PUBLIC RECORD

**Dates**: 03/11/2025 - 07/11/2025

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| **Doctor:** | Dr Fergus DOUDS |
| **GMC reference number:** | 3481923 |
| **Primary medical qualification:** | MB ChB 1991 University of Aberdeen |

| Type of case | Outcome on facts | Outcome on impairment |
|---|---|---|
| New - Misconduct | No facts found proved | Consideration of impairment not reached |

**Summary of outcome**

Case concluded

**Tribunal:**

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| Legally Qualified Chair | Miss Annie Hockaday |
| Lay Tribunal Member: | Mrs Kiran Musgrave |
| Registrant Tribunal Member: | Dr Julian Williams |

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| Tribunal Clerk: | Mr Sewa Singh |

**Attendance and Representation:**

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| Doctor: | Present, represented |
| Doctor's Representative: | Mr Ranald Davidson, Counsel, instructed by MDDUS |
| GMC Representative: | Ms Emma Gilsenan, Counsel |

## 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 - 07/11/2025

## Introduction

1. Dr Douds qualified in 1991 from the University of Aberdeen and obtained full registration with the GMC in August 1992. He obtained membership of the Royal College of Psychiatrists in 1996 and was appointed as a Consultant Psychiatrist in October 2000. He has worked in various clinical roles in the field of psychiatry as set out in his CV.

2. At the time of the alleged incident on 24 June 2022, Dr Douds was working as a Consultant Psychiatrist at Bellsdyke Hospital ('Bellsdyke') which has low secure and rehabilitation wards and is part of NHS Forth Valley in Scotland ('the Trust'). Dr Douds currently works as a Consultant Psychiatrist for 'Daleview', a low secure ward, and for a group of nursing homes in Scotland.

3. The allegation that has led to Dr Douds' hearing is that on Friday 24 June 2022, whilst working in the Mental Health Unit at NHS Forth Valley Royal Hospital ('the Hospital'), he slapped Dr A's face. Dr A is a Consultant Psychiatrist who worked at the Hospital at the time.

4. By way of brief summary, Dr A claims that on 24 June 2022, Dr Douds was in her office and told her an anecdote about his childhood which involved inciting his father to slap him around the face, and that Dr Douds approached her and stood over where she was seated at her desk and slapped her hard across the face.

5. Dr Douds agrees that he went to the office which is shared by Dr B and Dr A, that Dr A was sitting at her desk and that they had a conversation about a patient. Dr Douds denies that he recounted an anecdote about his childhood whilst in the office and denies slapping her face. Dr Douds says that he had in the past, prior to 24 June 2022, recounted a childhood anecdote to illustrate a point about feigned or genuine remorse.

6. The alleged incident came to the attention of the GMC after Dr A raised another matter with the GMC on 23 January 2024. Dr A states that as part of that process, she was asked by the GMC to provide a statement about the alleged incident with Dr Douds on 24 June 2022.

## The Outcome of Applications Made during the Facts Stage

7. The Tribunal granted, at the outset, an unopposed application made by Mr Ranald Davidson, Counsel for Dr Douds, to admit into evidence five witness statements provided on behalf of Dr Douds in support of his good character at stage one of the proceedings.

8. The Tribunal took into account the submissions made by Ms Emma Gilsenan, Counsel for the GMC, that the GMC did not oppose a good character direction, and that it was a matter for the Tribunal whether the statements should be admitted at stage one or stage two. On the basis of the agreed fact that none of these five colleagues was present on the Mental Health Unit on 24 June 2022 before, during or after Dr Douds allegedly slapped Dr A's face, the GMC did not require them to attend for cross-examination.

9. The Tribunal had regard to Rule 34(1) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'). The Tribunal determined that it was relevant and fair to admit the five witness statements at stage one, and, as the application was unopposed, it determined that it was not necessary to produce a separate determination setting out its reasons.

## The Allegation and the Doctor's Response

10. The Allegation made against Dr Douds is as follows:
That being registered under the Medical Act 1983 (as amended):

1. On 24 June 2022 whilst working in the Mental Health Unit at Forth Valley Royal Hospital you slapped Dr A's face. 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.

11. Dr Doud denies that he slapped Dr A's face on 24 June 2022.

## The Facts to be Determined

12. In light of Dr Douds' denial of the Allegation, the Tribunal is required to determine whether, on 24 June 2022, Dr Douds slapped Dr A's face.

## Witness Evidence

13. The Tribunal received oral evidence on behalf of the GMC from Dr A, via video link. Dr A provided two witness statements dated 8 October 2024 and 25 April 2025.

14. The Tribunal received further evidence on behalf of the GMC in the form of a witness statement dated 3 October 2024 from Ms D, Head of Service in the Acute Women & Children

& Sexual Health Services department at the Hospital. Ms D exhibits the report of the investigation into the incident which she submitted to the Hospital on 29 November 2022 ('the Hospital Report'). She was not required to attend for oral examination.

15. Dr Douds provided a witness statement, dated 12 August 2025, and gave oral evidence.

16. The Tribunal also received on behalf of Dr Douds five recent witness statements from colleagues attesting to his clinical work and good character. They were not required to attend for oral examination. They are as follows:

- Dr I, Consultant Psychiatrist, 3 October 2025;
- Mr J, staff nurse and now Interim Clinical Services Manager, 2 October 2025;
- Ms K, Nursing Lead, 2 October 2025;
- Mr L, Service Manager with Operational responsibility, 2 October 2025;
- Ms M, Integrated Mental Health Teams Manager, 17 October 2025.

## Documentary Evidence

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

- Dr A's email report of the incident to Dr E, her line manager, dated 26 June 2022;

- The Hospital Report dated 29 November 2022, with appendices as follows:
  - Transcript of the interview of Dr A on 22 August 2022;
  - Transcript of the interview of Dr Douds on 3 October 2022;
  - Transcript of the interview of Dr B on 31 October 2022;
  - Swipe card information for Dr A, Dr Douds and Dr B;
  - Photos of the office shared by Dr A and Dr B;
  - Multi-Source Colleague Feedback Report for Dr Douds, 4 October 2022;

  Note: The Tribunal was <u>not</u> provided with 'appendix 6' which was a report by Dr O dated 30 August 2022, written at the request of Dr A. This is because it was agreed between the parties that Dr O's report was not relevant to the issue for determination by the Tribunal at stage one.

- The redacted copy of the Hospital Report provided to Dr A;
- Dr Doud's CV;
- Emails dated 29 March 2021 between Dr A and Dr Douds;
- Emails dated 22 March to 12 April 2022 between Dr A and Dr Douds;

- Emails 2 to 10 June 2022 between Dr B and Dr Douds.

## The Tribunal's Approach

18. 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 Douds 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.

19. The Tribunal accepted the legal advice given by the Legally Qualified Chair, as appended to this Determination.

## Background

20. The Tribunal began by setting out matters that are common ground or not disputed between the parties.

21. Dr A and Dr Douds agree that they had a professional working relationship, had known each other for many years and there was no previous incident between them.

22. On Friday 24 June 2022, Dr Douds spent the morning at Bellsdyke and then travelled to the Hospital. The purposes of his visit to the Hospital included reviewing a patient ('Patient A') who had been referred by Dr A for consideration for transfer from the locked 'Ward 1' of the Mental Health Unit of the Hospital to Bellsdyke, where there are low secure and rehabilitation wards. There was no arrangement for Dr Douds to meet Dr A on 24 June 2022.

23. Another purpose of Dr Doud's visit to the Mental Health Unit at the Hospital on 24 June 2022 was that he had arranged to meet Dr B and Dr C, both Consultant Psychiatrists at the Hospital, to discuss another patient ('Patient B'). It should be noted that Patients A and B are not the subject of the Allegation.

24. At approximately 3pm, Dr Douds went to the 'consultants' corridor' of the Mental Health Unit to look for Dr B to have the meeting about Patient B. Dr Douds went to the office which Dr B shared with Dr A. Dr B was not in the shared office when Dr Douds entered but Dr A was sitting at her desk. This was a chance encounter between Dr Douds and Dr A. It is common ground that Dr Douds and Dr A spoke about Patient A.

25. It is at this point in time when the disputed allegation is alleged to have occurred.

26. Dr A claims that Dr Douds told her an anecdote about his childhood which involved inciting his father to slap him around the face, and then Dr Douds approached her where she was seated and slapped her hard across the face. Dr Douds denies recounting the anecdote whilst in the office on 24 June 2022 and denies slapping her.

27. Dr A and Dr Douds both estimate that Dr Douds was in the office for about five minutes. Dr Douds left and had his meeting with Dr B and Dr C in another office. Dr A says that she cannot recall much of what happened after the incident. She says that she does recall that she carried on with her work and finished her tasks before starting her annual leave that evening. She says she can recall that she did not tell anyone at work about the incident.

28. Dr A says that whilst driving home, she began to process what had happened and when she got home, she discussed the incident with Mr N and decided to raise the matter further. XXX.

29. On the evening of 26 June 2022, Dr A sent an email to her line manager, Dr E, to report her account of the incident and received an 'out of office' reply. In her email, she described the anecdote which she says Dr Douds told her in the office, as follows:

> *"Dr Douds stated that as a child he had not infrequently been in trouble and had found himself in the situation of his father remonstrating with him and asking him to apologise for whatever misdemeanour was in play. At that time, Dr Douds would seek clarification from his father that what was required was for him to say he was "sorry" for something that he in no way regretted. Dr Douds advised that his father had been a teacher and that whereas this was a time when corporal punishment as* [sic] *still acceptable teaching practice, his father did not exercise this at home as a general rule; however, the aforementioned incidents incited his father to physical violence slapping Dr Douds around the face. Dr Douds related that he took pleasure in causing his father to loose [sic] control in this manner and only ceased these behaviours when he was around the age of 15 years when his father became less physically able. This narrative culminated in Dr Douds approaching me and slapping me hard across the face".*
> (underlining added)

30. Dr A says that she consulted the British Medical Association ('BMA'), her Defence Union and her professional peer group. She says she corresponded with her peer group by email and orally and her peers expressed the view that input from line management was necessary prior to her return from holiday.

31. In the context of the 'out of office' reply from Dr E, on 30 June Dr A forwarded her 26 June email to Dr P. Dr A says that Dr P told her by telephone that Dr Douds would be on leave when she returned from holiday on XXX and therefore her return to work would be safe. Dr A returned to work and had a meeting with Dr E on 14 July 2022 to discuss the incident. Dr A says that this meeting made her feel anxious, uncertain about the organisation's next steps and unsupported.

32. On 24 July 2022, the day before Dr Douds and his wife were due to return from holiday, Dr A reported the incident to Police Scotland. She provided a statement to the Police on 15 November 2022. It is understood that the Police did not interview Dr Douds or take any further action.

33. On 29 July 2022, the Hospital opened an investigation under the terms of the 'Once for Scotland Workforce Policy Investigation Process' into the alleged misconduct by Dr Douds. The investigation was conducted by Ms D, Head of Service in the Acute Women & Children & Sexual Health Services department at the Hospital and by Ms Q, Human Resources manager.

34. At the start of August 2022, Dr A took a week of leave and then contacted her GP and began sick leave. She came to the Hospital on 22 August 2022 for an interview led by Ms D. During the interview, Dr A said in relation to 24 June 2022:

- That she recalled that Dr Douds recounting the anecdote *'… felt quite psychopathic'*;
- That after he slapped her face, *'my ears rang and it was sore'*;
- That *'he was just out of control. It was really frightening'* and *'I was very scared';*
- That she did not use the personal alarm on the desk;
- That she was very shocked, to the point that once he was out of the door, she could not remember a thing until she was driving home along XXX Road in the evening and was thinking that Dr Douds needed a CT scan and that thought kept going round in a loop.

35. During the interview, Dr A voiced other criticisms of Dr Douds. She accused him of being misogynistic and homophobic; she described him as someone you would say '*hello'* to at conferences but avoid sitting next to, and as *'unnecessarily intense'* which can make you feel a bit uncomfortable. On the other hand, she also said of him, *'He's always been fine. He's been perfectly polite. There was no reason why I would anticipate that anything untoward would happen'*.

36. After her interview, Dr A provided a written statement dated 13 September 2022 in which she said she was unsettled by *'the psychopathic flavour of the account'* of the anecdote.

37. Ms D, in the Hospital Report, noted that Dr A *'appeared visibly distressed throughout her interview', 'feels aggrieved by the way the incident was dealt with by her managers'* and *'was very upset at the impact this incident has had on XXX, [Mr N]'*, XXX. At the time, Mr N was a manager XXX in the Falkirk Community Mental Health Team. Dr Doud's had worked at 'Woodlands' as a General Adult Psychiatrist (community and inpatient work) from 2016 until March 2022 when he moved to Bellsdyke.

38. Ms D led an interview of Dr Douds on 3 October 2022 and an interview of Dr B on 31 October 2022. Ms D submitted the Hospital Report on 29 November 2022 stating the conclusion that, on the balance of probability, there was no corroborating evidence to substantiate the allegation.

39. Dr A says that on 22 December 2022, Dr F, as investigating manager, informed her that there was no evidence to support her account of the incident and offered her a meeting to discuss the findings. At the meeting on 17 January 2023 with Ms D and Dr F, Dr A says she was informed that there was no evidence to corroborate her account. On 18 January 2023, Dr A submitted a subject access request for a copy of the Hospital Report and on 16 February 2023, she received a redacted copy. Dr A says that after the failure of her further overtures to obtain relevant information to enable a functional discussion about a return to work, she eventually took the difficult, but she felt necessary, decision to leave the employment of the Trust XXX.

40. Ms D, as a witness for the GMC, states that she was called to give evidence at an Industrial Tribunal hearing brought by Dr A and was cross-examined on the Hospital Report she had produced. The Tribunal was not provided with any further information about that hearing.

41. In summary, the location, timing and identity of the two individuals involved in the alleged incident are agreed. There are no eyewitnesses to assist as to what happened in the office. There is no medical evidence or objective evidence, such as photographs, of any injury or red mark on Dr A's face.

42. The Tribunal noted that it is not bound by the findings or opinions set out in the Hospital Report but must make its own assessment of all the evidence in relation to the Allegation. The Tribunal identified two core contentious issues, whether Dr Douds recounted a childhood anecdote during the conversation with Dr A in the office on 24 June 2022 and whether he slapped her across the face. The case turns on the reliability and credibility of the conflicting oral accounts given by Dr A and Dr Doud.

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

43. The Tribunal has considered the Allegation and analysed and assessed the evidence of Dr A and of Dr Douds in terms of their reliability and credibility. It has analysed and assessed the evidence provided by the witnesses who were not called, namely Ms D on behalf of the GMC and the five witnesses of good character on behalf of Dr Douds, and it has considered the documentary evidence.

## Dr A

44. The Tribunal started by assessing Dr A's evidence. It considered her oral evidence to the Tribunal and what she had stated to the Hospital in her email dated 26 June 2022, her interview on 22 August 2022 and her statement dated 13 September 2022, and in her two witness statements for this Tribunal.

45. In terms of strengths, the Tribunal considered that her written and oral evidence of her two core claims (that Dr Douds recounted a childhood anecdote to her in the office and that he slapped her face hard) was internally consistent. Dr A has consistently stated that she

had no reason to fabricate the Allegation and nothing to gain from doing so. The Tribunal took into account that it was inherently improbable that Dr A would fabricate a false allegation of physical violence against a consultant colleague and put herself through the process of the ensuing investigations and potential disruption to her working environment.

46. Another strength of her evidence is that it is clear from the content of her email dated 26 June 2022 that by that date she was aware of a childhood anecdote of Dr Douds, so what was the source of her knowledge?

47. Dr A says that the first time she heard the anecdote was when Dr Douds recounted it to her on 24 June 2022. Her description of the anecdote as involving his father slapping him on the face has a striking resemblance to the Allegation, which lends some plausibility to the notion that Dr Douds, when telling the anecdote as *she* has described it, might have wanted to demonstrate a slap; or alternatively, it lends some plausibility to Dr A's suggestion that he replicated the action because he was experiencing psychosis. The Tribunal was of the view that the meaning of 'a slap on the face' is clear in plain language and does not require demonstration. The Tribunal considered that the reliability and credibility of Dr A's evidence that 24 June 2022 was the first time she heard the childhood anecdote must be assessed in the light of Dr Doud's evidence that he had told the anecdote in the past to illustrate the distinction between feigned and genuine remorse, coupled with Dr A's evidence that they have known each other for many years and have attended the same training and conferences (more below, under the analysis of Dr Douds' evidence).

48. The Tribunal noted that there was no evidence of any motive on the part of Dr Douds to slap Dr A. There was no evidence of any provocation and no evidence of any prior context or personal relationship between them that could potentially lead to Dr Douds being erratic or emotional in her presence or deciding to slap her.

49. The time and location of their chance encounter in the office which Dr A shared with Dr B tends to reduce the likelihood of Dr Douds risking carrying out a physical assault on a colleague. Dr Douds was due to meet Dr B and Dr C for a meeting about Patient B and those colleagues might have entered the room at any moment. This risk is exemplified by the evidence of Dr B in his interview on 31 October 2022 that he had popped into the office to look for Dr Douds, shortly before Dr Douds arrived. Dr Douds could not predict how Dr A might react to an assault - an assault would risk her screaming or calling for help from others on the corridor or using her personal alarm.

50. The Tribunal turned to consider what Dr A said in her interview on 22 August 2022 about Dr Douds experiencing psychosis. She said that she recalled that as she was driving home from the Hospital on 24 June 2022, she thought on a repetitive loop that Dr Douds needed a CT scan and that his telling the anecdote and slapping her *'felt quite psychopathic'*.

51. The Tribunal considered that Dr A's evidence about her perception of psychosis could potentially displace the inherent improbability that a Consultant Psychiatrist XXX and of previous good character would use physical violence towards a colleague when there was no

act of provocation. However, the Tribunal assessed the evidence to support a finding that Dr Douds was undergoing a psychotic episode when he was with Dr A in her office on 24 June 2022 as weak, inconsistent with other matters and unsatisfactory for the following reasons:

- Dr A said nothing about Dr Douds needing a CT scan or the psychotic flavour of the incident in her email dated 26 June 2022 to her line manager;
- The earliest evidence of her sharing her thought about 'psychosis' with the Hospital was during her interview on 22 August, two months after the event;
- If she had held a genuine concern on the evening of 24 June 2022 about the mental health of Dr Douds and a need for a CT scan, in the context of her responsibilities under Good Medical Practice for the safety of patients and colleagues (coupled with her account of her discussion with Mr N on the evening of 24 June 2022 about the incident and patient safety concerns), why did she not raise her view about the need for a CT scan immediately with Dr Douds and/or a line manager?
- The GMC is not advancing a case of adverse mental health. Apart from Dr A's evidence, no evidence has been presented to suggest that Dr Douds might have been suffering from any mental health related issues on 24 June 2022 and there is no evidence of any other occasion of a suspected psychosis;
- The Tribunal was mindful that it was not assisted by any expert evidence about psychosis but nevertheless considered it highly improbable that, if Dr Douds only a few minutes earlier had displayed psychotic behaviour towards Dr A, he would have been able to go into the meeting with two Consultant Psychiatrist colleagues and for that meeting to proceed without those colleagues noticing that something was wrong. Dr B in his interview on 31 October 2022 confirmed that he met Dr Douds and Dr C in another room along the consultant's corridor, the meeting started at about 3.10pm, and he did not notice anything untoward that afternoon and had no concerns about other Consultant colleagues.

52. The Tribunal found that Dr A's clear written assertions that when Dr Douds came into the office he had not yet seen Patient A, were unreliable and not correct for the following reasons:

- In her email dated 26 June 2022, she wrote, *'he then advised that he was going to see one of my patients who had been referred to Bellsdyke site'*. She repeated this in her 13 September 2022 statement. In her witness statement for these proceedings, she refers to it as a future event;
- Her assertion that Dr Douds was yet to see Patient A conflicts with Dr Doud's evidence that he had already seen Patient A and that is why when he arrived at the shared office at approximately 3pm and did not find Dr B but found Dr A, he took the chance to discuss his initial feedback about Patient A with Dr A and that was the subject of their conversation and justified the duration of approximately 5 minutes;

- To support his timeline that he had seen Patient A before he came to the shared office of Dr B and Dr A, he sets out in detail who he had lunch with in the canteen before stating that he went to locked Ward 1 to review Patient A at approximately 2pm; that prior to entering Ward 1, he spoke to Ms H about her promotion; that inside Ward 1 he spoke to nurses and that his entrance and exit from Ward 1 would show on the CCTV. These details have not been challenged. Ms D refers to having looked at the CCTV for the Mental Health Unit in the Hospital Report;
- The Tribunal noted that under cross-examination, Dr A did not stand by her earlier written accounts that it was a future event. She hesitated before saying, *'I….. being assaulted interferes with memory process. I don't know if already seen or go to see. I was under the impression that going to see'*.

53. The Tribunal turned to consider the actions of Dr A after the alleged incident. The Tribunal reminded itself that there is no single reaction to be displayed by every person who has undergone a physical assault of the type alleged and that people can react differently. It is generally accepted that a victim might delay reporting an allegation due to various factors like fear, shame, confusion, or a desire to avoid conflict. In cases involving traumatic experiences, it can take time for individuals to process what has happened and feel ready to come forward.

54. The Tribunal took into account the comment made by Ms D in the Hospital Report about the interview of Dr A on 22 August 2022, *'Dr A appeared visibly distressed throughout her interview and was reticent about having to repeat the allegation, perhaps feeling she had done this several times already.'*

55. The Tribunal considered it plausible that following a genuine incident, a person might well wait a day or so before writing to their line manager, as in this case when Dr A wrote to Dr E on the evening of Sunday 26 June 2022. In terms of a month passing before reporting the matter to the Police on 24 July 2022, Dr A puts that in the context of having had a meeting on 14 July 2022 with Dr E which she felt was unsatisfactory and in the context of knowing that Dr Douds was about to return from holiday the next day, on 25 July 2022. The Tribunal does not find undue delay and makes no criticism of Dr A for the timing of these two actions.

56. However, the Tribunal took into account that Dr A was a very experienced clinician and had been a Consultant in the Trust since 2005. The Tribunal was of the view that she would have been well aware of the value and importance of writing contemporaneous notes. There is no evidence that she used the personal alarm that she agrees was on her desk. There is no evidence that she wrote a note once Dr Douds had left the room or later that day. There is no evidence that she told anyone at the Hospital about the incident during the remainder of 24 June 2022; indeed, she asserts that she did not. Her swipe card data shows 7 events after 3pm which is consistent with her having moved around the unit to complete her work before going on leave; this increases the likelihood that she encountered colleagues giving rise to a possible chance to tell someone.

57. Dr A was aware of the outcome of the Hospital Report by January 2023 but did not report the matter to the GMC at that point. A year later, on 23 January 2024, she contacted the GMC about another matter and it was only during that process that the GMC asked her to provide a statement about this incident.

58. The Tribunal moved on to consider the inconsistency in Dr A's evidence about the nature of the slap. In all her written accounts, she asserted that Dr Douds slapped her 'hard' across the face and during her interview on 22 August 2022 she said *'my ears rang and it was sore and then he said I didn't mean to hit you that hard*'. Despite this description of the severity of the slap, in her more recent witness statement she said, *'I cannot recall much of what happened after this incident. I do not recall raising my hand to my cheek or not; I was dazed; I do not recall inspecting my face after the slap…. I did not tell anyone at work about the incident'.*

59. The Tribunal accepts that shock could account for not taking steps to assess the condition of her face after a *'hard slap'* or to assess the *'soreness'.* However, this becomes less plausible in the context of her office, where there was a mirror on the wall beside her desk where she was seated, as shown in the photos. Further, the Tribunal heard a shift in emphasis about the severity when she was cross-examined. When asked about the absence of a photo of injury and about her evidence that Mr N commented that she was 'pale' or 'white as a sheet' (rather than noticing a red mark), she did not maintain that it was a *'hard slap'* but rather, she said it was a *'slap, not punch me'* and there was *'nothing to see'* by the time she got home. When asked, *'Is it your evidence that you did not see a mark',* she replied, *'I can't say one way or another'*.

60. Her equivocal reply was indicative of a broader concern about her oral evidence. The concern arises out of the number of occasions during her oral evidence when Dr A replied that she does not now recall various aspects of 24 June 2022, stating that it was three and a half years ago and the events were as she had previously documented.

61. The Tribunal took into account that the law attaches a high value to the answers given in oral cross-examination by a witness who has made an earlier written statement and that oral examination is considered the best available tool for revealing where the truth lies.

62. The Tribunal found merit in the submission of Mr Davidson as follows:

> *'Dr. A in contrast was more elusive in her response to questions. She advanced what the Defence say are 2 contradictory explanations for her inability to recall various events on 24th June 2022. On the one hand the significance of her encounter with Dr. D was such as to cause her "dissociative amnesia" in relation to such things as her movements around the hospital for the remainder of the day. On the other the passage of 3 ½ years was (she claimed) sufficient to now preclude a recollection of other potentially significant parts of the same encounter and its aftermath which she had originally been able to recall (including the alleged discussion of remorse immediately after the slap and [Mr N's] response later the same day).'*

63. The Tribunal observed that Dr A was able to recall various details about 24 June 2022 sufficiently to write them down on 26 June 2022 or 13 September 2022 or state them in interview on 22 August 2022 but now claims that she has no recollection. By contrast, in relation to other questions that were not a pressure point, she was able to give detailed answers with clear recall.

64. The Tribunal noted some examples:

- In her interview on 22 August 2022, Dr A recalled that after the slap, *'He stood in front of the door for a while and we spoke about remorse and I said something along the lines of, that if I'd been your father, I would give you a three-hour lecture on the value of remorse.'* By the time of her statement of 8 October 2024, she stated that after Dr Douds had slapped her, he *'stood in front of the door and continued speaking'* but she no longer had any recollection of the conversation and could not comment. When asked in oral evidence if he remained in the room and spoke about remorse, she replied *'That's what I documented. Sitting here today, I don't remember. I remember the slap but I do not remember detail of the subsequent conversation'*;
- In her interview on 22 August 2022, Dr A spoke about Dr C coming into her office before Dr Douds arrived. She recalled that Dr C was due to meet Dr B and that she had a conversation with Dr C who was struggling with IPCU and they talked about the differences in mental health paperwork in England and Scotland. In oral evidence, when asked about Dr C coming in shortly before Dr Douds arrived, she said it was three and a half years ago, the information is in the bundle and she relies on her statements;
- During her oral evidence, Dr A recalled in detail the conical shape of the personal alarm device she had on her desk at the time of the alleged incident, despite having left the Hospital in XXX. However, she had no recall of whether or not she examined her face for a mark, despite there being a mirror beside her desk;
- She said that whilst she could recall that Dr Douds slapped her hard on the face, she was unable to recall details of what she did next. When asked, she initially said that she went about her normal day because she focused on patient care, but then said she could not recall whether she went on to the ward, or what she did. And yet in her interview of 22 August 2022, she gave a detailed recollection of driving home and thinking that Dr Douds needed a CT scan.

65. The Tribunal reminded itself that it may place substantial reliance on a complainant's evidence and that there is no rule that corroboration is required. Nevertheless, the Tribunal was mindful that potential evidence to support her account of some peripheral matters has not been provided:

- There is no supporting evidence from Mr N to support her account of what took place XXX on the evening of 24 June 2022, or explanation as to why he has not provided a statement. In principle, he would be able to give direct evidence of what he observed and said to her approximately 3 hours after the alleged incident (about

her being *'pale'* or *'white as a sheet'* and about asking her what was wrong) and of the fact that she had reported the incident to him;

- There is no supporting evidence of her emails or conversations with her peer group about the incident. Dr A told the Tribunal that she *'forwarded her 26 June email and explained the sequence of events and asked for advice'* but she has not provided a copy of what she forwarded to her peers or any email replies.

66. The Tribunal moved on to consider that during the interview on 22 August 2022, Dr A accused Dr Douds of being misogynistic and homophobic; she also described him as someone you would say *'hello'* to at conferences but avoid sitting next to, and as *'unnecessarily intense'* which can make you feel a bit uncomfortable. During her oral evidence, she said she had held such views for most of the 20 years she had known him. She said she had not reported a concern as her criticisms related to 'low key' events and did not affect her. She said that she neither liked nor disliked Dr Douds as a professional colleague.

67. The Tribunal considered that the accusations of being misogynistic and homophobic lacked particulars or weight and were unsubstantiated for the following reasons:

- The accusations were made in general terms;
- Dr Douds provides emails to show that on 29 March 2021, Dr A asked him to act as her mentor for ADOS Autism training (a specialist autism assessment tool). The Tribunal had no reason to doubt the explanation provided by Dr Douds during his oral evidence about the role of a mentor for such training. He explained that once Dr A had undertaken the training, the mentor would sit in the room to observe while she carried out an ADOS assessment of a patient and the mentor would then give feedback afterwards. It was not a pass/fail exercise but if the mentor had reservations, they would likely suggest sitting in on another assessment. These emails tend to show that as at 29 March 2021 Dr A was not seeking to avoid Dr Douds;
- Dr Douds provides an email exchange 22 March to 2 April 2022 between Dr Douds and Ms A about a patient. The tone is cordial and Dr Douds was supportive of her work in difficult circumstances, *'I think no-one can say that you did not try [Dr A]! This was a "lose, lose" scenario.';*
- The Multi-Source Feedback about Dr Douds in the Hospital Report;
- The five witness statements about Dr Douds which rebut her generalised criticisms.

68. The Tribunal noted Mr Davidson's submission that the readiness of Dr A to criticise Dr Douds during the interview on 22 August 2022, without evidence in support and being inconsistent with the 2021 and 2022 email correspondence between them, indicates a readiness on her part to advance a false attack on Dr Douds about those matters and that this has the potential to lead to her being equally ready to fabricate a false allegation that he slapped her on 24 June 2022.

## Dr Douds

69. The Tribunal assessed the strengths and weaknesses of Dr Douds' evidence, which included his oral evidence to the Tribunal, his Trust interview on 3 October 2022 and his witness statement for these proceedings.

70. Dr Douds' evidence has been consistent throughout on his core points that he did not recount a childhood anecdote during his conversation with Dr A on 24 June 2022 and did not slap her. His evidence has been consistent throughout that he had, on previous occasions, told a childhood anecdote to illustrate a distinction between feigned and genuine remorse.

71. The Tribunal considered that the words spoken by Dr Douds during his interview on 3 October 2022 are consistent with him regarding any form of physical assault or aggression towards a colleague as a very serious matter. It considered that this attitude carried through into his oral evidence before the Tribunal.

72. The Tribunal noted the absence of evidence of a motive for Dr Douds to slap Dr A in the face during a chance encounter in the office that she shared with Dr B.

73. The Tribunal found that four features of the account given by Dr Douds about the circumstances of his visit to the office on 24 June 2022 are supported by other evidence, as set out below.

74. The first feature is that Dr Doud says his reason to go to the office was that he had arranged to meet Dr B and Dr C on 24 July 2022 to discuss Patient B. This is supported by the transcript of the interview of Dr B on 31 October 2022 and by the email exchange between Dr Douds and Dr B 2-10 June 2022 in which they worked towards a plan to meet at the Hospital on a Friday afternoon (Dr B being unable to do three Fridays in July) and with Dr Douds's secretary to finalise arrangements. The email exchange includes the following:

75. In his email of 2 June 2022 to Dr Douds, Dr B wrote:

> *'Please find attached a letter regarding a referral for [XXX].*
> *(The actual referral letter is the one that says ['Ms G'] in the file name)*
> *I've also attached previous referrals/outcomes and some detailed summaries [redacted] of care to date.*
> *If you could please share these with the appropriate team members in terms of [redacted] referral, I'd be very grateful.'*

76. Dr Douds replied on 8 June 2022:

> *'Hi Gary,*
> *I have read through all of the attachments and reacquainted myself with his case.*
> *We now have a monthly referrals meeting here in Bellsdyke (a [XXX] intervention!) and I will discuss his case at this today.*

*I'm keen to chat to [Dr C] re him and think there might be value in the three of us sitting down over a coffee to consider his case? I don't want to be overly simplistic, but wonder if the key issue going forward is medication, i.e. Clozapine. He has consistently refused to consider that, but I wonder whether a more assertive approach is required? I will get back to you.'*

77. Dr B replied on 9 June 2022 that, *'Yes, a meeting together would be really useful'* and then Dr Douds emailed on 10 June 2022 stating:

*'Thanks for updating me Gary.*
*I'm copying in [Dr C]; shall I ask my secretary to try and find a 30 min slot for us to discuss the case? I prefer to do that business the old fashioned way, FTF, but if that's impossible we can do it via Teams. I think we are all normally in on Fridays; are you both in MHU am or pm?'*

78. Dr B responded on 10 June 2022 stating, *'Fridays in PM in MHU would be good for me. I'm away 1st 15th and 22nd July but otherwise around'*.

79. In his interview with the Trust on 31 October 2022, Dr B stated:

*'I went to the ward that afternoon, I think, to see a patient, a patient called [XXX] because I was doing a special review of his care. So I was meeting two other consultants that afternoon…. [Dr C] and Dr Fergus Douds so I met those two…'*

80. The second feature of Dr Doud's account which is supported by other evidence is as follows. Dr Douds says that when he reached the office, Dr A told him that Dr B had just popped in, looking for him. Dr B confirmed in his interview on 31 October 2022 that he did pop his head into the shared office but Dr Douds had not yet arrived so Dr B went off to look for Dr Douds. Dr A, while stating that she cannot now recall if Dr B popped his head in, did not dispute that he had.

81. Given the above two features of the circumstances, the Tribunal was of the view that the timing and location of the encounter with Dr A tended to reduce the likelihood that Dr Douds would have slapped Dr A, because the evidence supported the conclusion that there was a very real prospect that Dr B or Dr C might come in at any moment. There was also the real risk that Dr A might react to an assault by screaming or calling for help from others on the corridor.

82. The third feature of Dr Doud's account which is supported by other evidence is as follows. Dr Douds says that he went to the office after he had seen Patient A on Ward 1. The Tribunal refers to its analysis above of Dr A's written assertions that when Dr Douds came to the office, he had not yet seen Patient A. In addition, Dr B confirms that his meeting with Dr Douds began at about 3.10pm, making it more probable that Dr Douds would have reviewed Patient A before his 3pm meeting. Further, in oral evidence, Dr A no longer maintained her previous assertions that when Dr Douds came into the office, he was *'going to see'* Patient A.

83. The Tribunal found it more likely than not that Dr Douds had reviewed Patient A in Ward 1 before he went to the shared office of Dr B and Dr A. The Tribunal considered that this sequence of events is material because it tends to support Dr Doud's evidence that on entering the office, he was in a position to give Dr A feedback about Patient A, who was a difficult patient. This lends support to Dr Doud's case that his conversation with Dr A was about the management of Patient A. The Tribunal found it plausible that the exchanges about finding Dr B and the conversation about Patient A could justify the duration of the encounter of approximately 5 minutes. It noted Dr Douds' witness statement dated 12 August 2025 at paragraph 23:

> *'When I arrived at the office, I saw Dr A sitting at her desk. Dr A shared an office with Dr B. Dr A informed me that Dr B had popped his head in shortly before to see if I had arrived for the planned meeting with him and Dr C. As a professional courtesy, I provided Dr A with some preliminary feedback about my assessment of Patient A ….'*

84. The fourth feature of Dr Douds account is that he says that after he left Dr A, he joined Dr B and Dr C for the meeting about Patient B. This is supported by the interview of Dr B.

85. This fourth feature, that Dr Douds was due at a meeting with Dr B and Dr C is consistent with Dr Douds not having an incentive to prolong his conversation with Dr A about Patient A, by telling a childhood anecdote, if it was not relevant to Patient A.

86. In light of these four features, the Tribunal found it more likely than not that a meeting between Dr Douds, Dr B and Dr C had been arranged to take place at 3pm on 24 June 2022, that Dr Douds had reviewed Patient A on 'Ward 1' before going to the consultants' corridor for this 3pm meeting, and that Dr B had just popped into his shared office, and that Dr Douds coming across Dr A in the shared office was a chance encounter. The Tribunal noted the inherent improbability that Dr Douds would assault a colleague in the circumstances and risk jeopardising his career.

87. In response to Dr A's evidence that she was concerned about the *'psychopathic flavour'* of their encounter in her office and that Dr Douds needed a CT scan, Dr Douds says that he has no mental health issues. His evidence has not been challenged by the GMC and there is no other evidence before the Tribunal to support any suggestion that there might be any concerns about his mental health.

88. The Tribunal turned its focus to the childhood anecdote. In response to Dr A's claim that Dr Douds recounted the anecdote as a prelude to slapping her face, when interviewed on 3 October 2022 Dr Douds made two main points in reply. He said that he did not recount the anecdote to Dr A on 24 June at all and, further, the anecdote was not relevant to Patient A. Dr Douds has been consistent in his evidence that the anecdote, which he had told on occasions in the past to illustrate the distinction between feigned and genuine remorse,

was not relevant to the circumstances of Patient A and so he would not have had a reason to bring it up in the context of giving feedback about Patient A to Dr A on 24 June 2022.

89. The Tribunal considered the criticism of Dr Douds, which was made by the GMC, that during his interview on 3 October 2022, Dr Douds did not state that Dr A's version of the anecdote (as set out in her email of 26 June, the transcript of her interview on 22 August 2022 and her statement of 13 September 2022) contained an inaccuracy, in that she had described his father 'slapping him around his face' instead of 'clouting or clipping him round the ear'. The GMC was critical that Dr Douds did not challenge this element of her description during his interview on 3 October 2022. The GMC submitted that Dr Douds now seeking to challenge this element by addressing it in his recent witness statement is because he is now seeking to differentiate the anecdote from having a striking similarity to the Allegation of slapping Dr A's face.

90. The GMC was also critical of the process adopted by the Trust whereby it provided Dr Douds not only with Dr A's email of 26 June 2022 and statement of 13 September 2022 before his interview on 3 October 2022, but also with the transcript of the interview she gave on 22 August 2022. The GMC submitted that Dr Douds gained 'a roadmap' and an unfair advantage before his interview.

91. When the GMC asked Dr Douds in cross-examination if he had been provided with the transcript before his interview, his initial response was *'I suspect No, I don't know'*. When he was then shown parts of his own transcript that quoted from her transcript, he readily accepted that this established that he must have seen her transcript in advance. The Tribunal considered that this was an example of Dr Douds being straightforward in giving his evidence and making a concession during cross-examination where he considered it appropriate to do so. The Tribunal took into account that Dr Douds had had sight of Dr A's transcript before he attended his interview.

92. Dr Douds described the anecdote to the Tribunal. He said that Dr A had got one element wrong, because when he had mentioned it on previous occasions, he would not have said that his father 'slapped him' but probably would have described it more like a 'clip or clout around the ear'. Dr Douds explained that he had spoken about the anecdote on occasions in his professional role, when giving talks to junior doctors or group meetings. He specifically recalled having discussed it with a trainee who had asked him what was written about what weight to attach to feigned or genuine remorse. His case is that the anecdote was not a close personal secret known to very few but was something that he had spoken about in his professional capacity during his career, when of relevance to patients who had committed very serious or heinous offences.

93. Dr Douds said that he believes that Dr A had heard the anecdote at another time prior to 24 June 2022. He was candid in his oral evidence that he cannot recall a specific date prior to 24 June 2022 when Dr A was present to hear him tell the anecdote. He cannot provide a particular date to rebut her evidence that the first time she heard the anecdote was 24 June 2022. Dr Douds says he can only presume that Dr A had heard and remembered the

anecdote from a previous occasion, possibly at one of the Scottish Learning Disability meetings which most higher trainees would attend. The Tribunal noted that Dr A had referred in her interview on 22 August 2022 to seeing Dr Douds at conferences. The Tribunal considered that it was plausible that Dr A had been present on a past occasion when the anecdote was told.

94. Dr Douds has consistently said that the anecdote was not relevant to Patient A and therefore he had no reason to speak about it during the chance encounter with Dr A on 24 June 2022. In oral evidence, he said that Patient A had not committed a heinous crime but was a young schizophrenic with factors of alcohol and drug misuse. In the transcript of his interview with the Trust, he stated:

> *'The conversation about the, quote anecdote, it never took place there and then. I mean there is some truth to this, it's an anecdote that she has obviously heard before in the past. But she starts off by saying, "in the context of the above discussion" (about her difficult patient), there is no context because actually this story about my dad is actually a forensic psychiatry thing that I've talked about before. It's actually about, the point of the story and it's actually completely irrelevant to this patient. There is no context to this patient.*
>
> *It's (my anecdote) about when you have patients who have done very serious things, there is an expectation that patients will say, I am very sorry for doing that - especially in some of the psychological therapies... Actually when patients don't say they are sorry you know exactly where you are. So the difficulty is you've done something heinous, terrible, there's a societal expectation that you will say, I'm sorry. But do they say they're sorry because there's an expectation to say sorry, or are they genuinely sorry.*
>
> *Whereas actually patients who say I'm not sorry at all, you kind of think, well actually, I know exactly where I am. This story was from my teenage years being oppositional with my father, who by the way, I should say I had an excellent relationship with my dad. You know he died about a year ago and actually if my dad was alive he would laugh at this thinking that's actually quite a ridiculous story (what Dr A alleges). My dad had a slightly more old fashion parenting style which was not uncommon I think for that generation, so different to my own parenting style. But actually, that anecdote didn't take place at all (when I was having a brief clinical discussion with Dr A about her patient). I didn't, I didn't say that. But I have said it before, perhaps in her company.*
>
> *Yes, I obviously have so she had heard that. She said that in another part of her statement. You know, we've actually known each other, not well. We've known each other for actually a long time, maybe 20 years or something. So she might have heard it in other contexts, for example probably most likely at some point in some sort of like conference'*

95. The Tribunal considered the fact that Dr Douds did not take issue during his interview on 3 October 2022 with Dr A's use of 'slapping' in her version of the anecdote. The Tribunal was of the view that this did not materially undermine the reliability or credibility of his evidence. During his interview, he had made two more fundamental points: that he did not recount the anecdote at all on 24 June 2022 and that that assertion is strengthened by the anecdote not being relevant to Patient A. It was his case that he did not recount it at all, so any issues about precise wording would have been secondary. Further, in his interview he said of her description, *'There is some truth to this'* and did not affirm or adopt it word for word.

96. The Tribunal moved on to the inherent improbability of Dr A making up a false allegation against a colleague and the issue of why she might have made up the allegation against him. When asked about this, Dr Douds offered his hypothesis that two factors may have been in play. The first involved Dr Doud's interactions with some colleagues of Mr N. The second arose from the oral evidence of Dr A that she bore some animosity towards him.

97. Dr Douds explained that he had worked in the same building as XXX, Mr N, for a number of years until March 2022. He explained that some XXX junior colleagues of Mr N had been concerned about his managerial style and the absence of leadership and they had raised their concerns with Dr Douds and asked for advice. Dr Douds said that he had a good working relationship with these individuals based on his years of working with them. Dr Douds said that his response had been to advise individuals that the appropriate course would be to take the issue to the line manager of Mr N. He recalled that one mental health officer had decided to leave and Dr Douds mentioned the option to ask for an exit interview.

98. Dr Douds accepted in his oral evidence that he has not provided any evidence to support his account of his involvement with such individuals in relation to issues about Mr N. The Tribunal considered that it is plausible that such conversations would not have been documented but would have been oral and in confidence. Dr Douds said that it was *'his suspicion that someone has fed back to him* [Mr N] *that I was supportive'* and it is possible that Dr A also knowing this information may have decided in late June 2022 to direct a false allegation against him. He said that not long after Dr A raised her allegation about 24 June, Mr N was no longer employed in his post. The Tribunal took into account the oral evidence of Dr A when she acknowledged that Mr N managed a difficult team and she was aware that there had been some issues where Mr N had to be quite forceful to ensure processes were carried out.

99. In relation to the second aspect of his hypothesis about animosity, Dr Douds said that Dr A had expressed her view of him that he was misogynistic and homophobic in her interview in 2022 and in her oral evidence to the Tribunal.

100. The Tribunal was of the view that Dr Douds gave direct and comprehensive answers to questions that were put to him and did not attempt to avoid any issue. He expanded his answers to provide an explanation where it was required and made concessions where appropriate, such as having had sight of the transcript of Dr A's interview before he attended

his own interview; the error of 2pm for 3pm which was essentially a slip in his interview transcript and that he did not have documentary evidence to support his hypothesis that Mr N might have come to know that he had advised and been supportive of some junior colleagues.

101. The Tribunal had no reason to doubt the evidence of good character of Dr Douds and accepted it (see the summary below). The Tribunal considered that the evidence of good character added a further degree of support to the evidence already given by Dr Douds as set out above, in terms of his propensity to act as alleged and the credibility of his denial of the Allegation. The primary focus of the Tribunal had been on the specific evidence and factors relating to the actual events, but it had also placed some minor weight on the evidence of good character.

102. Having now considered the evidence of both Dr A and Dr Douds, and the additional documentary evidence provided to the Tribunal by the parties, the Tribunal determined as follows. On the basis of the reasons set out above, the Tribunal found that the evidence of Dr Douds was more reliable and more credible than the evidence of Dr A and the Tribunal determined that it preferred the account given by Dr Douds of what took place in the office on
24 June 2022.

103. In light of all the factors set out above, the Tribunal was not satisfied that it was more likely than not that Dr Douds told the anecdote to Dr A on 24 June 2022. The Tribunal considered it more likely than not that Dr A had heard the anecdote on a previous occasion, either directly from Dr Douds when they might have been at a conference together, or via other channels.

104. Further, the Tribunal was not satisfied that it was more likely than not that Dr Douds slapped Dr A's face on 24 June 2022. It considered it very unlikely that Dr Douds would have slapped Dr A in the circumstances set out above, i.e. that it was a chance meeting in the office at around 3pm, there was a discussion about a patient and Dr Douds was due to meet two other Consultant colleagues, both of whom he was aware were looking for him. It is noted that the meeting with the two Consultants began at approximately 3.10pm.

105. In summary, the GMC has not discharged the burden of proof to establish that it is more likely than not that Dr Douds slapped Dr A's face.

106. The Tribunal had considered the evidence that Dr Douds is a man of good character, and noted that a good character direction, unchallenged by the GMC, has been given. Dr Douds has been a practising clinician for some thirty plus years without any adverse GMC history, and there is no evidence of any concerns being raised about his clinical practice. The Tribunal had regard to the witness statements provided by Dr Douds' clinical colleagues and noted that they had been warned to be on standby should their attendance at these proceedings be required. Each of these witnesses, some of whom were or are clinical or

administrative support colleagues, attested to Dr Douds' good clinical work and his good character. The Tribunal noted the following:

From Dr I at paragraphs 4 and 9

*'It was obvious from an early stage that Dr Douds was an exceptional clinician who always made the care of his patients his first concern. He was approachable and keen to support the staff and the team that he worked alongside to ensure excellent and safe clinical care was provided to our patients. Dr Douds consistently displayed excellent communication skills in encounters with patients, families and members of the multidisciplinary team. While working alongside him in the same team, I personally witnessed his interactions with multiple members of staff, and even during challenging conversations or differences of clinical opinion, he remained professional and respectful in all interactions. I can confirm that I have never seen or heard of Dr. Douds behaving in a manner that would be considered misogynistic or homophobic'*

and

*'I have never witnessed Dr. Douds behave in an aggressive or confrontational manner with any patient or member of staff, nor have I heard any comments of him behaving in such a manner. The allegation that Dr. Douds slapped another member of staff is entirely at odds with the behaviour that I have observed over the many years I have known Dr. Douds'*

From Mr J at paragraph 5

'Fergus is an individual whom I regard with the highest of esteem. I have viewed him as a positive role model throughout my career. In this time I have never witnessed him to behave in a manner as outlined in the allegation. I have always observed him to be evenly tempered and handles situations of extreme stress in a calm and measured manner.'

From Ms K at paragraph 7

*'In regards to the allegation, I have never seen Fergus behave in such a manner and, on the contrary, Fergus was evenly tempered and capable of dealing with even highly stressful situations in a calm and measured manner. We dealt with very tricky situations involving aggressive incidents. During these stressful times, it was a relief to have Fergus there whilst the situation was being de-escalated. He was extremely supportive to all involved and wholly professional. On an occasion Fergus overheard a nurse speak in a derogatory manner to the patient. Fergus did not react negatively, later reporting the incident to me. He continued to treat said nursing staff in the same manner as before. Patients at times made allegations about members of staff and whilst investigations were being carried out, Fergus did not treat the staff member any differently.'*

From Mr L at paragraph 8

*'In the period of time that I have known Dr. Douds I have never seen him behave in an aggressive way. I have always found him to be evenly tempered and capable of dealing with stressful situations in a calm and meaningful manner. For example, in the ward where there have been different opinions on the management of a patient, Dr Douds can assert his position and plan without becoming angry or ill tempered with those who hold an opposing view.'*

From Ms M at paragraphs 5 and 7

*'In the years I have known and worked closely with Dr. Douds I have never witnessed misogynistic or homophobic behaviour. If any of my staff in my areas of responsibility had experienced such it would be highly likely that this would be reported directly to me as the senior manager. I have never had such reports formally or informally. The notion that Dr. Douds treats any individual that he works with in a discriminatory way due to their gender or sexual orientation is entirely at odds with the professional, open and non-judgemental character I have worked with closely over many years.'*

*'I have never, on any occasion, witnessed Dr. Douds behaving aggressively towards any member of staff or patient. …The allegation that he slapped a member of staff is entirely inconsistent with the conduct I have witnessed over many years*

107. In the circumstances of this case, the Tribunal determined that the GMC has not proved that it is more likely than not that on 24 June 2022, whilst working in the Mental Health Unit at Forth Valley Royal Hospital, Dr Douds slapped Dr A's face. The allegation is therefore found not proved.

## The effect of the Tribunal's findings

108. Having found the only allegation in this case not proved, the Tribunal did not need to go on to consider the question of impairment.

109. The Tribunal notes that there is no interim order in place to revoke.

110. That concludes the case.

## APPENDIX - LEGAL ADVICE TO THE TRIBUNAL

The GMC has the burden of proof. It is for the GMC to prove the Allegation set out in paragraph 1 that Dr Douds slapped Dr A's face. The standard of proof is the 'balance of probabilities' and requires the Tribunal to determine what is more likely than not on the evidence.

Dr Doud agrees that he went to the office which is shared by Dr A and Dr B. He agrees that Dr A was sitting at her desk and they had a conversation about a patient, but he denies recounting a childhood anecdote involving his father whilst in the office and he denies the alleged action of slapping Dr A's face.

The task of the Tribunal is to consider all the evidence and submissions presented by the parties and make findings of fact and give reasons for those findings. The Tribunal must consider whether or not the evidence of Dr A is to be preferred over the evidence of Dr Douds.

### Assessing the reliability and credibility of witness evidence

- Reliability relates to the inherent quality of a witness's evidence and how accurate it is.
- Credibility is about whether the Tribunal can believe a witness's account based on the individual's veracity or truthfulness;
- The Tribunal should consider all the evidence before coming to a conclusion about one witness's credibility. The Tribunal will take into account the fluidity and 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;
- There is no single reaction that may be displayed by every person who undergoes the type of alleged experience. People can react differently to an act of this sort;
- 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 will weigh the relative improbability of Dr Douds acting as alleged and jeopardising his career against the relative improbability of Dr A fabricating the allegation and putting herself through the process involved in doing so;

- *'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]);
- The law attaches a high value to the answers given in oral cross-examination by a witness who has made an earlier written statement; oral examination is considered the best available tool for revealing where the truth lies (Hindle v Nursing and Midwifery Council [2025] EWHC 373 at [88-91]).

In Roach v GMC [2024] EWHC 1114 (Admin) Ritchie J [29] lists factors of relevance to assessing the reliability and credibility of a witness's evidence when the case turns on a clash of oral evidence between two witnesses:

- By assessing whether the accounts given by each witness have been internally consistent or are contradictory or have been embellished;
- By assessing whether the accounts are consistent with external evidence or 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, if available, of the witnesses' motivations, personality, mental health and past history;
- By assessing the witnesses' demeanour and way of giving evidence live in the hearing as one relevant factor but not determinative; and
- 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 or heard 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.'*

## Good character

Good character is not of itself a defence but good character can be material at the fact-finding stage. The credibility of Dr Douds' denial of slapping Dr A is a live issue.
Dr Douds has been registered with the GMC since August 1992 and has no previous Fitness to Practise record or regulatory findings made against him. Dr Douds also provides October 2025 witness statements from five colleagues in support of his good character. It is an agreed fact that none of these five colleagues were present on the relevant Mental Health Unit on 24 June 2022 before, during or after Dr Douds allegedly slapped Dr A's face. On the basis of this agreed fact, the GMC did not require them to attend for cross-examination. The GMC does not dispute that Dr Douds is a man of previous good character.

His good character is a matter which the Tribunal can and should take into account in 2 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 (credibility).

Good character is not determinative. The weight to be given to Dr Doud's 'good character' is a matter for the Tribunal and should be explained in its determination. It sits alongside all the other evidence of each fact that remains in dispute. The significance of good character should not be overstated and should not detract from the primary focus on the evidence which is directly relevant to the alleged misconduct. 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.