

PUBLIC RECORD**Dates:** 07/07/2025 - 22/07/2025

Doctor: Dr Amit GOEL

GMC reference number: 7011466

Primary medical qualification: MB BS 2003 Choudhary Charan Singh University

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

Summary of outcome

Warning

Tribunal:

Legally Qualified Chair	Miss Annie Hockaday
Lay Tribunal Member:	Mr Matthew Fiander
Registrant Tribunal Member:	Dr Jonathan Leach

Tribunal Clerk:	Ms Hinna Safdar
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Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Ms Catherine Stock, Counsel
GMC Representative:	Mr Charles Garside, KC

Attendance of Press / Public

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

Overarching Objective

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

Determination on Facts - 17/07/2025

Background

1. Dr Goel qualified in 2003 from Santosh Medical College at Chaudhary Charan Singh University in India. He came to the UK in 2007 and gained registration with the GMC in 2009. He commenced his employment at the Ysbyty Glan Clwyd Hospital ('the Hospital') in February 2010 as an SHO in General Surgery. At the time of the events on 14 January 2022, Dr Goel was practising at the Hospital as a Registrar in Trauma and Orthopaedics.
2. The allegation that has led to this hearing can be summarised as that, on 14 January 2022, Dr Goel behaved inappropriately towards a junior colleague, a student nurse, by way of five physical actions while they were in a hospital car park. It is alleged that his actions were without her consent, constituted sexual harassment, were sexually motivated and were an abuse of his more senior position.
3. The initial concerns were raised with the GMC by Betsi Cadwaladr University Health Board ('the Health Board') in June 2023, when the Health Board was yet to hold the initial disciplinary hearing on 6 February 2024.

The Outcome of Applications Made during the Facts Stage

4. The Tribunal granted the application of Dr Goel, made pursuant to Rule 34(1) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), and not opposed by the GMC, to include two further documents in the evidence, namely a screenshot of an operating theatre log for 13 January 2022 and a further character reference.

The Allegation and the Doctor's Response

5. The Allegation made against Dr Goel is as follows:

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

1. On 14 January 2022 whilst employed as a Specialty Doctor at Ysbyty Glan Clwyd Hospital you behaved inappropriately towards your junior colleague, Student Nurse A, in that you:

- a. held Student Nurse A's hand; **To be determined**
- b. stroked Student Nurse A's thigh with your finger(s); **To be determined**
- c. put your arm around Student Nurse A's waist; **To be determined**
- d. kissed Student Nurse A on her cheek; **To be determined**
- e. attempted to kiss Student Nurse A on her lips; **To be determined**

2. Your actions as set out in paragraphs 1a – 1e: **To be determined**

- a. were ~~out~~ without Student Nurse A's consent; **Amended under rule 17(6) To be determined**
- b. constituted sexual harassment as defined in Section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Student Nurse A, or creating an intimidating, hostile, degrading, humiliating or offensive environment for Student Nurse A; **To be determined**
- c. were sexually motivated; **To be determined**
- d. were an abuse of your more senior position. **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**

Evidence

Witness evidence

6. The Tribunal received witness statements and oral evidence on behalf of the GMC from:

- Ms A, a student nurse on a placement at the Hospital XXX;
- Ms B, a Staff Nurse at the Hospital as at January 2022;

- Mr C, a Junior Charge Nurse at the Hospital as at January 2022;
- Ms D, lecturer in Adult Nursing at XXX University and personal tutor to Ms A since Ms A started her degree in XXX.

7. Dr Goel provided a witness statement dated 18 June 2025, and a supplemental statement dated 4 July 2025 and gave oral evidence at the hearing.

Documentary Evidence

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

- Ms A's statement written by hand on the evening of 14 January 2022 at the request of a member of staff at the Hospital ("Handwritten Account")
- A Datix Incident Review and Management form ("Datix Report") submitted by Mr C at 21:32 on 14 January 2022
- A file note dated 17 January 2022 made by Ms D following a TEAMs meeting with Ms A
- Ms A's statement to the Police dated 18 January 2022 ("Police Statement")
- Ms A's statement to the Health Board dated 21 September 2022 ("Statement to the Health Board")
- Records of Interviews between Ms A and Mr E, an external consultant commissioned by the Health Board, held on 15 December 2022 and 20 February 2023 ("First and Second Interviews with Mr E")
- Dr Goel's statement to the Health Board (undated, made late 2022 or early 2023, prior to 8 February 2023)
- Record of Interview between Dr Goel and Mr E held on 8 February 2023 ("Interview with Mr E")
- Record of Interview between Ms B and Mr E held on 14 March 2023
- Letter from the Police to the GMC dated 7 December 2023 providing the Police's summary of their interview of Dr Goel on 17 February 2022 (his "Police Interview Summary")
- Minutes of the Health Board's internal disciplinary hearing held on 6 February 2024
- Dr Goel's Rule 7 Response dated 18 September 2024
- Text messages on 12 January 2022 between Dr Goel and a colleague at the Hospital, Ms M, regarding a phone number for a XXX
- Email from 'Remove my Car' about paying £247 for Dr Goel's car in 2018

- Email from Dr Goel's solicitor to North Wales Police dated 15 August 2023 asking whether CCTV was checked as part of the investigation
- An operating theatre staff list dated 13 January 2022
- Six character references for Dr Goel, various dates June 2025.

The Legal Principles

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

10. Dr Goel has not made any formal admissions so paragraphs 1 and 2 of the Allegation are for determination by the Tribunal. The task of the Tribunal is to consider all the evidence and submissions presented by the parties and to make findings of fact and give reasons for those findings.

11. The Tribunal should consider all the evidence before coming to a conclusion about a witness's credibility. The Tribunal will take into account:

- The unreliability of memory and that credibility can be divisible; a witness can be truthful about one part of their evidence but not truthful about another;
- That 'In a case where the evidence consists of conflicting oral accounts, the court may properly place substantial reliance upon the oral evidence of the complainant ...There is no rule that corroboration of a complainant's evidence is required...' (Byrne v GMC [2021] EWHC 2237 Morris J at [19]);
- That the inherent probability or improbability of an event is a matter which can be taken into account when weighing the probabilities and in deciding whether an event occurred. The Tribunal may weigh the relative improbability of the doctor acting as alleged and jeopardising his career against the relative improbability of Ms A fabricating the allegations and putting herself through the ordeal involved in doing so: *Byrne at [111]*.

12. When there is a 'clash' of oral evidence between two witnesses, guidance about the approach to the assessment of credibility is given in *Roach v GMC* [2024] EWHC 1114 (Admin) at [29] to the following effect:

By assessing whether the accounts given by each of the witnesses have been internally consistent or are contradictory or have been embellished; by assessing

whether the accounts are consistent with external evidence and are supported by other witnesses or by objective documentary evidence; by assessing the witnesses' behaviours peripheral to the asserted core evidence to see if they support the asserted core evidence; by assessing evidence of the witnesses' motivations, personality, mental health and past history; by assessing the witness' demeanour and way of giving evidence live in the hearing as one relevant factor but not determinative; by taking into account that post-event words and actions may be indicative or determinative, and

‘Throughout all of these filters, the Tribunal will take into account that memory is not perfect, it stores only what the witness saw, heard, smelt or read, it degrades with time, it may be manipulated quite honestly by the witnesses' desire to be right or justified and it may be manipulated consciously or unconsciously when it is accessed by questioning for the purposes of writing witness statements.’

13. Good character is not of itself a defence to an allegation, but good character can properly be material at the fact-finding stage. The Tribunal has been told that Dr Goel has been registered with the GMC since 2009 and has no previous Fitness to Practise record or findings made against him by a Medical Practitioner’s Tribunal. In this sense he is of good character. The Tribunal has also been told XXX; it is submitted on his behalf that this is not relevant to the allegations about 14 January 2022.

14. Dr Goel’s good character is a matter which the Tribunal can and should take into account in two ways:

- First when considering the likelihood of his behaving in the manner alleged (propensity);
- Secondly, when considering the likelihood of whether he has told the truth when giving his evidence before the Tribunal both in relation to his written statement and his oral evidence, along with the additional material that he has provided on his behalf (credibility).

15. Good character is not determinative. The weight to be attached to his good character is a matter for the Tribunal. It sits alongside all the other evidence on each fact that remains in dispute. The Tribunal is entitled to weigh the specific factors relating to the actual events more decisively than the general factor of good character relating to credibility and propensity (Sawati v GMC [2022] EWHC 283 (Admin)).

16. Consent is defined in statute, ‘a person consents if he or she agrees by choice and has the freedom and capacity to make that choice’ (s.74 Sexual Offences Act 2003).

17. Sexually Motivated. It is for the GMC to show that it was more likely than not that the motivation was sexual. For the meaning of ‘sexual’, the Tribunal is assisted by the definition in the Sexual Offences Act 2003 at section 78:

‘penetration, touching or any other activity is sexual if a reasonable person would consider that—

(a) whatever its circumstances or any person’s purpose in relation to it, it is because of its nature sexual, or

(b) because of its nature it may be sexual and because of its circumstances or the purpose of any person in relation to it (or both) it is sexual.’

18. Some actions may be inappropriate or ill-judged, but it does not mean that they are necessarily sexually motivated (*Arunkalaivanan v GMC* [2014] EWHC 873 (Admin) at [50]).

19. The sexual quality of touching is not constituted wholly by the state of mind of the doctor; it is constituted also from the experience of the person being touched and the lack of objective justification for the act found to have been done (*Sawati* at [89]).

20. By reference to *Basson v GMC* [2018] EWHC 505 (Admin) and *Haris v GMC* [2021] EWCA Civ 763 (Admin), the Tribunal considered the following advice:

- The state of a person's mind is not something that can be proved by direct observation. It can only be proved by inference or deduction from the surrounding evidence. The Tribunal is required to make a deduction from all the facts and circumstances of the case;
- Sexual motive means that the conduct was done either in pursuit of sexual gratification or in pursuit of a future sexual relationship;
- In order to assess whether or not the behaviour complained of was sexually motivated (that is, what is the likeliest deduction to be made), the following factors are relevant:
 - the nature of the behaviour (this can be the best evidence of motivation);
 - was there any other plausible reason for the behaviour;
 - did the practitioner explain what he was about to do and seek consent in advance for the behaviour;
 - what was Ms A’s perception;
 - is there evidence of sexual gratification;

- Ask if there is some other rational inference or conclusion to be drawn from all the circumstances. Ask if there is a more likely explanation for the proved behaviour than the allegation of sexual motivation.

21. Sexual harassment. Allegation 2(b) characterises the actions in paragraph 1 as ‘sexual harassment’ as defined in section 26(2) of the Equality Act 2010.

22. The meaning of ‘harass’ is a question of fact applying the words in their ordinary manner, but it is also relevant to have regard to the section 26(2) definition (Professional Standards Authority for Health and Social Care v Health and Care Professions Council and Yong [2021] EWHC 52 at [50] and [54]).

23. Section 26(2) provides that A harasses B if (a) A engages in unwanted conduct of a sexual nature, and (b) the conduct has the purpose or effect of:

- (i) violating B's dignity, or
- (ii) creating an intimidating, hostile, degrading, humiliating or offensive environment for B.

24. In deciding whether conduct has one of these statutory effects, the Tribunal must take into account (a) the perception of B; (b) the other circumstances of the case; and (c) whether it is reasonable for the conduct to have that effect.

25. In summary, the GMC has to prove that Dr Goel:

- Engaged in unwanted conduct of a sexual nature, and
- His conduct had the purpose or effect of:
 - violating Ms A's dignity; or
 - creating an intimidating, hostile, degrading, humiliating or offensive environment for Ms A'

The Tribunal's Analysis of the Evidence and Findings

Introduction

26. The Tribunal understood that this case involves allegations about events for which there is no objective, external, contemporaneous evidence. The allegations depend on the evidence of Ms A about what took place in the car park on 14 January 2022 and are denied by Dr Goel.

27. The Tribunal began by identifying facts about 14 January 2022 which are not in dispute between Ms A and Dr Goel. These are set out below under the heading, ‘Common Ground about 14 January 2022’. The points of dispute between Ms A and Dr Goel about what took place will require the Tribunal to consider the reliability and credibility of each of them on the core allegations.

28. The Tribunal noted that Ms B, Mr C and Ms D gave direct evidence of their perception of Ms A after the events in the car park. They also gave evidence of what they recall was said to them by Ms A about what took place; this is hearsay evidence. Their evidence is relevant as it has the potential to support Ms A’s account of what took place as it shows that Ms A gave an account later the same evening and three days later. Whether to accept hearsay evidence, what inconsistencies there are and what weight to give to it is a matter for the Tribunal.

Ms B, Mr C and Ms D

29. Ms B was a Staff Nurse on XXX at the time. She provided a witness statement dated 26 February 2024. The Tribunal considered her oral and written evidence and found it to be generally consistent. Ms B told the Tribunal that she first met Ms A during Ms A’s placement XXX; that on 14 January 2022, Ms A was allocated to work alongside Ms B who was her mentor for the day for the first time, and, that when Ms A came back from her evening break, Ms B noticed a change in her. Ms B described Ms A as ‘shy, also confident, bubbly’ and ‘quite shy, bubbly, polite’ and that when Ms A came back ‘she was not displaying how she was previously’ but was ‘quiet and withdrawn’.

30. Ms B said in her witness statement,

“...Ms A appeared a bit shell-shocked, and I asked her if everything was okay and she said that she was fine. You can tell when someone isn’t right, and I pressed her and I asked her, “are you sure?” and then Ms A opened up to me.

Ms A said she had gone on her break for a [XXX] and a sandwich, and she said, that Amit had asked her if he could join her in her car. Ms A explained that she felt uncomfortable. I don’t remember this part exactly, so I am not sure if Ms A said that Amit had hugged her inside the car or whether he hugged her outside of her car. She said that when Amit hugged her he pulled her in, and she said that he put his arm around her. I don’t remember if she said anything else. Ms A appeared to be in shock when she was telling me what happened.

..... I thought Ms A needed to have a conversation with someone senior to have a debrief and report it, especially given how shocked Ms A was when she returned from her break. I found the whole thing strange as I was aware that Amit [XXX]. I had a friendly conversation with Ms A and I said that Amit's action wasn't appropriate because Ms A hadn't known Amit for that long. I said to Ms A that I wanted to escalate it, but she was initially reluctant to do so. I said that I had a duty of care because we were required to safeguard the students and she agreed for me to escalate it".

31. Ms B contacted Mr C who was a Junior Charge Nurse on XXX at the time. Mr C provided a witness statement dated 16 February 2024. The Tribunal considered the oral and written evidence of Mr C and found it to be generally consistent. Mr C states that he spoke to Ms B and then to Ms A in Sister's office. Mr C told the Tribunal that during Ms A's placement he had *'probably only a few little discussions with her'*, that when he spoke to Ms A on 14 January 2022 she was upset and in tears, *'very upset, trying to recall info, agitated'* and that Ms A seemed to be blaming herself for letting Dr Goel into her car. In his witness statement Mr C wrote,

"After [Ms B] informed me about what happened, I went to check on Ms A in the Sister's office. She was upset and in tears. When I spoke to Ms A I could see that she blamed herself for letting Amit in her car and thinking that she may have done something wrong. Ms A said that she felt uncomfortable and couldn't say 'no' to him when he wanted to sit in her car. Ms A informed me that she had told Amit that [XXX]. I could see that Ms A was emotional and in shock and I reassured her."

32. Mr C set out what he did next in terms of reporting the matter to other appropriate staff and submitting the Datix Report. It was another member of staff who invited Ms A to write an account, resulting in her Handwritten Account, before she went home. Mr C described the incident in the Datix Report as,

"A student nurse reported to me that an orthopaedic registrar allegedly [sic] had followed her to her car and sat with her, making her feel uncomfortable, trying to hold her hand. This then continued out of the car, with him putting his arms around her and kissing her."

33. Ms D provided a witness statement dated 19 June 2024 about her role as personal tutor to Ms A during XXX her degree. Ms A contacted Ms D on 17 January 2022, and they met on Microsoft Teams with Ms A's mother present. Ms D recalls in her statement that,

“Ms A explained that one of the ward doctors, Dr Goel had been inappropriate with her during her [XXX] shift on placement. Ms A explained that Dr Goel followed her to her car during her break. I don't remember the exact details, but I recall that Dr Goel behaved inappropriately, tried to kiss Ms A while in the car and tried to give Ms A his number”.

34. Ms D told the Tribunal that during the meeting on 17 January Ms A was 'very quiet, quite tearful, closed off bodywise, looked upset' and that Ms D was worried. Ms D raised the topic of Ms A contacting the Police and outlined available support for her and next steps within the University. Ms D wrote a file note at 4.24pm.

35. The Tribunal considered that the evidence of Ms B, Mr C and Ms D was independent, objective evidence. The Tribunal noted the absence of evidence of a reason for Ms B, Mr C or Ms D not to tell the truth. It was of the view that all three witnesses had no vested interest either way. It considered that all three witnesses were doing their best to give reliable evidence to the Tribunal.

Ms A

36. Ms A began her nursing degree at XXX University in XXX. She started her XXX placement in XXX 2021 on XXX at the Hospital. This placement finished on XXX 2022. Ms A told the Tribunal that during this placement she worked 'long day' shifts, approximately 7.30am to 8.30pm, and did not do night shifts.

37. Ms A told the Tribunal that during her placement she did not work on the separate '[XXX]' ward, '[XXX]'. She was unsure if she was aware at the time that there was a separate ward for XXX cases but is now aware.

38. At the time of this hearing, Ms A had completed her training, qualified as a nurse and obtained a job at the Hospital. Ms A first met Dr Goel during her placement XXX. She told the Tribunal that she probably had conversations with Dr Goel on the ward but did not know how often or what about. She stated that she did not recall discussing any personal matters with him prior to 13 January 2022.

39. The Tribunal reminded itself of the sequence of the evidence from Ms A after the events in the car park and prior to her oral evidence to the Tribunal:

- 14 January 2022: Ms A returned to the Ward from the car park, spoke to Ms B and then Mr C and another member of staff and then wrote her Handwritten Account;
- 17 January 2022: Ms A spoke to her personal tutor Ms D;
- 18 January 2022: Ms A was interviewed by the Police who prepared her Police Statement;
- 21 September 2022: Ms A's Statement to the Health Board;
- 15 December 2022: First interview by Mr E;
- 20 February 2023: Second interview by Mr E;
- 6 February 2024: Ms A's oral evidence to the internal disciplinary hearing of the Health Board;
- 16 February 2024: witness statement for these proceedings.

40. The Tribunal had sight of all of this evidence and heard oral evidence from Ms A. The Tribunal found no evidence of a motive on the part of Ms A to try to tarnish Dr Goel or his reputation. The Tribunal noted that during cross-examination, Ms A replied '*I don't know*', '*I don't recall*', '*I don't remember*' to quite a number of questions about the events (more below) and was of the view that there were some areas where she could not accurately recall and recount events. The Tribunal also noted some areas of internal inconsistency in her evidence (more below). The Tribunal considers her ability to accurately recall and recount the events which are the subject of the allegations in more detail below.

41. The Tribunal was of the view that the evidence it has received about XXX, is of no relevance to the Tribunal's evaluation of the evidence of Ms A in relation to the Allegation and the issues of fact for determination by the Tribunal. XXX.

Dr Goel

42. Dr Goel started working at the Hospital in February 2010 as a SHO in general surgery. By January 2022, he was working as a Registrar in Trauma and Orthopaedics. His duties included work on XXX and the '[XXX]' ward, '[XXX]'.

43. The Tribunal reminded itself of the sequence of the evidence from Dr Goel after the events in the car park and prior to his oral evidence to the Tribunal:

- 17 February 2022: Dr Goel attended a voluntary interview with the Police who wrote his Police Interview Summary;
- Late 2022/early 2023: The Health Board provided Dr Goel with Ms A's Handwritten Account and her Statement to the Health Board and he wrote his Statement to the Health Board;
- 8 February 2023: Interview by Mr E;
- 6 February 2024: Dr Goel gave oral evidence to the internal disciplinary hearing of the Health Board;
- 18 September 2024: Rule 7 Reponse to the GMC Allegations;
- 18 June 2025: witness statement for these proceedings;
- 4 July 2025: supplemental statement for these proceedings.

44. The Tribunal took into account the submission of Mr Garside KC, on behalf of the GMC, that Dr Goel did not write an account at the time on 14 January 2022 and that no criticism is made of him for that, because no one at the Hospital asked him to until much later in 2022.

45. Dr Goel told the Tribunal that when the Medical Director suspended him from duties on 17 January 2022, he was not told the context or who was involved. Dr Goel said that about 3 weeks later, the Police asked him to attend a voluntary interview (which he did on 17 February 2022) and told him the identity of the person involved, Ms A. Dr Goel told the Tribunal that he made "*a few points on paper*" to prepare for the interview to answer their questions about 14 January but at the time he had not been told the nature of the allegations and so made notes about his schedule for the whole day; he did not retain those notes. Dr Goel said it was not until later in the year that Mr E, on behalf of the Health Board, provided him with Ms A's Handwritten Account and her Statement to the Health Board which set out her account of the events, whereupon Dr Goel wrote his Statement for the Health Board. The Tribunal considered that Dr Goel's evidence about the process whereby he learned of Ms A's allegations was consistent and plausible and accepted it.

46. The Tribunal considered that Dr Goel gave generally consistent evidence about the events of 13 and 14 January 2022 and a consistent account that he did not realise at the time that his actions on 14 January 2022 were upsetting Ms A. In his Rule 7 Response, Dr Goel accepted that asking personal questions of Ms A and sitting in her car breached professional boundaries but he has maintained throughout that there was no sexual motivation or sexual interest on his part.

47. In relation to the submission that Dr Goel is of good character, the Tribunal considered the six character references from colleagues at the Hospital, as follows:

- Ms G, Advanced Nurse Practitioner in Trauma and Orthopaedics, who has worked closely with Dr Goel for over 10 years, says that when she was a trainee, at no time was his behaviour inappropriate, and that she has never observed Dr Goel behave in an inappropriate manner with herself and/or other staff or students;
- Ms H, Sister, who has worked with Dr Goel for over 10 years, says he works well in a team, communicates exceptionally with patients and staff and has always been respectful and professional when working with her;
- Ms I, Senior Staff Nurse in the fracture clinic, has worked with him for about 14 years. She says she always found him to be completely professional, has never felt uncomfortable in his presence and has never had any concerns about his behaviour;
- Mr J, Consultant Orthopaedic Surgeon, who has known Dr Goel since 2012 and was department clinical lead at the relevant time in January 2022. Mr J describes Dr Goel's team working ethic and said that during the Covid period *'he willingly acted beyond what many would seem to be their stated role'*. Mr J sets out his knowledge of the good working relations that Dr Goel has with nursing staff and support staff and says that Dr Goel's approach and attitude with these staff has obviously gained their confidence;
- Ms K, Trauma and Orthopaedic (hand and wrist) Consultant, says she had worked with Dr Goel in the same department for around nine years before January 2022 and has not personally seen any evidence of untoward behaviour with patients or staff;
- Mr L, Consultant Orthopaedic and Trauma Surgeon, became involved after the allegations were made and has been involved in the process of Dr Goel's return to work at the Hospital. He says that Dr Goel completed his Masters' degree with distinction and he has not come across any concerns or complaints from any patients or nursing staff, and that staff have informed him that Dr Goel is a great colleague to work with. He describes Dr Goel's conduct and working relationship with patients and colleagues as professional, friendly and dignified.

48. The Tribunal also took into account the evidence of Mr C that he first met Dr Goel about 15 years ago and that Dr Goel was an excellent doctor and was always willing to help patients and staff.

49. The Tribunal was of the view that XXX (and about which the Tribunal has no details) was not directly relevant to the allegations about 14 January 2022 and did not detract from the good character evidence about his behaviour towards patients and colleagues.

50. The Tribunal noted that Dr Goel's good character is relevant to whether he had a propensity to act in the way alleged and to his credibility but is not of itself a defence and is not determinative. The Tribunal noted that it may weigh the relative improbability of Dr Goel behaving as alleged and jeopardising his career against the relative improbability of Ms A, as a student nurse, fabricating the allegations and putting herself through the ordeal in doing so.

51. The Tribunal bore in mind that its primary focus was on the evidence of direct relevance to the Allegation. The Tribunal reminded itself that when considering allegations of sexual misconduct, there is no single reaction that may be displayed by every person who has undergone the experience.

13 January 2022

52. The GMC has not made an allegation about 13 January 2022. Mr Garside KC, Counsel for the GMC, invited the Tribunal to consider the evidence of Ms A about alleged behaviour of Dr Goel on 13 January 2022 as relevant to establishing that Dr Goel had a sexual interest in her, as an aid to interpreting his behaviour on 14 January 2022. In summary, Ms A says that on 13 January 2022 Dr Goel tried to hold her hand on the ward and asked her out twice when she was near the lockers. Dr Goel says that he did not see her on 13 January 2022.

53. In her witness statement for these proceedings, Ms A set out,

"On 13 January 2022, In the early part of the day, I was having a conversation with Dr Amit while we were on ward, and he had tried to hold my hand. I thought it was strange but assumed Dr Amit was being friendly. I don't think anyone saw this happen and I didn't tell anyone about this incident. On the same day, Dr Amit asked me out twice. On the first occasion, Amit asked me out for drinks with the rest of the ward, but I declined. On the second occasion, later that same day, Dr Amit asked me to go out with him on Tuesday 18 January 2022, but didn't say if anyone else on the ward would be joining us. I declined again and I didn't tell anyone at the time. Both times, when Dr Amit asked me out, I was near my lockers and no one else was present." (emphasis added)

54. In her Handwritten Account Ms A wrote ‘yesterday he invited me out repeatedly saying we could go drinking together which I turned down as I wasn’t sure if he was just being friendly or not’. In her Police Interview, Ms A stated:

“On the Thursday the 13th of January 2022 I had a brief conversation with Dr AMIT where he asked me out for drinks with the rest of the Ward, this interaction took place just off the ward by the personal locker section where he asked me out for drinks on Tuesday 18th January 2022 Dr AMIT asked me alone on this occasion. My reply to him was “NO [XXX]” he also asked me for my personal mobile number I replied again to him that [XXX]. On the same day whilst working on the ward Dr AMIT has attempted to hold my hand by reaching for my hand, at this time I thought that he was just being friendly however I did find it a bit strange.” (emphasis added)

55. During her First Interview with Mr E, Ms A stated:

“We had a brief conversation. He asked me out for drinks with the rest of the ward. We were standing by the staff lockers. I declined that offer and he then asked me to go for drinks with him on 18 January. I said no and told him that [XXX]. He asked why not and asked me to go out with him as he knew I was off that day. He asked for my personal mobile number, and I said no, [XXX], because I was not sure what to say. I had already turned him down once. On the same day, while we were on the ward, I do not remember if this was before or after that, he was trying to hold my hand. I did not like it but thought he was just trying to be friendly.

[Q: Can you tell me what time this was?]

This was late afternoon, early evening” (emphasis added)

56. The Tribunal noted the internal inconsistency in Ms A’s evidence about the time when she says Dr Goel tried to hold her hand on the ward. In her First Interview with Mr E, she said ‘late afternoon, early evening’ but in her witness statement for these proceedings she said, ‘In the early part of the day’.

57. During cross-examination by Ms Stock, Counsel for Dr Goel, Ms A was asked at what time Dr Goel tried to hold her hand. Initially, Ms A replied simply that she was on a long day 7.30am-8.30pm. When pressed for a time, she said ‘I don’t know a time’, ‘I don’t recall’, ‘I don’t know what time’, adding ‘prior to asking me out for drinks’. When asked whereabouts on the ward and the circumstances when he tried to hold her hand, she replied ‘I don’t know’ and ‘I don’t recall’ and she did not remember if other people were around.

58. Ms A was asked at what time Dr Goel asked her out with other staff and replied ‘afternoon, early evening’; she added that he asked her out alone ‘just after’ he asked her out with other staff. When asked what time gap there was between trying to hold her hand and asking her out, she replied, ‘I don’t know’. When asked to clarify what she meant by ‘afternoon, early evening’ as the time when he asked her out, she said she did not know and then offered ‘4ish maybe’.

59. In response to Ms A’s oral evidence that Dr Goel asked her out at about 4ish, Ms Stock provided an operating theatre log for the afternoon of 13 January 2022. The theatre log supports the account given by Dr Goel in his Statement to the Board (and since) that he was in theatre on 13 January 2022.

60. Dr Goel gave oral evidence that on 13 January 2022 he arrived at about 8am and was in theatre from about 8.30am, operating on XXX patients. He said that the usual routine is to visit the XXX ward to see patients before and after theatre. When asked about breaks and whether he had gone to XXX during a break, he said there is XXX where they usually go. He said he did not go to XXX until after the list was finished, when he went to see the one patient who was admitted post-op due to ongoing issues.

61. The theatre log shows Dr Goel as ‘theatre staff’, 15:15 patient arrived, 16:05 surgical start, 17:00 surgical finish, 17:05 patient in recovery, 17:36 patient ready for discharge, 17:45 patient out of recovery, 17:50 back on ward. Dr Goel told the Tribunal about scrubbing in before the first incision at 16:05, de-scrubbing afterwards, writing theatre notes with the consultant and making sure the patient was safe and helping with the transfer. Dr Goel said that he did not go to XXX until around 6pm to see this post-op patient and said that he did not see Ms A.

62. Dr Goel addressed 13 January 2022 in his Statement to the Health Board:

“Regarding incidence on 13th January 2022 - I never had any conversation with Ms A. I do not believe she was in work on that day as I did not see her on 13th January 2022. I was in theatre and after finishing theatre I was working on my assignment at the same [XXX] reception desk computer. I left the ward late (around 7 pm) after finishing my assignment. On my way out in the corridor, near the main entrance, a patient or a visitor had fallen, and I stopped to help. 2 senior nurses (probably CSF / Matron) came later to help that person. I eventually left the hospital after 8 pm.

My log in and log out information on the mentioned dates could possibly be retrieved from the Asset Tag numbers of the computers used:

Computer on ward [XXX]

Computer at the far end on ward [XXX]

For completeness, regarding asking her to come out for drinks – I did not ask her personally. This was a conversation between few of the staff members on the ward. In fact, they were discussing about our Christmas party that took place in December 2021, and I joined in the middle of that discussion. We were saying just casually to the other staff members who missed that party, asking them to try and make it to the next one. I never asked Ms A to come out for drinks with me alone.

Moreover, I could have never asked her (or for say, anyone) to come out for drinks on 18th January 2022, as I was supposed to be “on call” on that day (24 hours on call) I was also subsequently suspended from my duties on 17 January and was not allowed to enter the hospital premises.

In summary:

- 1. I do not believe Ms A was even in work on the 13 January 2022.*
- 2. I did not hold her hand as alleged.*
- 3. I did not ask her out for drinks as alleged.*
- 4. I did not ask for her personal mobile number as alleged.*

In conclusion

I strongly refute all of the allegations.”

63. The Tribunal noted that Dr Goel questioned whether Ms A was working on 13 January 2022 in his Statement to the Health Board but no supporting evidence of her shifts XXX has been provided. The Tribunal noted that Ms B, Mr C and Ms D do not refer to 13 January 2022 in their evidence.

64. The Tribunal noted that during her oral evidence, when asked questions about the circumstances of these alleged actions by Dr Goel, she was unable to recall. The Tribunal took into account the internal inconsistency in her evidence about the time of day when he tried to hold her hand; that her oral evidence that Dr Goel asked her out at ‘4ish’ was countered by the objective, contemporaneous theatre log; that her oral evidence that he tried to hold her hand before he asked her out at about ‘4ish’ was countered by the consistent evidence of

Dr Goel that he was working on the XXX operating theatre list all day and did not go to XXX until after the list was finished, to see the one patient who was transferred to XXX at 17:50.

65. The Tribunal weighed the evidence of Dr Goel, as supported by the theatre log, against the evidence of Ms A. The Tribunal considered that her recall was not accurate and was unreliable about 13 January and the Tribunal preferred the evidence of Dr Goel. The Tribunal found that the GMC had not proved that it was more likely than not that on 13 January 2022 Dr Goel had tried to hold Ms A's hand on the ward and asked her out.

66. The Tribunal went on to consider 14 January 2022 and each outstanding paragraph of the Allegation separately and evaluated the evidence.

Common Ground about 14 January 2022

67. Before being present in the car park where the alleged events took place on the evening of Friday 14 January 2022, Ms A and Dr Goel were both on XXX. Ms A was shadowing Ms B for the day. XXX. Ms A left XXX at the same time as a Health Care Assistant ('HCA') called Mr F to go on their 20 minute break. Dr Goel left the ward at the same time to go home and took the stairs down to the ground floor, while Ms A and Mr F took the lift. Ms A, Mr F and Dr Goel arrived at the ground floor at approximately the same time and all three walked along the corridor towards Entrance XXX. There was some conversation. Ms A, Mr F and Dr Goel walked out of the building at the same time via Entrance XXX. Mr F walked off to his car.

68. Ms A and Dr Goel walked across the bay immediately outside Entrance XXX to reach the pedestrian crossing to cross the road to the car park XXX where Ms A had parked. Dr Goel and Ms A walked towards Ms A's car and they spoke. Ms A used her key to unlock the driver's door and got into the driver's seat. Ms A reached across to unlock and open the passenger door from inside. Dr Goel got into the passenger seat and they spoke. Ms A and Dr Goel got out of Ms A's car. Ms A walked around to the passenger side to lock the passenger door using the key. There was physical contact in the form of a hug. Dr Goel said '*best of luck*' and Ms A said '*have a good night*'. Ms A walked back to Entrance XXX to return to XXX for the rest of her shift.

69. Ms A returned to XXX and joined Ms B in the drug prepping room and they spoke. Ms B suggested escalating the matter and contacted Mr C, who spoke to Ms B and then to Ms A and then to other appropriate staff. Mr C submitted the Datix Report at 21:32. Ms A wrote a Handwritten Account, was accompanied to her car and drove home.

70. On Monday 17 January 2022 Dr Goel was suspended.

71. On 17 January 2022 Ms A met her personal tutor Ms D on Microsoft Teams (with Ms A's mother also present) and gave an account of 14 January. Ms D raised the topic of Ms A contacting the Police and wrote a note. Ms A was also phoned by a hospital matron, Ms N.

72. Ms A contacted the Police and gave her Police Statement on 18 January 2022. The Police subsequently contacted Dr Goel and Dr Goel attended a voluntary interview on 17 February 2022. The Police Summary of Dr Goel's interview was sent to the GMC by letter dated 7 December 2023. By mid-2022, the Police had decided to take no further action '*due to lack of evidence and no prospect of conviction*'.

73. After the Police concluded their investigation, the Health Board moved forward with its investigation. Ms A provided her Statement to the Health Board. On being provided with Ms A's Handwritten Account and her Statement to the Health Board, Dr Goel provided his Statement to the Health Board. Mr E interviewed Ms A on 15 December 2022, interviewed Dr Goel on 8 February 2023, interviewed Ms A again on 20 February 2023 and interviewed Ms B on 14 March 2023. In June 2023, the Health Board referred the matter to the GMC. On 6 February 2024 the Health Board held the initial disciplinary hearing.

Issues leading up to Dr Goel and Ms A getting into her car

74. The Tribunal moved on to consider some points of difference between Ms A and Dr Goel about 14 January 2022, before they got into Ms A's car.

75. The Tribunal considered Ms A's Handwritten Account in full:

"Amit waited for me to go on my evening break. I thought he was being friendly. We walked outside and he said he'd walk me to my car. When we got to my car I started to feel awkward as I just wanted to get in by myself but he wasn't leaving. He asked if he could join me. I said I would be [XXX] to try and put him off. He said he didn't care so feeling awkward I let him in and we chatted. He kept trying to hold my hand. Eventually I cut my break short and said I needed to get back inside. We got out the car and he said best of luck and put his arm out for a hug. I thought nothing of it at first but he slid his hand under my coat and around my waist then kissed me on the cheek. I tried to pull away but his arm was around me. He then lingered like he was going to kiss me so I pulled

away and said have a good night and started to walk. He was going the same way so we exchanged awkward chit chat and I tried to keep my distance. Also, when we were getting out of the car he asked for my email address as yesterday I'd said he couldn't have my number. Yesterday he invited me out repeatedly saying we could go drinking together which I turned down but I wasn't sure if he was just being friendly or not."

76. The Tribunal considered Ms A's Police Statement:

"On the evening of the 14th January 2022 Dr AMIT was due to finish his shift around 17:30 but he was hanging around on the ward waiting for something. I was due to take my break at 18:10hrs I went to leave the ward with my colleague who is a health care support worker called (Mr F) and we took the lift, when we exited the lift Dr AMIT came from the stairwell and he walked out with us and he was talking to (Mr F)."

77. The Tribunal considered Ms A's assertion that Dr Goel was waiting for her to go on her evening break. The Tribunal compared this to the evidence of Dr Goel about the circumstances in which he left the ward, as set out in his witness statement and in his earlier accounts, namely his 17 February 2022 Police Interview, his Statement for the Health Board, his Interview by Mr E, his oral evidence to the Health Board on 6 February 2024 and his Rule 7 Response. In the latter he wrote,

"On 14 January 2022, I had no clinical commitments in the morning and so I arrived at the hospital around 11am. I went straight to the ward ([XXX]) to see a post-op patient from the previous day. (Ms B) was looking after him and Ms A was with her. I requested (Ms B) to come with me to see the patient, but she was busy with another patient, so Ms A accompanied me instead. I found out that the patient had been given the wrong antibiotic for discharge and he was booked into the wrong fracture clinic for follow-up. I sorted out the patient's antibiotics and discharge and arranged his follow up appointment for the correct fracture clinic. This took a good hour or so. After this, I went to canteen with my other colleagues.

After lunch, I went straight to the fracture clinic at 1:30pm. The clinic finished early that day around 4:00 - 4:30pm so I thought I would use some time to work on my Masters' assignment. I was working on my assignment almost every day and usually used 2 computers on [XXX] for my work. One is the reception desk computer (usually after the ward clerk had gone home) and the other computer was at the far end of the ward corridor. These assignments were a part of my Masters' Degree programme and I had been staying late almost every day to work on them. The reason I used those 2

computers was that I had earlier lost my previous work while working on different computers when someone from the IT department came one day to clean the computer and deleted all my data, and unfortunately it was never recovered. So, I was advised to use some designated computer to do my work and store my data, and hence I decided to use those 2 computers, as those were easily accessible while working on the ward.

That day I was using the reception desk computer after clinic. While I was working, Mr O (Ortho Consultant) and Dr P (Ortho SPR) came to the ward after finishing their trauma list to do their post-op round. Mr O asked me what I was doing, and I explained him about the assignment. He knew that I do my assignments regularly as he was my project supervisor. After a little discussion, Mr O left, and I continued doing my assignment work.

The time was around 5:30 - 5:45pm when Ms A came near the reception desk and asked me what time I would finish. I told her that I finished at 4:30pm but was staying for a while to do my assignment. I asked her what time she was working until. She said that she would finish around 8pm, but she was going for her break with Mr F (a health care support worker on the ward) then. So, I told her to enjoy her break.

A little later, I finished my work and started to leave after signing off from the computer. I saw that Dr P was still there in the doctor's room and I asked her what she was still doing there, and she said that she was waiting for one of our other colleagues to come as they were going to sit for group study. We had a little discussion about what they were planning to study. We also discussed my degree programme and her degree programme (she is also pursuing a Masters' degree but from a different university). She asked me to stay back to join their group study, but I told her that it's Friday and as I have already stayed late for my assignment, I would rather go to my family now. I left after wishing her good luck for the study and the weekend. The time would have been around 6:15 – 6:30pm.

As I was leaving the ward, I saw that Ms A and Mr F were just near the exit door leaving the corridor. I was surprised to see them, as they were supposedly gone quite a while ago. I asked them that what they were still doing there, and we all moved on and reached the stairs. They both started walking towards the lift, so I said that "you guys seriously taking lift to go down", and they both replied laughingly, "yes" and that they were "saving their energy". So, they went in the lift, and I took the stairs."

78. The Tribunal noted that the account given by Dr Goel about using a computer on the ward to work on his assignment after his shift had ended, about going into the doctors' room to talk to Dr P and then taking the stairs while Ms A and Mr F took the lift is consistent with

what he said in his Police interview in February 2022 and in his later written and oral evidence. Further, it was supported by other evidence:

- The oral evidence of Mr C that Dr Goel was sitting at the XXX desk. Mr C said that at some point between 5-6pm he had seen Dr Goel sitting at the XXX desk and thought this strange as Dr Goel was not on call. When asked if he knew at the time that Dr Goel was working towards a Masters degree, Mr C said he did not know that and added that he had not noticed Dr Goel working at the desk on other dates;
- Ms A says she saw Dr Goel in the doctors' room (second interview with Mr E February 2023 and oral evidence to the Health Board February 2024) and she agrees that Dr Goel took the stairs while she and Mr F took the lift;
- In his Statement to the Health Board Dr Goel specified the asset tag numbers of the two computers on the ward and suggested his log-in and log-out times could be checked.

79. The GMC does not allege that this was pre-planned or a deliberate scheme by Dr Goel to try to spend time alone with Ms A during her 20 minute break. The Tribunal considered that any such pre-planning is not established on the evidence. The mere fact that Ms A was leaving with Mr F reduced the likelihood of an opportunity to spend time alone with Ms A. The Tribunal found it more likely than not that it was coincidence that Dr Goel left XXX at the same time as Ms A and Mr F were going on their 20 minute break. According to Ms A in her witness statement, the Police informed her that the CCTV of Entrance XXX showed that all three *'walked out together at Entrance [XXX]'*.

80. The Tribunal considered the evidence about the topics of conversation as Dr Goel, Mr F and Ms A walked along the ground floor corridor towards Entrance XXX. The evidence of Ms A is as follows:

- In her Police Statement, *'[Dr Goel] walked out with us and he was talking to [Mr F]'*.
- In her Statement for the Health Board, *"The only conversation I had with Dr Amit at this point was him asking if I have any children to which I replied, '[XXX]'. "*
- In her interview with Mr E, *"Mr F was talking to Dr A and Dr A said something like 'you should have taken the stairs for the exercise' and Mr F said 'you need it more than me. You're getting a bit of a belly.' Dr A asked me if I had children." Mr E asked Ms A "Was that during that walk? " and Ms A replied, "Yes. A little afterwards.";*
- At the internal disciplinary hearing before the Health Board on 6 February 2024, the barrister for Dr Goel put to Ms A the following:

"[Ms Q]: Do you remember what they were talking about?

Ms A: I do not remember all aspects of their conversation; I do not think I was fully paying attention, but I do remember that Mr F or someone said something about exercise, and Mr F said to Dr AG (Goel) that "you could do with some exercise, you are getting a bit of a belly" or something like that, along those lines.

[Ms Q]: So, they were having a friendly regular conversation then? You then say that Dr AG (Goel) asked you about if you had any children.

Ms A: Yes.

[Ms Q]: It is possible that is just part of a friendly conversation, isn't it?

Ms A: I do not know, he just asked me if I had any children and I said [XXX]."

[Ms Q]: It is not in itself inappropriate question to ask, is it?

Ms A: No.

[Ms Q]: So, then you walk over to your car together, and it is reasonable to say that, whilst you walking over there you had a chat

Ms A: Perhaps, I do not recall all the details of the conversations I have had.'

81. In her oral evidence, Ms A said the conversation between the lift and Entrance XXX was predominantly between Mr F and Dr Goel.

82. Dr Goel set out in his Statement for the Health Board and in his interview with Mr E in February 2023 (and later accounts) that there was also some conversation between him and Ms A about the profession of XXX, as Dr Goel was interested to find XXX for his friend. In his Rule 7 Response, Dr Goel wrote,

"Ms A and I started talking about general things and something came up related to children. I asked her whether she has any kids, and she replied , and she said that [XXX]. I asked her would she mind me asking how old he is, and she said [XXX]. To me it seemed funny, and I said, "[XXX]".

This conversation carried on and I asked her about [XXX]. She told me that [XXX]. I asked her whether he would be interested in doing [XXX] at one of my friends (my friend had been [XXX], and I had previously asked a few other staff members but didn't find anyone). She said that [XXX]. So, I asked her if she would be okay to ask [XXX] who could do [XXX] and could kindly pass on the details to me. This is why I asked her if she could take my mobile number to pass it to [XXX], but she refused saying that [XXX] wouldn't like this. I said to her that it was only for [XXX]but obviously if she can't take the number then I understand. So, I asked her to kindly pass on the details to Staff Nurse (Ms B), and I would then take it from (Ms B).

While having this conversation, we had come outside the hospital corridor and even crossed the car park and almost reached to her car....’

83. Dr Goel’s evidence that he was interested to find XXX to help his friend is supported by the messages dated 12 January 2022 (two days earlier) between Dr Goel and a colleague at the Hospital, Ms M, regarding a phone number for XXX.

84. Mr E asked Ms A about Dr Goel’s account of a conversation about the profession of XXX during her Second Interview. Mr E asked “...Dr A (Goel) said he asked you to pass his details on [XXX] and he asked if [XXX]. Can you comment.” Ms A answered, “I don’t remember, it is possible we had a conversation about [XXX] but I do not recall him asking me to pass on any details.”

85. During cross-examination, Ms A accepted that while she and Dr Goel walked towards her car there was conversation, “I can’t imagine there was silence but I can’t recall what was spoken about.” Ms A was asked questions about whether they spoke about XXX and she replied several times that she did not recall. It was put to her that the only way Dr Goel had been able to tell Mr E about XXX was because she had spoken to him about her XXX and she accepted, ‘Yes, it’s possible from me.... possible we spoke about [XXX]’.

86. The Tribunal found it more likely than not that there was conversation between Dr Goel and Ms A about the XXX.

87. Ms A’s car was in the car park opposite Entrance XXX. Ms B described the route from Entrance XXX to the car park and this matched the description given by Dr Goel in oral evidence. Dr Goel explained that the route to his car was initially the same, into the car park opposite Entrance XXX where, after two rows, he would turn left to reach a second pedestrian crossing towards his car park. He said he thought Ms A’s car was in the third row so he passed the point where he would usually turn left by about one row or car length. Dr Goel said the car park had lighting. There was no evidence from Ms A about her having a concern about it being dark.

88. In her Handwritten Account, Ms A wrote, “We walked outside and he said he’d walk me to my car. When we got to my car I started to feel awkward as I just wanted to get in by myself but he wasn’t leaving. He asked if he could join me. I said I would be [XXX] to try and put him off. He said he didn’t care so feeling awkward I let him in and we chatted.”

89. In her Police Statement, Ms A stated,

“(Mr F) then left me and went to his own car and Dr AMIT offered to walk me to my car, it was my intention to be on my own to have my break and not with Dr AMIT, however I didn't want Dr AMIT to be with me and I felt a bit awkward when he followed me to my car.

We got to my car I told him that I was going to sit in my car eat my booty and have [XXX] with the intention that he would go elsewhere, but he replied that he used to [XXX] himself and that it didn't bother him.

I told him that I was going for a [XXX] with the intention of him leaving me alone.

When we were sat in the car I was sat in the driver's seat and Dr Amit sat in the front passenger seat.”

90. Ms A reiterated this in her Statement to the Health Board. In her witness statement, she set out,

“When we got to Entrance [XXX], Mr F walked off to go on his break and Dr Amit offered to walk me to my car. I wanted to walk on my own, but I didn't want to be rude because Dr Amit was my superior, so he walked with me to my car, and it was only a couple of minutes away.

When we approached my car, Dr Amit stayed with me and invited himself to sit with me in my car, I felt I couldn't say no to him. I didn't invite Dr Amit to check my engine light because I didn't expect a doctor to know what to do about it. [XXX]. I don't remember talking to Dr Amit about the faulty warning light in my car.

When Dr Amit kept asking me for my contact details, I told him that I had [XXX] and I was also hoping that this would deter him in some way. I remember that we talked about [XXX] and I'm sure that he didn't ask me for his contact details.”

91. Dr Goel stated in his Rule 7 reponse that,

“While having this conversation, we had come outside the hospital corridor and even crossed the car park and almost reached to her car. I said to enjoy her break and then I turned and started to leave. She started telling me that for last few days there had been some warning light flashing in her car. I asked her to get it checked as soon as possible, as it's really important. I told her that I had been in similar situation once, when there was a warning light in [XXX] car and I took too long to get it checked and repaired and one day, it got jammed on a motorway and I had to scrap the car. She

said that she was not finding time to get it checked. So, I offered my help to check and possibly find the nature of this warning light.”

92. This was put to Ms A by Mr E in her Second Interview as follows,

“Mr E: I am told by Mr G (Dr Goel) that there came a time when the conversation had finished and he was going to leave and you told him there was a warning light on in your car. Can you comment on that?”

Ms A: There was always a warning light on. I do not remember discussing it with him but I could have. It was on then [XXX]. I was told it would cost too much to fix and that it is not going to affect the car.

Mr E: Dr A says there was a conversation when he told you that he had a similar issue with [XXX] car, that it had stopped on a motorway and eventually was written off. Can you remember that conversation?

Ms A: No. He didn't mention [XXX] at all.

Mr E: I am told he offered to try and find out what the warning light was in relation to?

Ms A: I don't recall that either.

JP: Can I ask specifically, did you ask him to get into the car and look at the warning light?

Ms A: No, I didn't ask him to get onto the car. I got to the car and said I was going to get in and have a sandwich and a [XXX] and he said: “why don't I sit with you?” or words to that effect. I said I am going to be [XXX], I was trying to put him off. He said he didn't mind, he used to [XXX]. I didn't know what to say because of his position of superiority. I said Ok then.”

93. During cross-examination, Ms Stock (CS) put this to Ms A as follows,

“CS: He got in for a good reason simply because you mentioned the warning light and he offered to check.

Ms A: No.

CS: Do you recall telling him about the warning light?

Ms A: I do not recall. Not to say that I did not.

CS: It is convenient that you had not mentioned it before the interview with Mr E.

Ms A: (no answer)

CS: You had not mentioned the warning light in any other statement

Ms A: Probably as it was passing conversation, and I did not recall the intricacies of the conversation.”

94. The Tribunal was satisfied that there was conversation between Ms A and Dr Goel as they walked from Entrance XXX into the car park. It noted that Dr Goel could not have known that her car had an issue with a warning light unless Ms A told him about it or he saw it while sitting inside her car. It considered it more likely than not that there was no conversation about checking the warning light prior to getting into the car and that Ms A was attempting to deter Dr Goel from joining her in her car by telling him she would be XXX. The Tribunal found it more likely than not that Ms A did not want Dr Goel to get into her car. It also noted that there was no evidence that Ms A said ‘Goodbye’ to signal her wish to part or told him explicitly that she wanted to take her break by herself. It is common ground that after unlocking the driver’s door and getting in, she reached across to unlock the passenger door from inside to let Dr Goel get in.

Paragraph 1(a) and (b)

95. The Tribunal had to determine whether it was more likely than not that Dr Goel held Ms A’s hand while in her car with her. Ms A’s evidence about this allegation is directly linked to her evidence about the next allegation, that he stroked her thigh with his finger(s), and therefore the Tribunal considered the allegations in paragraphs 1(a) and (b) together.

96. In her witness statement, Ms A stated,

“I don’t remember exactly how long we were sat in my car, but it wasn’t long, approximately 5-10 minutes. I felt uncomfortable while Dr Amit was talking to me, and I don’t remember the details of the conversation. When Dr Amit held my hand and when he stroked my thigh with his fingers I was under duress. I checked my phone and wanted to get out of the car even though I had time left on my break. I felt powerless when Dr Amit hugged and kissed me outside of my car. I walked away quickly trying to get back to the ward and he dropped back and we were walking in a similar direction before Dr Amit went towards his car.” (emphasis added)

97. The Tribunal reminded itself that in her Handwritten Account (quoted above) Ms A wrote ‘He kept trying to hold my hand’ and that Mr C wrote in the Datix Report, ‘trying to hold her hand’.

98. The Tribunal noted that touching Ms A's thigh was not mentioned by Ms A in her Handwritten Account and was not mentioned by Ms B, Mr C or Ms D. The first mention of Dr Goel touching Ms A's thigh was in Ms A's Police Statement made on 18 January 2022,

"I was sat with my hands on my thigh, he then took hold of my left hand and held it with it still on my thigh, he then stroked me gently with his one of his fingers on my thigh mid-way up, this made me feel every uncomfortable I made an attempt to wriggle away and pretend to check the time on my phone to put him off, Dr AMIT then took hold of my hand again and continued to do the same stroking motion."

99. In her Statement for the Health Board, Ms A wrote,

"I was sat with my hands on my thighs, he held my hand and squeezed it taking it away from my thigh towards the gearstick. I then took my hand back from within his and moved it back to my thigh. He then took my hand again and held it, still on my thigh. Next he stroked gently with one of his fingers on my inner thigh mid-way up, this made me feel very uncomfortable. I tried to wriggle away and pretended to check the time on my phone so my hands were busy, and couldn't hold them."

100. In her First Interview with Mr E, Ms A stated,

"I was sat with my hands resting on my thighs. He took my hand and squeezed it. He moved it towards the gear stick. I moved it back, so it was resting on my thigh. He took my hand again and kept it on my thigh. He took one of his fingers and started stroking my thigh, mid-way up. I felt uncomfortable. I went to check the time on my phone so he couldn't hold my hand, so that I had something in my hand. I said my break had finished and I had to go back. I actually had longer but I just wanted to get back."

101. Ms A was asked about this at the internal disciplinary hearing before the Health Board as follows,

"[Ms Q]: (inaudible) You are in the car now, the conversation you had made you feel awkward (inaudible) and you chatted, what you do not say this time, is what you chatted about inappropriate or sexual."

Ms A: This statement was written immediately after the incident, I was in so much distress, that I have left out some details."

[Ms Q]: *You say he was trying to hold your hand; AG's version is that he was checking your engine light, is it possible he touched your hand whilst he was looking for the manual or (inaudible)?*

Ms A: *No.*

[Ms Q]: *In fact, he did not try to hold your hand did he?*

Ms A: *He did."*

"[Ms Q]: *One of the things you say, is that AG touched your thigh, and you saw into it sex.*

Ms A: *Yes.*

[Ms Q]: *You do not mention that in this complaint do you?*

Ms A: *As I have said before, I was in so much distress, that I have missed some things out.*

[Ms Q]: *Do you agree that the most serious allegation is the touching of the thigh?*

Ms A: *I do not believe it should be ranked, everything that happened, should not be ranked as to its severity.*

[Ms Q]: *Would you agree that this was quite clearly inappropriate touching?*

Ms A: *Yes it was.'*

102. Ms A acknowledged in her witness statement that she did not mention Dr Goel stroking her thigh in her Handwritten Account, as follows:

"I was shaking and emotional which affected what I wrote and how I described what happened. I didn't write the statement in chronological order, and I missed out details of Dr Amit stroking my thigh. I was shaking and overwhelmed, and I missed out what happened inside the car. I don't know what happened after I reported Dr Amit to (Mr C) and the site manager. [XXX]."

103. When Ms A began her oral evidence to the Tribunal, she said she wanted to remove one sentence of her Police Statement '*Dr Amit then took hold of my hand again and continued to do the same stroking motion*'. She said that he stroked her thigh only once.

104. Ms A was asked in cross-examination by Ms Stock that if stroking her thigh had happened, '*would it not be in your account of the 14 January?*' to which Ms A answered, '*it did happen*'.

105. Ms Stock put to Ms A that if what Ms A said about Dr Goel stroking her thigh had happened in the car, '*no way*' would Ms A have thought, '*I thought nothing of it*', once they

were out of the car, she had walked round to the passenger side to lock the passenger door from the outside and Dr Goel had put his arm out for a hug and she had put her arm up to engage in a hug. In her Handwritten Account, she wrote, *‘We got out the car and he said best of luck and put his arm out for a hug. I thought nothing of it at first...’*. To this question, she replied, *‘Poor phrasing’*.

106. The Tribunal considered the evidence of Dr Goel who denies that he held Ms A’s hand or stroked her thigh while they were in the car. In his Statement for the Health Board, Dr Goel described what took place inside the car,

“So, I offered my help to check and possibly find the nature and urgency of this warning light.

She agreed for me to check it, but said she would be [XXX] in the car. I said it’s okay, I didn’t mind. She entered the car from driver’s side and unlocked the passenger side door from inside to let me enter her car (she told me that her car doors are manually operated). She [XXX] and put the car ignition on. I started checking the warning light. I tried to figure out but unfortunately couldn’t find the exact nature and urgency of it. I couldn’t find the handbook in the glove box or inside the car, and she didn’t know where it was. So, I advised her to get it checked urgently before things get worse. By this time, she had finished [XXX] and we both stepped out of the car from our respective sides. She locked her door first and then came to my side and locked the passenger door. I had moved to the side by the rear end of her car by then....”

107. The allegations were put to Dr Goel in his interview by Mr E as follows:

“Mr E: Just to put it to you formally, you did not take hold of her hand in the car?

Dr Goel: No: [sic] I didn’t.

Mr E: You didn’t touch or stroke her thigh?

Dr Goel: No.”

108. During his oral evidence, Dr Goel was asked where his hands were compared to Ms A’s. He stated, *“My hands are on my legs or my thighs. And when she turned the ignition on, so I leaned over like this. Only this bit. And I could see the dashboard. The metre box very clear and the warning light. So I did not have to move or tilt a lot or move my hands or my body a lot. I did not move my hands at all. It was only my upper body with just tilted to one side slightly to look at the metre box.”*

109. The Tribunal balanced the accounts of Ms A and Dr Goel. Ms A's first account that he was *'trying to hold'* her hand was a matter of her perception. The allegation of stroking her thigh was not mentioned by Ms A in her Handwritten Account or by Ms B, Mr C or Ms D. The Tribunal placed weight on the point made in cross-examination that if Dr Goel had stroked her thigh as she alleged, *'stroked gently with one of his fingers on my inner thigh mid-way up'*, why had she *'thought nothing of it'* when Dr Goel put his arm up to start a hug once they were outside the car.

110. The Tribunal took into account the clear fact that Ms A had unlocked the passenger door from the inside to let Dr Goel into her car and, that after they both got out of her car, she did not depart from her usual habit, to walk round to the passenger door to lock it with the key from the outside. In her oral evidence, she told the Tribunal that it was possible to lock the passenger door from inside. The Tribunal considered that her action in locking the driver's door and then walking around to the passenger side, where Dr Goel was standing, was consistent with her not feeling sufficiently concerned or alarmed about approaching him, to cause her to depart from her usual habit. This was another factor to weigh against the allegation that he had stroked her thigh inside the car.

111. The Tribunal considered that Ms A has not accurately recalled events inside the car. The Tribunal was of the view that the GMC had not discharged its burden to prove that it was more likely than not that Dr Goel held Ms A's hand. It further was of the view that the GMC had not discharged its burden to prove that it was more likely than not that Dr Goel touched Ms A's thigh.

112. The Tribunal therefore found Paragraphs 1(a) and 1(b) of the Allegation not proved.

Paragraph 1(c)

113. The Tribunal had to determine whether it was more likely than not that Dr Goel put his arm around Ms A's waist after they had got out of her car.

114. It is common ground that after they got out of her car, Ms A locked the driver's door with the key and walked round to the passenger side to lock the passenger door and then there was a hug. Paragraph 1(c) is about the detail of the hug.

115. In her Handwritten Statement, Ms A wrote,

“...he said best of luck and put his arm out for a hug. I thought nothing of it at first but he slid his hand under my coat and around my waist then kissed me on the cheek. I tried to pull away but his arm was around me.”

116. In her Police Statement, Ms A said,

“I got out the car and locked my door, I had to go around to the passengers side to lock the passenger door that Dr AMIT had to get out of.

Dr AMIT that then lent in towards me as if he was going to hug me, I felt awkward I put my arm up to hug him as I felt intimidated and over powered by him, I just wanted to get it over and done with. Dr AMIT put his left arm under my coat and around the back of my waist very slowly covering the small of my back this made me feel alarmed and very uncomfortable.”

117. In her Statement to the Health Board, Ms A wrote,

“I got out of the car and so did he. I locked my door and went round to the other side to lock the passenger door as they don’t lock together. Dr Amit then lent in towards me for a hug, I felt awkward and put my arm up to hug him, as I felt intimidated and overpowered by him. I just wanted it to be over and done with. Dr Amit put his left arm under my coat and around the back of my waist very slowly, stroking the small of my back. This made me feel alarmed and very uncomfortable.”

118. Ms A addressed this in her First Interview with Mr E. She said,

“We both got out of the car. I locked my door and went around to lock his, on my car I can’t lock both doors together. He was quite close to me. He leant towards me for a hug. I went to put my arm up to give him a hug, to get it over with. He put his left arm under my coat and slid his arm around my waist, stroking it as he went around, a caress to my lower back. I was alarmed.”

119. The Tribunal took into account that Ms B addressed this in her witness statement, *“She said that when Amit hugged Ms A he pulled her in, and she said that he put his arm around her. I don’t remember if she said anything else”.*

120. Mr C included this on the Datix Report, *“This then continued out of the car, with him putting his arms around her and kissing her.”*

121. In his Interview with Mr E, Dr Goel was asked about this as follows:

“Mr E: You say you asked if she knew where she was going, you wished her good luck for the rest of her career and then you say: “she thanked me and hugged me”. Can you describe that for me?

Dr Goel: I don’t know how to describe it. I wished her good luck and she came and hugged me. It was very natural, like a colleague. I did not find anything suspicious. If I look back it has put me in this situation but then I did not see anything inappropriate. It was normal, casual.

Mr E: She suggests that you put your left arm under her coat and around her waist, stroking it. I have to ask if you remember doing that?

Dr Goel: I have been thinking about this. I was carrying my bag and my jacket, so my hands were full. In one hand I had my bag and in one I had my jacket.

Mr E: To confirm, you deny putting your arm around her back or waist?

Dr Goel: When she hugged me, I had to put my hand out but I didn’t put my hand around her as is alleged, that did not happen. It was only two seconds, she would come, she would hug, that was it. One of my hands went out, just for the hug, not under her coat.”

122. Dr Goel agrees that he used his arm during the hug in his witness statement where he stated:

*“By this time, she had finished [XXX] and we both stepped out of the car. She locked her door first and then came round to the passenger side and locked the passenger door. I had moved to the side by the rear end of her car by then. She said she was [XXX] and would be going to some other department. I asked her whether she knew where she would be going but she said that she wouldn't know until very late. I wished her good luck for rest of her nursing career. She thanked me and hugged me. I had my coat and bag in one hand and so hugged her with my free arm. We then said goodbye, said to have a nice weekend and she walked back towards the hospital entrance, and I walked to my car
It was a friendly hug and at the time I did not think anything of it.”*

123. Dr Goel also set this out in his Rule 7 Reponse. He said, *“I wished her good luck for rest of her nursing career. She thanked me and hugged me. We both left after that. She walked towards the hospital entrance, and I walked to my car. I thought it was a very natural and friendly hug, and I didn’t find anything wrong or suspicious in that.”*

124. The Tribunal asked Dr Goel to demonstrate how he hugged Ms A during his oral evidence. He showed the Tribunal that he moved his coat and bag to one hand and extended his other arm to hug her. He said that he raised one arm and one arm was in the middle of her back.

125. The Tribunal balanced the accounts of Ms A and Dr Goel. It noted that it was not contested that there was a hug between them. However, what was contested was who initiated the hug and where Dr Goel put his arm. Ms A was consistent in her evidence that Dr Goel put his arm around her waist since her initial Handwritten Account.

126. The Tribunal was of the view that it would have been unusual for XXX student nurse to initiate a hug with a more senior colleague. It considered that it was more plausible that Dr Goel initiated the hug as he was saying ‘Good luck’, and that Ms A reciprocated.

127. The Tribunal was of the view that it was more likely than not that Dr Goel had put his arm around Ms A’s waist as part of the hug.

128. The Tribunal therefore found Paragraph 1(c) of the Allegation proved.

Paragraph 1(d)

129. The Tribunal had to determine whether it was more likely than not that Dr Goel kissed Ms A on the cheek.

130. In her witness statement, she said, *“I felt powerless when Dr Amit hugged and kissed me outside of my car. I walked away quickly trying to get back to the ward and he dropped back and we were walking in a similar direction before Dr Amit went towards his car.”* She added, *“I did tell Ms B that Amit had kissed me on the cheek, but I don’t remember what else I said to her.”*

131. In her Handwritten Account, Ms A said that Dr Goel kissed her on the cheek (quoted above) and in her Police Statement she said, *“After he put his arm around me, I tried to pull away and he pulled me in towards him and kissed me on my right-hand side cheek. This made me feel really uncomfortable and I wanted to get out of there, as I tried to pull back more his arm was still around me...”*.

132. Ms A addressed this in her Statement to the Health Board as follows,

“After he put his arm around me, I tried to pull away and he pulled me in towards him and kissed me on my right cheek. This made me incredibly uncomfortable, and I wanted to get out of there.”

133. Ms B refers to a hug in her witness statement but not a kiss. Mr C says in his statement, “Amit tried to kiss her (Ms A), but I am not sure if he actually did” and wrote in the Datix Report *‘out of the car, with him putting his arms around her and kissing her’*.

134. Ms D in her statement wrote, *“I don’t remember the exact details, but I recall that Dr Goel behaved inappropriately, tried to kiss Ms A while in her car and tried to give his number.”* Ms A does not put forward any evidence of a kiss inside the car, only outside the car.

135. Dr Goel was asked about this in his interview with Mr E. He was asked *“It follows you did not kiss her or attempt to kiss her?”* to which Dr Goel answered, *“No.”*

136. The Tribunal balanced the accounts of Ms A and Dr Goel. It noted that Ms A was consistent in her evidence that Dr Goel had kissed her cheek. Dr Goel had denied this.

137. The Tribunal considered that during the hug, it would not be implausible if Dr Goel had also kissed Ms A on the cheek. Considering the consistency of Ms A’s evidence from her Handwritten Account, the Tribunal determined it was more likely than not that Dr Goel kissed Ms A on the cheek as part of the hug.

138. The Tribunal therefore found Paragraph 1(d) of the Allegation proved.

Paragraph 1(e)

139. The Tribunal had to determine whether it was more likely than not that Dr Goel attempted to kiss Ms A on her lips.

140. In Ms A's Handwritten Account, she wrote, *"He then lingered like he was going to kiss me so I pulled away and said have a good night and started to walk. He was going the same way so we exchanged awkward chit chat and I tried to keep my distance."*

141. In her Police Statement she said, *"he looked at me funny and move slightly forward it seemed like he tried to kiss me on my lips. Once his arm was away from my back I moved away from him and said have a good night, I made my way towards the entrance I kept my distance from him but he was walking in my direction to get to his car."*

142. In her Statement to the Health Board, Ms A stated,

"As I tried to pull back more, his arm was still around me and he looked at me funnily and moved his head slightly forward as though he was going to kiss me on the lips. I then turned away and he released his arm from behind my back. I said, "have a good night" and began walking back towards the hospital. He was also walking in a similar direction to get back to his car, but we did not talk for this short period.

...

I did not give Dr Amit any permission to either touch me or kiss me and he did not at any point ask me. Nobody has the right to touch or kiss me without consent."

143. In her First Interview with Mr E, Ms A stated,

"He lifted his head and moved forward as if he was going to kiss me on the lips. I turned my head away and released myself from the hug and pushed his arm down away from my back. I said good night and started walking back towards the hospital. He walked in the same direction. We did not talk and he walked a little bit behind. When I got back to entrance [XXX] he had gone to his car."

In her oral evidence to the disciplinary hearing of the Health Board, she said 'I thought he was going to kiss me on the lips'.

144. Dr Goel denied that he attempted to kiss Ms A on her lips. In his Statement for the Health Board, he wrote,

“I wished her good luck for the rest of her nursing career. She thanked me and hugged me. We both left after that. She walked towards the hospital entrance, and I walked to my car.

I thought it was a very natural and friendly hug, and I didn’t find anything wrong or suspicious in that. There was no kiss or any other form of inappropriate touch or action involved. I did not touch her inappropriately, in any way, whether inside or outside of the car.

...

I did not kiss Ms A at all.

.....

I did not consider this friendly, platonic hug to be inappropriate”

145. In his Interview with Mr E Dr Goel said that Ms A ‘came and hugged me. It was very natural, like a colleague... it was normal, casual’ and he denied kissing or attempting to kiss her. Dr Goel maintained in his witness statement,

“I did not at any point hold her hand, stroke her thigh, put my arm around her waist, kiss her on the cheek or attempt to kiss her on the lips. I did not touch her inappropriately, in any way, either inside or outside of the car.”

146. The Tribunal considered that, even on Ms A’s evidence, there was no clear attempt from Dr Goel to kiss Ms A on the lips. The Tribunal accepts that Ms A believes that she perceived that this was what he was about to do, but this was only her perception. However, the Tribunal considered there was no way for Ms A to know what he was about to do. The Tribunal also took into account that they were not somewhere private but were standing in the staff/visitor car park which was lit. It considered the inherent improbability that Dr Goel would risk kissing Ms A on the lips, especially as ‘they hardly knew each other on the evidence of both of them’ as submitted by Mr Garside.

147. The Tribunal also noted the inconsistency in her evidence about the moments after the hug. In her Handwritten Account, Ms A wrote, “he was going the same way so we exchanged awkward chit chat and I tried to keep my distance” but in her Statement to the Board and First Interview with Mr E she stated, “we did not talk”. The Tribunal considered there was not a sufficient reliable evidential basis to support a finding of a material duration

of time together after the hug. Taking into account the evidence about the routes through the car park, the Tribunal found it more likely than not that Dr Goel walked only a short distance before turning towards the second pedestrian crossing to reach his car park.

148. The Tribunal was of the view that the GMC had not discharged the burden to prove that it was more likely than not that Dr Goel attempted to kiss Ms A on her lips.

149. The Tribunal therefore found Paragraph 1(e) of the Allegation not proved.

150. The Tribunal went on to consider whether the facts found proved in relation to Paragraphs 1(c) and 1(d) of the Allegation amounted to inappropriate behaviour by Dr Goel towards a junior colleague.

151. The Tribunal was of the view that the behaviour was inappropriate given that Dr Goel and Ms A were practically strangers, and there was a significant difference in their seniority and experience.

Paragraph 2(a)

152. The Tribunal had to determine whether it was more likely than not that Dr Goel's actions of putting his arm around Ms A's waist and kissing her on the cheek, as proved under Paragraph 1(c) and 1(d), were without Ms A's consent.

153. The Tribunal found it plausible that Dr Goel's actions were unexpected and unwanted by Ms A. The Tribunal acknowledged that Ms A found the physical contact during the hug unexpected and unwelcome, and it made her feel uncomfortable and by the time she returned to the ward she was upset by what had happened.

154. The Tribunal accepted that the physical contact of the arm around her waist and kiss on her cheek was not welcome. The Tribunal found it more likely than not that Ms A had not consented to the physical contact, given that they were practically strangers, with a significant difference between seniority and experience.

155. The Tribunal therefore found Paragraph 2(a) of the Allegation proved in relation to Paragraph 1(c) and 1(d).

Paragraph 2(b)

156. The Tribunal had to determine whether it was more likely than not that Dr Goel's actions of putting his arm around Ms A's waist and kissing her on the cheek, as proved under Paragraph 1(c) and 1(d), constituted sexual harassment as defined in Section 26(2) of the Equality Act 2010. The Tribunal reminded itself of the legal principles set out above. It began by considering the first element, whether the GMC has proved 'unwanted conduct of a sexual nature'.

157. The Tribunal was of the view that putting one arm around Ms A's waist and kissing her on the cheek was not conduct that a reasonable person would consider sexual whatever its circumstances or any person's purpose in relation to it. The Tribunal concluded that the conduct did not fall within the definition of 'sexual' in s.78(a).

158. The Tribunal was of the view that a reasonable person would consider that such touching, because of its nature, 'may be sexual' and went on to consider whether in this case it was sexual because of the circumstances or the purpose of any person in relation to it (under s.78(b)).

159. The Tribunal took into account the following circumstances (common ground or found proved above):

- No material conduct on 13 January 2022 was established;
- There was no allegation that this was a pre-planned or deliberate scheme by Dr Goel to spend time with Ms A alone during her 20-minute break. Such pre-planning is not established on the evidence. The fact that Ms A was leaving with Mr F reduced the likelihood of an opportunity to spend time alone with Ms A. It was coincidence that Dr Goel left XXX at the same time as Ms A and Mr F were going on their break. According to Ms A in her witness statement, the Police informed her that the CCTV of Entrance XXX showed that all three '*walked out together at Entrance [XXX]*';
- After Ms A had unlocked the passenger door to let Dr Goel into her car and after they got out of her car, she did not depart from what she described as her usual habit of walking round to the passenger door to lock it with the key from the outside. In her oral evidence, she told the Tribunal that it was possible to lock the passenger door from inside. The Tribunal considered that her action in walking from the driver's side round her car to the passenger side, where Dr Goel was standing, was consistent with

her not feeling sufficiently concerned or alarmed so as to depart from her usual habit of walking round to lock the door;

- It was XXX and in her Handwritten Account she wrote *'We got out the car and he said best of luck and put his arm out for a hug. I thought nothing of it at first...'*. In her oral evidence to the Tribunal she said, *'I believe he said good luck'*. Ms A's evidence that Dr Goel said 'good luck' supports what Dr Goel said to the Police on 17 February 2022. The Tribunal was of the view that saying *'Good luck'* XXX was consistent with the touching being no more than part of a hug;
- The Tribunal acknowledged that for Ms A the physical contact during the hug was unexpected and unwelcome and it made her feel uncomfortable and that when she returned to the ward, she was distressed by what had happened;
- There was no evidence from Ms A that Dr Goel used any sexualised language prior to or during the hug and there is no evidence of sexual gratification;
- They were standing in a public car park, where other staff or visitors could have been present. Further, in oral evidence Dr Goel reiterated his witness statement evidence that his BMA representative asked the Trust to obtain the CCTV from the car park, but this was not produced and that his solicitor asked the Police, as evidenced by the email dated 15 August 2023 *'He is asking whether CCTV was checked as part of the investigation?'*. His request for production of CCTV of the car park is consistent with wanting objective contemporaneous evidence of what took place in the car park;
- Ms A's consistent evidence is that after the hug she said, *'have a good night'* or *'good night'* (Handwritten Statement, Police Statement, Statement for the Health Board, oral evidence to the Health Board) and walked back to the hospital.

160. The Tribunal considered that a reasonable person would consider that the circumstances were more consistent with the touching being part of a hug which was ill-judged but was not sexual. The Tribunal determined that while Ms A felt harassed, the GMC had not proven that the conduct of Dr Goel was of a sexual nature.

161. The Tribunal determined that the GMC had not discharged the burden to prove that it was more likely than not that Dr Goel's actions constituted unwanted conduct of a sexual nature. This meant that the first element of 'sexual harassment' under section 26(2) was not proved.

162. The Tribunal therefore found Paragraph 2(b) of the Allegation not proved.

Paragraph 2(c)

163. The Tribunal had to determine whether it was more likely than not that Dr Goel's actions of putting his arm around Ms A's waist and kissing her on the cheek, as proved under Paragraph 1(c) and 1(d), were sexually motivated. The Tribunal reminded itself of the legal principles set out above. The Tribunal is required to make a deduction about the state of Dr Goel's mind from all the facts and circumstances.

164. The Tribunal considered the nature of the behaviour and the circumstances of the hug, as set out above. The Tribunal acknowledged that Ms A found the proven physical contact during the hug unexpected and unwelcome, and it made her feel uncomfortable and that when she returned to the ward, she was distressed by what had happened. The Tribunal considered that there was another plausible reason for the behaviour, XXX, and that the evidence did not support a finding that the conduct was in pursuit of sexual gratification or a future sexual relationship. The Tribunal found that the GMC had not proved that it was more likely than not that Dr Goel's actions were sexually motivated.

165. The Tribunal therefore determined that the GMC had not discharged the burden to prove it was more likely than not that Dr Goel's actions were sexually motivated.

166. The Tribunal therefore found Paragraph 2(c) of the Allegation not proved.

Paragraph 2(d)

167. The Tribunal had to determine whether it was more likely than not that Dr Goel's actions of putting his arm around Ms A's waist and kissing her on the cheek, as proved under Paragraph 1(c) and 1(d), were an abuse of Dr Goel's more senior position.

168. Dr Goel accepted in his Rule 7 Response that his actions in asking personal questions of Ms A and sitting in her car breached professional boundaries. During his oral evidence to the Tribunal, he said that he was naïve to the situation and did not get any physical or verbal signs that Ms A said 'No' to him to have a conversation and he did not realise that she was becoming upset. He said that, looking back, he now realises that he '*broke professional boundaries*'.

169. The Tribunal noted Ms A's evidence that she was conscious of Dr Goel's position of seniority and did not wish to be rude. The Tribunal found that Dr Goel misread the cues

about getting into her car (she tried to put him off by stating she would be XXX) and misread the cues about giving her a XXX hug when they were outside the car, and she was about to return to the ward. He did not pause to check that it was appropriate to hug Ms A and put his arm around her waist and kiss her cheek.

170. The Tribunal concluded that Dr Goel's actions were naïve and ill-judged, constituting an abuse of his more senior position given the power imbalance between them.

171. The Tribunal therefore found Paragraph 2(d) of the Allegation proved in relation to Paragraph 1(c) and 1(d) of the Allegation.

The Tribunal's Overall Determination on the Facts

172. The Tribunal has determined the facts as follows:

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

1. On 14 January 2022 whilst employed as a Specialty Doctor at Ysbyty Glan Clwyd Hospital you behaved inappropriately towards your junior colleague, Student Nurse A, in that you:

- a. held Student Nurse A's hand; **Determined and found not proved**
- b. stroked Student Nurse A's thigh with your finger(s); **Determined and found not proved**
- c. put your arm around Student Nurse A's waist; **Determined and found proved**
- d. kissed Student Nurse A on her cheek; **Determined and found proved**
- e. attempted to kiss Student Nurse A on her lips; **Determined and found not proved**

2. Your actions as set out in paragraphs 1a – 1e:

- a. were ~~out~~ without Student Nurse A's consent; **Amended under rule 17(6) Determined and found proved in relation to 1(c) and 1(d)**
- b. constituted sexual harassment as defined in Section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Student Nurse A, or creating an intimidating, hostile, degrading, humiliating or offensive environment for Student Nurse A; **Determined and found not proved**

- c. were sexually motivated; **Determined and found not proved**
- d. were an abuse of your more senior position. **Determined and found proved in relation to 1(c) and 1(d)**

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 - 22/07/2025

173. 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 Goel's fitness to practise is impaired by reason of misconduct.

The Evidence

174. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary. In addition, Dr Goel gave further oral evidence at this stage and the Tribunal received a statement from Dr R for and on behalf of the Responsible Officer for the Health Board. Dr R is the Medical Director for Secondary Care in the Central Integrated Healthcare Community of the Health Board. He acted as case manager for the Health Board in respect of concerns raised regarding Dr Goel since the allegation was made in January 2022.

Submissions

On behalf of the GMC

175. In relation to misconduct, Mr Garside directed the Tribunal's attention to paragraphs 35 to 37 of Good Medical Practice (2013) ('GMP'), which he submitted had clearly been breached. Mr Garside submitted that the breaches of GMP in this case were undeniably serious. A young woman at the XXX of her nursing career was reduced to tears and subjected to what he argued was genuine and significant distress. He invited the Tribunal to accept her evidence that the events had a lasting adverse effect on her. The seriousness of the misconduct was further underscored by the Tribunal's finding that Dr Goel had abused his more senior position. This was an incident involving a much older man and a young woman in XXX, who was in a vulnerable position as XXX. Happily, the incident did not derail her career and she went on to qualify as a nurse and obtain a job but the impact at the time was

undeniably severe. Accordingly, Mr Garside contended that there was no doubt Dr Goel's actions constituted serious misconduct, both due to the effect on the complainant and to the abuse of position.

176. Turning to the issue of current impairment of Dr Goel's fitness to practise, Mr Garside acknowledged the statement on behalf of the Responsible Officer, which noted that Dr Goel had attended a 1 day course in June 2023 and had attended a further 3 day course in July 2024 after the Health Board made its internal findings in June 2024 (which differed from the findings of fact of this Tribunal).

177. Mr Garside submitted that, when considering the overarching objective under Section 1 of the Medical Act - particularly Section 1B(b) and (c), which concern maintaining public confidence in the profession and upholding proper professional standards - a finding of impairment was necessary. While he conceded that no patient harm had occurred, he argued that there was harm to the system, the Hospital, and Ms A. Promoting proper professional standards within the workforce was, in his submission, a critical consideration that warranted a finding of current impairment. He stated the continuing relevance of paragraph 48 of GMP (2024), submitting that a finding of impairment was essential to reaffirm clear standards of professional conduct.

178. Mr Garside addressed the issue of insight, acknowledging that Dr Goel had taken steps to engage with training and had familiarised himself with the relevant terminology, however, he submitted that Dr Goel had failed to fully grasp the underlying issues. Mr Garside submitted that it was difficult to comprehend how a man of Dr Goel's age could have considered it appropriate to get into a car with a much younger and junior colleague, culminating once outside the car in a non-consensual hug and kiss on the cheek - a finding the Tribunal had already made. He submitted that Dr Goel's lack of understanding of the inherent power dynamics and the distress caused to Ms A demonstrated a fundamental absence of insight. He submitted that there was no real recognition in Dr Goel's evidence of the factors that rendered the incident so distressing, particularly given the complainant's professional vulnerability at the time.

179. Mr Garside submitted that the nature of the incident, the imbalance in the professional relationship, and the absence of meaningful insight made a finding of present impairment essential to uphold proper professional standards. While he acknowledged that the Tribunal had not found the most serious allegation of sexual motivation proven, he

maintained that the finding of abuse of a senior position was nevertheless a serious matter that required regulatory action to maintain public confidence in the profession.

On behalf of Dr Goel

180. Ms Stock submitted that there has always been an acceptance by Dr Goel that there was a hug between him and Ms A in the car park on 14 January 2022. Dr Goel has consistently stated this was a ‘Good Luck’ hug as Ms A was XXX as part of her nurse training. Ms Stock submitted that this was an incident of poor judgement by Dr Goel and an incident where he simply failed to pick up any cues that Ms A was uncomfortable. He also failed, at the time, to appreciate any imbalance of power between them and had no idea that his actions may have caused any distress.

181. Ms Stock set out that there is a common theme to the description of Dr Goel in the references from his colleagues which is significant. He is described as “*pleasant, good-natured*”, “*friendly*”, “*cheerful, happy*”, and “*approachable*”. Ms Stock submitted that this is relevant to the interactions with Ms A. Ms K, Dr Goel’s supervising consultant and mentor, in her Mentor’s Report, states that at the time of the incident, Dr Goel “*appears to have been professionally and culturally naïve as to the professional boundaries of a doctor and the NHS hierarchy prior to this incident.*”

182. Ms Stock submitted therefore that this incident was a one-off moment where Dr Goel thought he was giving a student nurse a friendly ‘good luck [XXX]’ hug. He was unaware that she was uncomfortable and that his actions would have caused any degree of upset to her. Ms Stock submitted that, in these circumstances, whilst fellow practitioners would be critical of his lack of awareness and judgement of the situation, they would not describe Dr Goel’s actions as deplorable and as such would not consider they amounted to serious misconduct. On that basis, she invited the Tribunal to find that Dr Goel’s actions do not amount to serious misconduct.

183. Ms Stock submitted that an aggravating factor is that the Tribunal has made some findings of fact against Dr Goel which were denied. He has, however, always accepted that a hug occurred and that he breached professional boundaries. In terms of mitigating factors, Ms Stock reminded the Tribunal that, aside from a period of time away from work during the Health Board’s investigation, Dr Goel has continued to work as a Registrar/Resident doctor in Trauma and Orthopaedics without issue. Furthermore, there is a wealth of evidence that Dr

Goel is a very good doctor, highly regarded by medical and nursing staff, and well liked by peers and patients.

184. Ms Stock submitted that Dr Goel has reflected at length on what occurred on 14 January 2022. He has attended two professional boundaries courses: a 1-day course in June 2023 and a 3-day course in July 2024. The courses covered a variety of topics, including but not limited to boundary limitation and violation, power differential and imbalance and practical application. Dr Goel described these courses in his reflective statement as a “transformative experience” and described Ms A’s complaint as ‘a wake-up call for me to reassess my behaviour and take responsibility for any actions that may have contributed to the situation.’ In respect of the impact on Ms A, Dr Goel has apologised for any distress caused to Ms A and expressed that making her feel uneasy and uncomfortable was absolutely the opposite of what he was intending to do.

185. Ms Stock highlighted that Dr Goel has undertaken a period of mentorship with Ms K, his supervising consultant. In her Mentor’s Report, Ms K states, *“The various professional courses that he has attended over the last three years, have given him what appears to [sic] genuine insight into his behaviour with the SN and his lack of professional boundaries. He appears to genuinely regret the distress that the incident has caused to SN, his colleagues, his family and to the Health Board”* and in her view, Dr Goel *“fully accepts that his actions were a breach of professional boundaries and he appears to have genuine insight into this and the distress that this has caused.”*

186. Ms Stock submitted that Dr Goel has reflected deeply and learned a great deal following this incident. He has undertaken a vast amount of targeted and relevant remediation work and as a result his actions are highly unlikely to be repeated. There has been no repeat of any such behaviour some three and a half years on. Ms Stock submitted that due to this, there is no risk to the health, safety and well-being of the public.

187. In terms of public interest, Ms Stock submitted that, in all the circumstances, a finding of impairment would not be justified solely in order to maintain public confidence in the profession. An ordinary member of the public, conversant with all the facts, would be of the view that this was an isolated incident by a doctor without malintent, at its highest can rightly be described as ill-judged, and that a finding of impairment is not only unnecessary but would be inappropriate in all the circumstances.

The Relevant Legal Principles

188. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision of impairment is a matter for the Tribunal's judgement alone. The Tribunal is required to assess whether Dr Goel poses any current and ongoing risk to one or more of the three parts of public protection set out in the Medical Act 1983:

- 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.

189. The Tribunal was mindful of the two-stage process to adopt: to consider whether the facts found proved amount to serious misconduct, and then to consider whether fitness to practice is currently impaired by reason of that serious misconduct.

190. The threshold for disciplinary intervention is '*serious professional misconduct*'. It must be linked to the practice of medicine or conduct that otherwise brings the profession into disrepute and it must be serious. It is some act or omission which falls short of what would be proper in the circumstances. To understand the standard of propriety, the Tribunal will refer to Good Medical Practice. See *Roylance v GMC (No.2)* [2000] 1 AC 311 at [38] and *Yeong v GMC* [2009] EWHC 1923 (Admin) at [20].

191. The Tribunal must determine whether Dr Goel's fitness to practise is impaired today, taking into account his conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition (*Cohen v GMC* (2008) EWHC 581 at [62-65]).

192. There is no statutory definition of impairment, but the Tribunal is assisted by the guidance provided by Dame Janet Smith in the Fifth Shipman Report, as adopted by Mrs Justice Cox in *CHRE v NMC* and *Paula Grant* [2011] EWHC 927 (Admin). The Tribunal will consider whether the findings of fact show that the doctor's fitness to practise is impaired in the sense that he:

- a. [...]
- 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. [...].

193. Insight means an acknowledgement and appreciation of a failing, its magnitude and its consequences for others. Insight is essential for that failing to be properly understood, addressed and eliminated for the future. Insight is concerned with future risk of repetition.

194. When considering whether Dr Goel has developed insight since the events, the Tribunal is reminded that during stage 1, he was entitled to put the GMC to proof of each allegation and that the GMC failed to prove some allegations. Contesting some allegations, even robustly, should not be treated of itself as lack of insight, something more must be shown (*Ahmedsowida v GMC* [2021] EWHC 3466 (Admin)). Maintenance of innocence during stage 1 should not automatically result in a finding of failure of insight at stage 2: it is of potential relevance but its relevance should be properly considered in its context (*Sawati v GMC* [2022] EWHC 283 (Admin)).

195. It is possible for a practitioner who defends an allegation to nevertheless show that he fully appreciates the gravity of the matters alleged. The Tribunal must pay close attention to the doctor's current understanding of and attitude towards what he has done and whether the insight shown and/or remediation undertaken addresses the true seriousness of the case found proved against him (*GMC v Khetyar* [2018] EWHC 813).

196. The Tribunal will consider all relevant mitigation material provided by Dr Goel. However, the Tribunal will bear in mind that matters of mitigation are likely to be of considerably less significance in regulatory proceedings than to a court imposing retributive justice, because the overarching concern of the professional regulator is the protection of the public (*Sanusi v GMC* [2019] EWCA Civ 1172 at [95] referring to *GMC v Jagjivan* [2017] EWHC 1247 (Admin)).

197. The Tribunal is guided by Mrs Justice Cox in *Grant* at [74] as follows:

'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'

The Tribunal's Determination on Impairment

Misconduct

198. In determining whether Dr Goel's fitness to practise is impaired by reason of misconduct the Tribunal first considered whether the facts found proved amounted to misconduct.

199. Dr Goel accepted from the outset, when first interviewed by the Police, that he and Ms A 'exchanged a hug' XXX on 14 January 2022. The Tribunal reminded itself of its findings of fact above:

- That Dr Goel initiated the hug while saying 'Good luck' and Ms A reciprocated;
- That, as part of the hug, Dr Goel put his arm around Ms A's waist and kissed her on the cheek and these actions were without her consent;
- That these actions were unexpected, unwanted and ill-judged and an abuse of his senior position but were not sexual, and that sexual harassment or sexually motivated behaviour were not proved.

200. The Tribunal had regard to paragraphs 35, 36, and 37 of GMP:

"35 You must work collaboratively with colleagues, respecting their skills and contributions.

36 You must treat colleagues fairly and with respect.

37 You must be aware of how your behaviour may influence others within and outside the team."

201. The Tribunal considered that paragraphs 36 and 37 of GMP were engaged and had been breached by Dr Goel. The Tribunal considered that there is a clear expectation that doctors must maintain appropriate professional relationships with colleagues. In this case, Dr Goel abused his position as a senior doctor in putting his arm around a student nurse's waist and kissing her on the cheek as part of a hug, without her consent. Doctors are expected to work collaboratively and respectfully, ensuring that their behaviour does not cause discomfort or distress to colleagues. Dr Goel's use of his more senior position to do this was unfair and amounted to a serious failure to treat his junior colleague with respect. The evidence demonstrated that Ms A was genuinely distressed by the incident and that the

impact of his inappropriate behaviour was long-lasting. There had been a significant departure from GMP.

202. The Tribunal considered the evidence of Ms K, Trauma and Orthopaedic Consultant at the Hospital. In the character reference she states that she has known Dr Goel since September 2013 and worked with him in the same department until January 2022. In her Mentor's Report dated June 2025, she states that since February 2025 she has formally met with Dr Goel to discuss the case. She states her view that Dr Goel had been professionally and culturally naïve as to the professional boundaries of a doctor and the NHS hierarchy prior to this incident. The Tribunal considered the evidence of Dr Goel that he was naïve to the situation. It also reminded itself of its findings above that Dr Goel misread the cues in the car park. This was a failure to be aware of how his behaviour was affecting a colleague and was a breach of GMP 37.

203. The Tribunal noted its findings above that pre-planning was not established on the evidence; that on 14 January 2022, it was a coincidence that Dr Goel left the XXX at the same time as Ms A and Mr F left for their 20 minute break, and that the hug occurred while they were standing in a public car park. The GMC had established inappropriate behaviour by Dr Goel on one date in relation to one junior colleague. Nonetheless, looking at the actions of Dr Goel in the circumstances set out above, the Tribunal considered that his actions fell below the standards expected of a doctor. The abuse of his senior position was significant enough to amount to misconduct that was serious.

204. The Tribunal emphasised that even isolated incidents of this nature undermine professional integrity and public trust, warranting a finding that Dr Goel's conduct breached GMP in a way that crossed the threshold of seriousness. Dr Goel's actions, whilst not related to patient safety, constituted misconduct that was serious.

Impairment

205. Having found that the facts found proved amounted to misconduct which was serious, the Tribunal went on to consider whether, as a result, Dr Goel's fitness to practise is currently impaired by reason of his misconduct.

206. In determining whether a finding of current impairment of fitness to practise is necessary, the Tribunal looked at the evidence of insight, remediation and the likelihood of repetition, bearing in mind the three elements of the overarching statutory objective. It considered that insight and remediation are important in order for a doctor to recognise

areas of their behaviour that require improvement, and to take appropriate and relevant steps to address them, thus reducing the likelihood of repetition.

207. The Tribunal considered whether Dr Goel's misconduct was remediable and concluded that it was. In terms of remediation, as set out in his statement of reflection dated 18 September 2024, he had undertaken small-group interactive courses on professional boundaries in June 2023 and July 2024, which provided him with an understanding of the expectations outlined in paragraphs 35, 36, and 37 of GMP. His oral evidence demonstrated that he had internalised these lessons and had made changes since returning to work in September 2024. He described having adopted a '*no-touch policy*' with all colleagues (save for a necessary handshake). He described having adopted a less friendly and a more conscious and careful approach to his verbal communications with colleagues. He said that he continues to discuss his actions and behaviours with his mentor. He added that he will not ask personal questions nor take part in any social situations with any staff members.

208. The Tribunal noted the evidence that since 14 January 2022, Dr Goel has worked from July 2022 to May 2023 and from September 2024 to date. The statement on behalf of the Responsible Officer is dated 20 May 2025 and reports "*there have been no concerns on his behaviour towards colleagues*". The six professional character references written in June 2025 (summarised above) all describe an absence of concern about his behaviour towards colleagues or patients. There is no evidence of repetition of inappropriate behaviour. The Tribunal was satisfied that Dr Goel now understands better what is expected of him regarding his behaviour.

209. Dr Goel accepted from the outset, during his Police interview in February 2022, that there was a hug in the car park. He has consistently denied sexual harassment and sexual motivation. As set out above, the Tribunal determined at stage 1 of these proceedings that the GMC had not proved some of the alleged actions. In respect of the proved actions, the Tribunal determined that the GMC had not proved that they were of a sexual nature and had not proved sexual harassment or sexual motivation. The GMC had proved that Dr Goel behaved inappropriately by putting his arm around Ms A's waist and kissing her on the cheek as part of a hug.

210. In oral evidence during stage 1, Dr Goel told the Tribunal that he raised one arm and put one arm in the middle of Ms A's back during the hug; he accepted that he had put his arm around her body.

211. In relation to the finding that he kissed Ms A on the cheek as part of the hug, in oral evidence during stage 2 Dr Goel stated that he accepted the determination of the Tribunal but did not recall doing this.

212. Dr Goel gave oral evidence during stage 2 about what has changed in the way he thinks and in the way he acts. Dr Goel has worked at the Hospital since February 2010 and described it as *'always helpful and friendly'*. He said that he had been naïve about the NHS hierarchy, and he had failed to understand the power he could have to influence others. He said that by going through these processes, he has more understanding of professional boundaries and now realises that he breached them by asking personal questions of Ms A and by invading her space. He said that he now realises that asking her personal questions, getting into her car and the hug were all unwanted and that these events caused her distress. He spoke about the power imbalance resulting from him being senior, in terms of position and age, compared with her being a student nurse on her XXX placement and that he now sees how this affected her ability to say 'No' to him directly.

213. On the issue of insight, Dr Goel has expressed remorse, offering an apology for Ms A's distress in his written reflections and as a verbal apology during his oral evidence. This was supported by Ms K's Mentor Report. Ms K expressed confidence that Dr Goel appears to have developed a genuine understanding of his breaches of professional boundaries and genuine insight. Dr Goel's oral evidence further confirmed this insight, as he acknowledged that asking personal questions of a junior colleague was inappropriate, as was invading her personal space by entering her car without clear professional justification and by hugging her. He expressed a greatly increased understanding of the importance of maintaining proper professional boundaries in workplace interactions.

214. Regarding the risk of repetition, the Tribunal noted that Dr Goel had acknowledged misreading the situation with Ms A. Ms K supported this assessment, and the statement on behalf of the Responsible Officer and six character references stated that there had been no concerns since the original misconduct. The courses completed by Dr Goel were relevant, and there was evidence that he had learned from them. During his oral evidence, when questioned by the medical member of the Tribunal about his improved awareness of social cues, Dr Goel explained that he is now more conscious of methods to recognise when a colleague might be feeling uncomfortable. The Tribunal was satisfied that Dr Goel is motivated and determined not to repeat his past misconduct.

215. Additionally, Dr Goel had returned to work after periods of suspension without any further issues. Taking into account the factors outlined above, the Tribunal considered the risk of repetition to be very low.

216. Given Dr Goel's remediation, insight, and the negligible risk of repetition, the Tribunal concluded that there was no necessity in this case to make a finding of impaired fitness to practise in order to protect the public. In relation to promoting and maintaining public confidence in the profession and proper professional standards, the Tribunal had found that his inappropriate behaviour amounts to serious misconduct. The significance of his actions and the impact on Ms A have been openly recorded for members of the public and the profession to see. Members of the public and of the profession will understand the high level of scrutiny that Dr Goel has been under and that a finding of serious misconduct will weigh heavily on him. The Tribunal considered that this public finding of serious misconduct will contribute to maintaining public confidence in the profession and proper professional standards, and that there was no necessity in this case to make a finding of impaired fitness to practise in order to maintain such confidence or proper professional standards.

217. The Tribunal therefore determined, after careful consideration of the overarching objective, that Dr Goel's current fitness to practise was not impaired.

Determination on Warning - 22/07/2025

218. As the Tribunal determined that Dr Goel's fitness to practise was not impaired, it considered whether in accordance with s35D(3) of the 1983 Act, a warning was required.

Submissions

On behalf of the GMC

219. Mr Garside submitted it would be appropriate in the circumstances of this case for the Tribunal to issue a warning.

220. Mr Garside referred the Tribunal to paragraph 61 of the Sanctions Guidance (2024) ('SG'):

"61 Where a tribunal finds a doctor's fitness to practise is not impaired, it cannot impose a sanction. However, it must consider, under rule 17(2)(n) whether to:

a take no action

b issue a warning if the doctor's conduct, behaviour or performance has significantly departed from the guidance in Good medical practice."

221. Mr Garside submitted that the decision to issue a warning was entirely a matter for the Tribunal. He referred the Tribunal to the Guidance on Warnings (GoW), in particular to paragraphs 10, 11, 16, 17, 19, 20, 26 and 32 (see below). He submitted that it was central to the case that there was a need to uphold proper professional standards and behaviour, as Dr Goel's behaviour was conduct that should not be repeated and there had been a significant departure from GMP, and this met the threshold test in paragraph 16 GoW.

222. Mr Garside submitted that it was in the public interest to issue a warning as Dr Goel has returned to practise at the Hospital where he practised before and where there must be a certain degree of knowledge that he has been subject to these proceedings and that the Tribunal has found serious misconduct. In relation to proportionality and the need to weigh the interests of the public with those of the practitioner, he submitted that the most relevant section of the public was the staff at the Hospital.

223. By reference to the factors set out in paragraph 32 GoW, Mr Garside recognised that the Tribunal had found the risk of repetition to be very low. However, he submitted that a warning is appropriate in this case because the concerns are sufficiently serious that, if there were a repetition, they would likely result in a finding of impaired fitness to practise (paragraph 20.c). He also relied on the purpose of a warning to allow the Tribunal to indicate to a doctor that his behaviour represents a departure from the standards expected of members of the profession and should not be repeated, and the explanation in the guidance that a warning is a formal response from the Tribunal in the interests of maintaining good professional standards and public confidence in doctors (paragraph 11).

224. Mr Garside submitted that a warning is appropriate in this case because misconduct of this kind, in the context of such a disparity of power, is unacceptable.

On behalf of Dr Goel

225. Ms Stock submitted that a warning was not necessary. She acknowledged that the Tribunal had found that there was a departure from GMP, but submitted that this was as a result of naivety rather than any pre-planned or cynical motive on the part of Dr Goel. She

added that the fact that there had been a breach of GMP is only one aspect that the Tribunal should take into account.

226. Ms Stock submitted that, in line with paragraph 32 GoW, the Tribunal should consider its findings about Dr Goel's level of insight as set out in its determination on impairment. On the basis of his oral evidence, Dr Goel has acknowledged the inappropriate communication with Ms A and invasion of her personal space, and has apologised. Dr Goel expressed regret and remorse from the outset that his actions caused distress and this was repeated in his written reflections and oral evidence.

227. Ms Stock reminded the Tribunal that there is no relevant history in this case, this was an isolated incident, there has been no repetition and there are no indicators that his misconduct is likely to be repeated. His mentor, as well as a number of other colleagues have confirmed that there are no concerns, and the Tribunal, in its determination on impairment, set out that it was satisfied that Dr Goel is motivated and determined not to repeat his past misconduct. The Tribunal found that the risk of repetition is very low.

228. Ms Stock submitted that Dr Goel has taken numerous steps to remediate, including reflection, appropriate and relevant courses and mentorship, all of which have contributed to development of further insight and lowered the risk of repetition.

229. Ms Stock reminded the Tribunal that it must consider proportionality and weigh the impact of a warning on Dr Goel against the need to mark the misconduct in terms of public confidence in the profession and upholding and declaring proper standards, which is the primary purpose of a warning. She added that, while it is correct to say that a warning does not impact a doctor's ability to practise, it would be a mark on his record which will impact his professional reputation and character, to an extent which is often underestimated.

230. Ms Stock concluded that the fact of a finding of serious misconduct in this case is enough, in and of itself, to maintain public confidence in the profession and declare and uphold standards, and as such a warning is not necessary.

The Tribunal's Determination on Warning

231. The Tribunal took account of the circumstances of this case as set out in its determinations above and had regard to the submissions made by the GMC and on behalf of Dr Goel. It also had regard to the GoW.

232. When considering whether it is appropriate in this case to issue a warning, the Tribunal considered paragraphs 10, 11, 13, 14, 16, 20, 26 and 32 of GoW, as follows:

“10 The power to issue warnings, together with other powers available to the GMC and to MPTS tribunals, is central to their role of protecting the public which includes protecting patients, maintaining public confidence in the profession and declaring and upholding proper standards of conduct and behaviour.

11 Warnings allow ... MPTS tribunals to indicate to a doctor that any given conduct, practice or behaviour represents a departure from the standards expected of members of the profession and should not be repeated. They are a formal response from... MPTS tribunals in the interests of maintaining good professional standards and public confidence in doctors.

13 Although warnings do not restrict a doctor’s practice, they should nonetheless be viewed as a serious response, appropriate for those concerns that fall just below the threshold for a finding of impaired fitness to practise.

14 Warnings may also have the effect of highlighting to the wider profession that certain conduct or behaviour is unacceptable.

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

- *there has been a significant departure from Good medical practice, or*
- *...*

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

20a. There has been a clear and specific breach of Good medical practice or our supplementary guidance.

20b. The particular conduct, behaviour or performance approaches, but falls short of, the threshold for the realistic prospect test or in a case before a tribunal, that the doctor’s fitness to practise has not been found to be impaired.

20c. A warning will be appropriate when the concerns are sufficiently serious that, if there were a repetition, they would likely result in a finding of impaired fitness to practise. Warnings may be an appropriate response to any type of allegation...; the decision makers will need to consider the degree to which the conduct, behaviour or performance could affect public confidence in the profession or the reputation of the profession...

20d. There is a need to record formally the particular concerns (because additional action may be required in the event of any repetition).

26 In deciding whether to issue a warning the decision maker should apply the principle of proportionality, weighing the interests of the public with those of the practitioner. It is important to bear in mind, of course, that warnings do not restrict the practitioner's practice and should only be considered once the decision maker is satisfied that the doctor's fitness to practise is not impaired.

32 If the decision makers are satisfied that the doctor's fitness to practise is not impaired or that the realistic prospect test is not met, they can take account of a range of factors to determine whether a warning is appropriate. These might include:

a the level of insight into the failings

b a genuine expression of regret/apology

c previous good history

d whether the incident was isolated or whether there has been any repetition

e any indicators as to the likelihood of the concerns being repeated.

f any rehabilitative/corrective steps taken

g relevant and appropriate references and testimonials."

233. The Tribunal was clear that Dr Goel's actions, which amounted to serious misconduct, represented a significant departure from GMP.

234. Having regard to its previous determinations, the Tribunal was satisfied that the factors set out in paragraphs 20(a) – (c) GoW were met in this case. It accepted the submission of Mr Garside that the disparity of power between the doctor and the student nurse was significant. It accepted his submission that the misconduct found proved raised concerns that were sufficiently serious such that, if there were a repetition, they would likely result in a finding of impaired fitness to practise.

235. The Tribunal was of the view that paragraph 32 sets out factors which tend to weigh in Dr Goel's favour. However, those factors had to be viewed in the context of what the Tribunal considered to be a significant departure from GMP, in the context of a great disparity of power between the doctor and the student nurse. The Tribunal bore in mind that warnings may have the effect of highlighting to the wider profession that certain conduct or behaviour is unacceptable (paragraph 14 GoW).

236. The Tribunal considered the significance of the hearing and the record of its findings as representing a deterrent to the doctor and to the wider profession, and the extent to which this might mitigate the need for a formal response. As the Tribunal made clear in its determination on impairment, it considered the risk of repetition to be very low. However, the Tribunal noted that reasonable members of the public and the profession, informed about the circumstances of this case, might well consider that a finding of serious misconduct alone, without a formal warning, was insufficient action, given the disparity of power between Dr Goel and Ms A.

237. The Tribunal considered whether the issue of a warning would be a proportionate step. It determined that it was, as the concerns fell just below the threshold of impaired fitness to practise (paragraph 13 GoW). A warning would formally record the misconduct without restricting Dr Goel's practice. Given the Tribunal's findings in this case, the Tribunal considered that a formal response was in the interests of maintaining good professional standards and public confidence in the profession and was appropriate.

238. In all the circumstances, whilst Dr Goel's misconduct did not warrant a finding that his fitness to practise is currently impaired, the Tribunal determined that it was appropriate to issue a warning for the purpose of maintaining public confidence in the medical profession, and to uphold proper standards in the profession.

239. The Tribunal determined that a warning should be given to Dr Goel in the following terms:

"Dr Goel,

On 14 January 2022, whilst employed as a Specialty Doctor at Ysbyty Glan Clwyd Hospital, you behaved inappropriately towards your junior colleague, Student Nurse A, in that you put your arm around Student Nurse A's waist and kissed Student Nurse

A on her cheek and that such actions were without Student A's consent and were an abuse of your more senior position.

This behaviour does not meet with the standards required of a doctor. It risks bringing the profession into disrepute and it must not be repeated. The required standards are set out in Good Medical Practice (2013) ('GMP') and associated guidance. Paragraphs 36 and 37 of the version of GMP which applied at the time are particularly relevant:

"36 You must treat colleagues fairly and with respect.

37 You must be aware of how your behaviour may influence others within and outside the team."

Domain 3 'Colleagues, Culture and Safety' of GMP (2024), 'Introduction' and paragraphs 48-49 and 52-55 are also relevant:

***"Domain 3: Colleagues, culture and safety
Introduction***

Culture is determined by the shared values and behaviours of a group of people. Everyone has the right to work and train in an environment which is fair, free from discrimination, and where they're respected and valued as an individual.

Good medical professionals communicate clearly and work effectively with colleagues in the interests of patients. They develop their self-awareness, manage their impact on others, and do what they can to help create civil and compassionate cultures where all staff can ask questions, talk about errors and raise concerns safely.

48 You must treat colleagues with kindness, courtesy and respect.

49 To develop and maintain effective teamworking and interpersonal relationships you must:

a listen to colleagues

b communicate clearly, politely and considerately

c recognise and show respect for colleagues' skills and contributions

d work collaboratively with colleagues and be willing to lead or follow as the circumstances require.

52 You must help to create a culture that is respectful, fair, supportive, and compassionate by role modelling behaviours consistent with these values.

53 You should be aware of how your behaviour may influence others within and outside the team.

54 You should be aware of the risk of bias, and consider how your own life experience, culture and beliefs influence your interactions with others, and may impact on your decisions and actions.

55 You must show respect for, and sensitivity towards, others' life experience, cultures and beliefs."

Whilst this failing in itself is not so serious as to require any restriction on your registration, it is necessary in response to issue this formal warning.

This warning will be published on the medical register in line with the GMC's publication and disclosure policy, which can be found at www.gmc-uk.org/disclosurepolicy."

240. There was no interim order to revoke.

241. That concludes the case.