant Legal Principles

247. When considering sanction, the Tribunal must again have particular regard to the statutory overarching objective. The Tribunal must consider the objective as a whole and should not give excessive weight to any one limb.

248. The Tribunal must apply the principle of proportionality; balancing the doctor's interests with the public interest. The purpose of sanction is not to be punitive although the sanction imposed may have a punitive effect.

249. The decision as to the appropriate sanction, if any, to impose is a matter for the Tribunal exercising its own judgement. It must consider the least restrictive sanction first and then if necessary, consider the other sanctions, taking into account the evidence and submissions that have been read and heard. The Tribunal must consider its determination on impairment and take those matters into account during its deliberations on sanction.

250. The Tribunal must consider any relevant mitigating and aggravating factors and address them within the context of the determination.

The Tribunal's Determination on Sanction

Aggravating and Mitigating Factors

251. The Tribunal has already found the misconduct serious and has set out its decision on the facts and impairment stages. Before considering what action, if any, was appropriate in this case, the Tribunal considered and balanced the aggravating and mitigating factors.

252. The Tribunal considered the following to be aggravating factors in this case:

- Dr Al-Hallao abused his professional position by pursuing an improper and sexual relationship with a patient. He had violated the trust of a doctor-patient relationship.
- His actions were predatory in the sense that Patient A was lonely and in distress at the time of meeting, and he used flattery and flirtation to establish an inappropriate emotional and sexual relationship with her.
- Dr Al-Hallao's conduct towards Patient A occurred for approximately four months and was not a one-off incident.
- The Tribunal found that Dr Al-Hallao has not demonstrated sufficient insight or remediation in relation to his misconduct. Aside from offering a limited apology to Patient A, he has failed to show genuine understanding of the seriousness of his actions. While he has made some reference to the concept of blurred professional boundaries, he has not acknowledged the wider impact of his behaviour, particularly how it undermines public trust in the medical profession and conflicts with its overarching standards and responsibilities. The Tribunal recognised that Dr Al-Hallao had the right to defend himself against the allegations. However, even within that context, he could have taken greater responsibility by showing that he understood why the behaviour found proved by the Tribunal was unacceptable, and the harm it would cause to public confidence in the medical profession. Moreover, the Tribunal found that Dr Al-Hallao's reflective statement and CPD activities did not specifically address the nature of the misconduct that was proven, namely, conduct that was both deliberate and sexually motivated. As such, these efforts did not demonstrate meaningful remediation.
- The Tribunal also found no evidence of insight and remediation in relation to his dishonesty. There was no reflection by Dr Al-Hallao on his duty of candour to his colleagues and the overall profession.

253. Having identified the aggravating factors in the case, the Tribunal identified the following mitigating factors:

- Dr Al-Hallao is of previous good character, having no previous allegations made against him.
- Dr Al-Hallao apologised to Patient A in his reflective statement.
- The Tribunal also accepted that Dr Al-Hallao is a competent and dedicated medical practitioner. Testimonials and feedback reports show that he is clinically well regarded. He has kept his knowledge and skills up to date.
- He has taken some CPD courses into his misconduct.

No action

254. In coming to its decision as to the appropriate sanction, if any, to impose in Dr Al-Hallao's case, the Tribunal first considered whether to conclude the case by taking no action. It noted that taking no action may be appropriate where there are exceptional circumstances.

255. The Tribunal determined that there were no exceptional circumstances in this case. It determined that, given the misconduct and the Tribunal's findings on impairment, action was required to promote and maintain public confidence in the profession and to promote and maintain proper professional standards and conduct for members of the medical profession. It further determined that it would not be sufficient, proportionate or in the public interest, to conclude this case by taking no action.

Conditions

256. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Al-Hallao's registration. The Tribunal has borne in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable.

257. The Tribunal noted that neither party submitted that an order of conditions was an appropriate sanction in this case. The Tribunal had regard to the various paragraphs of the SG which indicate the cases in which conditions might be appropriate. The Tribunal found that as the nature of Dr Al-Hallao's sexual misconduct and dishonesty, was not specifically related to performance or health issues, conditions were not appropriate.

258. The Tribunal did not consider that conditions would mark the seriousness of the misconduct found. Further, the Tribunal did not consider that conditions would be appropriate, proportionate or satisfy the demands of the overarching objective.

Suspension

259. The Tribunal then went on to consider whether imposing a period of suspension on Dr Al-Hallao's registration would be appropriate and proportionate. It acknowledged that suspension has a deterrent effect and can be used as a signal to the doctor, the profession, and to the public about what is regarded as behaviour unbefitting a registered doctor.

260. The Tribunal reminded itself that it determined Dr Al-Hallao's actions included serious breaches of GMP, sexually motivated and dishonest behaviour. Although Dr Al-Hallao's and Patient A's relationship was consensual and she was not characterised as vulnerable, Dr Al-Hallao took advantage of Patient A's distress and loneliness with flattery and flirtation. He conducted an inappropriate pursuit of her within hours of meeting her as a patient and deliberately laid the foundations for a future sexual relationship. His conduct spanned approximately a four-month period, despite Patient A's initial concerns about professional boundary crossing. The Tribunal determined Dr Al-Hallao's conduct fell far short of the standards expected of a doctor.

261. The Tribunal noted that paragraph 93 of the SG states that suspension may be appropriate where there may have been an acknowledgement of fault and where the Tribunal is satisfied that the behaviour or incident was unlikely to be repeated.

262. The Tribunal has previously determined that Dr Al-Hallao demonstrated limited insight into his professional misconduct. It considered Dr Al-Hallao has not fully acknowledged the gravity of his misconduct, nor the impact his actions have had on Patient A, or public confidence in the medical profession. While it acknowledged that Dr Al-Hallao has recently undertaken one CPD training on professional boundaries, this training occurred only one week before the reconvened hearing. As such, the timing raises concerns about whether it reflects a genuine effort toward remediation. It considered that given the nine-month lapse of time between the facts and impairment determinations to today's hearing reconvening, the Tribunal expected more evidence of remedial work.

263. Furthermore, the Tribunal placed minimal weight on the CPD activities completed before the original facts and impairment findings. This is because Dr Al-Hallao had not, at that time, acknowledged or accepted the Tribunal's findings regarding his conduct, which limited

his ability to meaningfully reflect on or learn from those events. In the Tribunal's view, without proper insight into the seriousness of the findings, any CPD undertaken lacks the necessary context and depth to evidence true remediation.

264. Therefore, it could not be satisfied that his sexually motivated or dishonest behaviour was unlikely to be repeated. It concluded that such risk of repetition was high.

265. The Tribunal also bore in mind the following paragraphs of the SG which relate to abuse of professional position, vulnerable patients, predatory behaviour.

142 Trust is the foundation of the doctor-patient partnership...

143 Doctors must not use their professional position to pursue a sexual or improper emotional relationship with a patient or someone close to them.

144 Personal relationships with former patients may also be inappropriate depending on:
a the nature of the previous professional relationship
b the length of time since it ended...
c ... d

147 If a doctor has demonstrated predatory behaviour, motivated by a desire to establish a sexual or inappropriate emotional relationship with a patient, there is a significant risk to patient safety, and to public confidence and/or trust in doctors. More serious action is likely to be appropriate where there is evidence of (this list is not exhaustive):

a ...
b use of personal contact details from medical records to approach a patient outside their doctor-patient relationship
c visiting a patient's home without an appointment or valid medical reason.

150 Sexual misconduct seriously undermines public trust in the profession. The misconduct is particularly serious where there is an abuse of the special position of trust a doctor occupies...

266. For the reasons previously set out in the determination, the Tribunal was satisfied that Dr Al-Hallao's conduct engaged each of the above paragraphs.

267. The Tribunal found that because of the overall seriousness of all the findings against Dr Al-Hallao, together with the absence of meaningful insight and remediation and the risk of

repeating the misconduct, it could not conclude that suspension was the appropriate sanction to reflect the gravity of Dr Al-Hallao's misconduct. A period of suspension, of any length, would not satisfy the wider public confidence in the profession: an informed and reasonable member of the public would consider suspension to be insufficient, despite Dr Al-Hallao being a competent doctor, nor would it meet the statutory overarching objective to protect the public.

Erasure

268. The Tribunal considered paragraph 108 of the SG applied to Dr Al-Hallao's case:

108 Erasure may be appropriate even where the doctor does not present a risk to patient safety, but where this action is necessary to maintain public confidence in the profession. For example, if a doctor has shown a blatant disregard for the safeguards designed to protect members of the public and maintain high standards within the profession that is incompatible with continued registration as a doctor.

269. The Tribunal also carefully considered the indicators of when a doctor's behaviour was likely to be fundamentally incompatible with continued registration as set out in paragraph 109 of the SG. The Tribunal considered paragraph 109(a), (b), (d) and (j) of the SG were engaged in Dr Al-Hallao's case:

109 Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive).

- a A particularly serious departure from the principles set out in Good medical practice where the behaviour is difficult to remediate.*
- b A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.*
- c ...*
- d Abuse of position/trust*
- e... i*
- j Persistent lack of insight into the seriousness of their actions or the consequences.*

270. The Tribunal was satisfied that the circumstances of Dr Al-Hallao's case were such that his misconduct is fundamentally incompatible with continued registration.

271. The Tribunal gave consideration as to whether it was in the public interest to erase Dr Al-Hallao from the medical register, as opposed to imposing a lengthy suspension which would afford him the opportunity to demonstrate insight and remediation. The Tribunal concluded, for all the reasons set out above, that erasure was the only sanction that would mark the seriousness of his misconduct. Erasure was required to send a message to the medical profession and to the public that this type of behaviour was unacceptable. Dr Al-Hallao's misconduct significantly undermines public confidence in the profession and brings the profession into disrepute.

272. The Tribunal acknowledged that erasure would mean the loss of a competent doctor to the public and have a significant bearing on Dr Al-Hallao's family. However, it concluded that the need to uphold the overarching objective took precedence given the facts of this case. It concluded that Dr Al-Hallao's interests are outweighed by the need to promote and maintain public confidence in the medical profession, and to uphold proper professional standards and conduct for members of the profession.

273. The Tribunal therefore determined to erase Dr Al-Hallao's name from the medical register.

Determination on Immediate Order - 24/09/2025

274. Having determined to erase Dr Al-Hallao's name from the medical register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Al-Hallao registration should be subject to an immediate order.

Submissions

275. On behalf of the GMC, Mr Hamlet invited the Tribunal to consider paragraphs 172, 173 and 178 of the SG. He reminded the Tribunal that it had found Dr Al-Hallao's conduct to be fundamentally incompatible with continued registration, and deemed there to be a high risk of repetition. He submitted the Tribunal's duty is to mitigate that ongoing risk and Dr Al-Hallao's current suspension from the Lighthouse Group only limits his work within that organisation. That suspension does not prevent him from practising elsewhere. Therefore, an immediate order is necessary to protect patient safety and in the interests of the public.

276. On behalf of Dr Al-Hallao, Mr Peacock submitted that Dr Al-Hallao is already suspended from his current practice and, given the Tribunal's decision will be published, he is

unlikely to find alternative work. Imposing an immediate order would likely result in the loss of his contractual pay during the suspension. He submitted that although a month's pay might seem minor, Dr Al-Hallao is already financially overdrawn each month and is the sole income provider for his family. Mr Peacock invited the Tribunal to balance these factors and to decide against imposing an immediate order.

The Tribunal's Determination

277. In its deliberations, the Tribunal had particular regard to the following paragraphs of the SG:

172 The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order.

173 An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor's special position of trust, or where immediate action must be taken to protect public confidence in the medical profession.

178 Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect.

278. The Tribunal bore in mind its finding that Dr Al-Hallao's misconduct was fundamentally incompatible with continued registration. Based on the concerns raised in this case, the Tribunal was satisfied that an immediate order was necessary in the public interest, even if it outweighed Dr Al-Hallao's personal interests. While the Tribunal acknowledged Mr Peacock's submission regarding the potential loss of Dr Al-Hallao's salary as unfortunate, it concluded that the public interest must take priority.

279. The Tribunal therefore determined to impose an immediate order of suspension.

280. This means that Dr Al-Hallao's registration will be suspended from today. The substantive direction, as already announced, will take effect 28 days from the date on which written notification of this decision is deemed to have been served, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

281. The existing interim order is hereby revoked.

ANNEX A – 13/01/2025

Application on the admissibility of evidence

282. At the outset of proceedings, Mr Peacock, on behalf of the GMC, made an application under Rule 34(1) of the Rules to have admitted into evidence the witness statement of Ms D. He also drew the Tribunal's attention to a number of contentious passages in the witness statement which the GMC submit should be redacted. He made a further application for the statement to be admitted in full without the redactions sought by the GMC.

Submissions

On behalf of Dr Al-Hallao

283. Firstly, Mr Peacock stated that it was the intention of Dr Hallao's legal representatives to serve Ms D's statement to the Tribunal at the same time it received Dr Al-Hallao's statement. However, due to her health issues, Ms D was unable to finalise the draft earlier.

284. Mr Peacock drew the Tribunal's attention to Patient A's witness statement. Patient A stated that prior to her consultation with Dr Al-Hallao, Mrs C disclosed to her details of Dr Al-Hallao's private life. It was Mr Peacock's submission that Mrs C is a 'scurrilous gossip and stirrer' and Ms D's evidence supported this.

285. Mr Peacock submitted that Ms D's witness statement was fair and relevant as Ms D was a staff member at the Practice and she has specific knowledge of Mrs C and Patient A, including Patient A's account of what took place between herself and Dr Al-Hallao.

286. Mr Peacock also drew the Tribunal's attention to a number of passages in Ms D's statement which he submitted should remain unredacted. He submitted that the passages in question were admissible as it was plain that Ms D has sufficient knowledge of the character and behaviours of Ms C to be able to make these statements. He submitted that Ms D's statement was evidence that Mrs C was willing to disclose unrelated private information inappropriately.

287. Mr Peacock submitted that Ms D would be tendered for cross-examination, which will be an opportunity for her to substantiate her opinions.

On behalf of the GMC

288. Mr Hamlet reminded the Tribunal that the Rules allowed the Tribunal to admit evidence it considered fair and relevant.

289. Mr Hamlet submitted that while Ms D's witness statement was relevant to the issues in this case, he objected to the inclusion of various passages of Ms D's witness statement which Dr Hallao's legal representatives wished to rely on.

290. Mr Hamlet took the Tribunal to each of the passages in question and submitted they should be redacted. He submitted that within these passages, Ms D makes purely speculative opinions on what she thinks Ms C and Patient A were thinking, which she cannot do. He submitted that her opinion on other accounts was unsupported by evidence and not admissible. Mr Hamlet submitted that witnesses are not entitled to provide an opinion on the

veracity and credibility of other witnesses. He submitted that these were matters that were reserved for the Tribunal to consider.

Relevant Legal Principles

291. The Tribunal took into account Rule 34(1) of the Rules:

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

292. The Tribunal accepted that Rule 34(1) of the Rules gives it a wide discretion to admit evidence if it is fair and relevant to do so. It accepted that it must consider fairness from all perspectives and consider the over-arching objective.

The Tribunal's Determination

293. The Tribunal considered whether Ms D's witness statement was relevant to the matters which it needed to make findings of fact. It bore in mind that Dr Al-Hallao denied having a sexual relationship with Patient A and it was fair to his case to admit evidence relating to the allegations. The Tribunal considered that Ms D's witness statement itself can be admitted as it is fair and relevant to the issues the Tribunal have to determine.

294. The Tribunal considered each of the contentious passages individually. It was mindful that Ms D makes various comments based on her experience with Mrs C, such as, she believes Mrs C to revel in gossip and that her account of events was dishonest. However, the Tribunal was of the view that Ms D's opinions were speculation and not based on evidence or fact. It considered that Ms D's views regarding the accounts of others were not relevant, and she is a witness of fact, not an expert entitled to provide opinions. It reminded itself that it was for the Tribunal to make the assessment on a witness's credibility.

295. The Tribunal considered that Dr Al-Hallao's case can be presented fairly if the passages within Ms D's statement are redacted. Further it noted that witnesses would be called and be available for cross-examination. The Tribunal was mindful that it would in due course consider what weight to give to the witness evidence when it made its determination at the end of the facts stage.

296. Therefore, applying the test fairness and relevance, the Tribunal determined to redact the passages from Ms D's witness statement.

ANNEX B – 17/01/2025
Application on adjournment

297. On day five of the hearing, 17 January 2025, Mr Hamlet, on behalf of the GMC, made an application to adjourn the hearing under Rule 29 of the Rules.

298. For background, on day two of the hearing, during Patient A's oral evidence, she was cross-examined by Dr Al-Hallao's representative, Mr Peacock. During cross-examination, he asserted to Patient A that she had deleted certain text messages between herself and Dr Al-Hallao which she denied. Mobile phone bills from Dr Al-Hallao were subsequently disclosed to the GMC and further enquiries made regarding the interpretation of the content of those bills. The Doctor subsequently chose not to pursue his application to rely on this evidence within these proceedings.

Submissions

On behalf of the GMC

299. Mr Hamlet applied for an eight week adjournment of the hearing in order for the GMC to obtain a proper, comprehensive expert report on the issue of the deletion of text messages on Patient A's phones.

300. Mr Hamlet submitted that it was not sufficient for Dr Al-Hallao's legal representatives to simply withdraw their proposed application to adduce phone bills. He submitted that Mr Peacock having put this assertion to Patient A that she had deleted text messages, it was now incumbent on the GMC to make enquiries on the veracity of that argument. Mr Hamlet submitted the only way the GMC can properly respond to the assertion that text messages had been deleted was a forensic analysis of Patient A's mobile telephone.

301. Mr Hamlet accepted that securing an expert opinion was unlikely to determine factual allegations in this case, however it would resolve these particular issues which were important to the GMC case since it goes to the credibility of Patient A.

302. Mr Hamlet submitted it was in the interests of justice for the case to be adjourned for this issue to be resolved. He proposed a time frame of eight weeks.

On behalf of Dr Al-Hallao

303. Mr Peacock, on behalf of Dr Al-Hallao, opposed the application to adjourn.

304. Mr Peacock submitted to not pursue his application to rely on the mobile phone bills which had been disclosed to the GMC. He accepted on behalf of Dr Al-Hallao that the possible, if not likely, consequence of very late disclosure of material was that it is not permitted in any event.

305. Mr Peacock submitted if the Tribunal were to continue with the case, the evidence of the witnesses will still be fresh in its minds at the time of the stage one Facts determination. He submitted that as a general principle and being in the public interest, the closer in time the hearing can be to the index events under consideration, the better.

306. Mr Peacock submitted that if the hearing adjourned for the GMC to seek expert evidence, the hearing would not reconvene in eight weeks but rather some months with the possibility of the need for further expert evidence on behalf of the Defence.

307. Furthermore, Mr Peacock submitted that it was Dr Al-Hallao's priority to complete this case within the listing, basing this wish on the wellbeing of himself, and his family.

Relevant Legal Principles

308. The Tribunal took into account Rule 29(2) of the Rules:

29(2) Where a hearing of which notice has been served on the practitioner in accordance with these Rules has commenced, the Committee or Tribunal considering the matter may, at any stage in their proceedings, whether of their own motion or upon the application of a party to the proceedings, adjourn the hearing until such time and date as they think fit.

309. The Tribunal took into account all three limbs of the statutory overarching objective and the right to a fair trial. The Tribunal considered that it must strike a proper balance between fairness to the practitioner and the public interest in the fair and efficient disposal of proceedings, including having regard to the history of the proceedings and the need to balance the right of the parties to present their case.

The Tribunal's Determination

Application for Adjournment

310. The Tribunal was mindful that it not only had to balance fairness and the interests of Dr Al-Hallao, but also of the GMC. It also bore in mind the public interest which includes dealing with cases expeditiously, competently and fairly.

311. The Tribunal bore in mind that the GMC wished to undertake the forensic analysis to properly present its' case and ensure that all relevant evidence is available for the Tribunal to consider. It accepted that more evidence may assist the Tribunal during its stage 1 Facts determination but noted that the mobile phone evidence is only a part of the wider evidence before it. The Tribunal considered that much of the probative value of the text messages is in the content rather than the number of messages. It also considered that if messages were deleted that it does not necessarily point to Patient A being dishonest. The Tribunal determined that it had sufficient evidence before it to be able to properly and fairly determine the allegation.

312. The Tribunal noted the history of this case and that in pre-hearing case management the potential need for an expert was noted on behalf of the GMC and not pursued. The Tribunal also noted that the additional statement of Patient A specifically references that she had not deleted messages so this issue is not one that has only come to light within the evidence of Patient A.

313. The Tribunal accepted that if the GMC was granted the application to adjourn, time would be required to undertake the forensic analysis and produce an expert report. The Tribunal bore in mind that the GMC predicted an adjournment of eight weeks. It considered this to be an optimistic time estimate, when also factoring in the need to consider the analysis and the potential need for further evidence. It also noted that availability of counsel and the Tribunal may cause further delay. It considered it would more likely be some months until this case could next reconvene and that this was unfair to both Dr Al-Hallao and the public.

314. The Tribunal also considered that a time gap of several months between hearing witness evidence and the Tribunal making its stage 1 Facts determination may affect the Tribunal's memory of evidence.

315. The Tribunal bore in mind that there is a public interest to deal with hearings expeditiously. It considered that this decision was finely balanced however it determined that

the reasons to proceed with the case outweigh the points in favour of adjournment. It considered that it can still deal with this hearing fairly on the evidence it already has and will hear in due course. The Tribunal was also mindful of Dr Al-Hallao clearly expressed position that he wants this matter dealt with during the current listing.

316. The Tribunal found that it was fair to both parties and in the public interest to continue with the hearing and proceed without an adjournment to seek expert evidence.

317. The Tribunal therefore determined to reject the application to adjourn.

XXX

Schedule One

Date of text message	Time of text message	Comment in text message
13/06/2023	09:20	'Likewise was lovely to see you too. Would've loved to have stayed longer yesterday! Yes let me know if you'd like me to come back this week!! 😊🤗'
13/06/2023	12:03	'Looking at my availability. I could come and see you either tonight or Fri Eve 😊'
13/06/2023	14:12	'Likewise 😊'
13/06/2023	14:15	'Do you have a spare pillow in case?'

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16/06/2023	15:18	'Are you still happy to pop over this evening'
16/06/2023	16:56	'Looking forward to seeing you later 😊'
18/06/2023	15:56	'...Was lovely seeing you yesterday... 😊'
18/06/2023	18:58	'...Big hug'
18/06/2023	19:12	'Thank you. I will let you know if I can tomorrow otherwise following week x'
19/06/2023	15:34	'...Well to be fair you have been followed up and monitored closely 🚑 😊'
19/06/2023	15:44	'...Let's do that. Big hug 😊 😊'
24/06/2023	08:50	'...Big hugs to you too 🌟 😊'
24/06/2023	09:21	'Oh bless. I'm so sorry for the inconvenience Very grateful indeed. Yes I will let you know once I finished my will 🚑 😊 😊'
26/06/2023	20:40	'...Why not lol x'
17/06/2023	15:48	'I would've popped over in my break this afternoon but you're not free 😊'
27/06/2023	16:27	'...well only if you are free?'
27/06/2023	17:32	'My face to face patients have decided to come earlier and take my break. Which means I can come as soon as done in 1 hour! Is that OK??'
27/06/2023	19:23	'On my way. Sorry got delayed. Won't be able to stay long though :('
03/07/2023	12:19	'...I thought I might pop over in my break if I get one today lol 😊'
03/07/2023	12:55	'No don't worry. Shall I come over now x'
03/07/2023	15:35	'Lol. Never 😊 Only special home visit for you 😊 Struggling but have to keep going x'
03/07/2023	15:38	'You too to the death extent lol'

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03/07/2023	16:30	'lol. Thank you. It feels v close and at times I think do I need to really risk it. It's so nice to see you [XXX] x'
14/07/2023	22:14	'Oh would love too lol'
15/07/2023	11:56	'Christmas!!! No will see you as soon as I'm better. Hopefully next week as I'm away for a few weeks a week today. Lots of Love to you too [XXX]. Huge hug 🤗🤗'
17/07/2023	10:14	'...Big hug and lots of love x'
21/07/2023	19:41	'Hi [XXX]. Really sorry for late response. V busy week. Thank you. Hope you're more energetic this pm. Happy birthday in advance and hope to catch up with you in September. Look after yourself and yes and probably don't eat much of the cake to help your DM lol Lots of love and see you soon x'
04/09/2023	15:55	'Oh I'm glad you are doing well and a gazelle for sure. Finishing about 7. Shall I pop in quickly or tomorrow if you are free 🤗'
04/09/2023	16:12	'I have a break at 5 so I will pop in then if that's ok'
04/09/2023	18:40	'You will get more outdoors 🤗🤗🤗'
04/09/2023	18:49	'Depending how I'm feeling yes would be great to go for a long lovely walk 🤗🤗'
16/09/2023	12:40	'Thank you you too. I'll come to see you on Monday hopefully if you're free. Big hug 🤗'
18/09/2023	14:20	'...I will pop in after work if not running late 🤗🤗🤗'
18/09/2023	14:51	'...When will you be home. Lots of love to you too. Big hug 🤗'
18/09/2023	17:08	'Please don't worry. On my way. Will pop in for a short bit. Big hug 🤗'
21/09/2023	19:56	'...I'm glad you like them... That's a good idea with archive. Didn't even know about that lol Lots of love 🤗'

Confidential Schedule Two

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Mental health symptoms