

## PUBLIC RECORD

Dates: 17/04/2026  
08/05/2026

Doctor: Dr Abdelhamid Sabri Abdu Mohammed ABDU

GMC reference number: 7462062

Primary medical qualification: MB BS 2014 University of Khartoum

Type of case Outcome on non-compliance

New - Non-compliance with a performance assessment Non-compliance found

**Summary of outcome**

Suspension for 12 months  
Review hearing directed  
Immediate order imposed

**Tribunal:**

|                             |                    |
|-----------------------------|--------------------|
| Legally Qualified Chair     | Mrs Kiran Musgrave |
| Registrant Tribunal Member: | Dr Susan Ellerby   |
| Registrant Tribunal Member: | Dr Paul Mitchell   |

|                 |                  |
|-----------------|------------------|
| Tribunal Clerk: | Mr Matt O'Reilly |
|-----------------|------------------|

**Attendance and Representation:**

|                     |   |
|---------------------|---|
| Doctor:             | Not present, not represented  |
| GMC Representative: | Mr Jonathan Lally, Counsel (17/04/2026)<br>Ms Megan Tollitt, Counsel (08/05/2026) |

**Attendance of press / public**

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

## Protecting the Public

Throughout the decision making process the tribunal has borne in mind the statutory duty as set out in s1(1) of the Medical Act 1983 (the 1983 Act) to protect the public. The tribunal has considered the relevance and impact on each of the three distinct parts of public protection 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 consideration of Non-compliance 17/04/2026

1. At the outset of these proceedings, the Tribunal determined that as the matters before it are inextricably linked to confidential matters, pursuant to Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 200 ('the Rules'), the entirety of these proceedings would be held in private.

### The outcome of applications made at the outset of proceedings.

2. The Tribunal agreed, in accordance with Rule 15 and 40 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') that notice of this hearing had been served on Dr Abdu. It also agreed, in accordance with Rule 31 of the Rules, that this hearing should proceed in Dr Abdu's absence. Its full reasoning is included at Annex A.

### Background

3. On 22 October 2020 the GMC made a decision to open an investigation into Dr Abdu's fitness to practise.

4. On 22 December 2020, a letter from an Assistant Registrar ('AR') at the GMC was emailed to Dr Abu setting out that they had previously emailed him on 22 October 2020 and telling him of the direction that Dr Abdu should undergo an assessment of his professional performance. Attached to the letter of 22 December 2020 was the decision of the AR, dated 17 December 2020, which stated:

*"Background*

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*Dr Abdu is a specialist trainee (ST1) in Radiology. This referral was received on 11 October 2020 from Dr A, Deputy Postgraduate Dean at Health Education England - Yorkshire and The Humber (HEE), and raised concerns about Dr Abdu's medical knowledge, clinical skills and communication with patients.*

*We were informed that Dr Abdu had just been released from the Yorkshire radiology training programme with an outcome 4, as he was dismissed by Leeds Teaching Hospitals NHS Trust (LTH) with notice paid in lieu. LTH have expressed major concerns about his basic clinical abilities and interactions from the start of his training. Dr Abdu was a trainee in radiology for 2 years, rotating around different trusts. All supervising consultants in all centres fed back that they were highly concerned about his medical knowledge, clinical skills and interactions with patients. In view of his lack of clinical progress in radiology and concerns raised by supervisors, LTH decided not to redeploy him during the Covid-19 crisis, he was the only ST1 trainee in this position. Following more recent complaints from registrars and consultants regarding his interactions with clinicians, obtaining poor and irrelevant histories resulting in potential clinical harm, and reports from consultants about concerning interactions with patients, he was placed under increased clinical supervision, with no patient contact and no independent practice. Dr Abdu was also put on an attendance management plan, as he failed to turn up to several shifts and repeatedly failed to follow protocol when absent from work.*

*Dr A advises that there have been no Serious Incidents recorded or formal complaints. We are told that the concerns are evidenced by Dr Abdu's e-portfolio, emails, meeting minutes and attendance management meetings. Although no adverse patient outcomes have been recorded, there is a large degree of concern about Dr Abdu's ability to make any decisions independently.*

*HEE have discovered that Dr Abdu was given an outcome 4 from the Core Medical Training programme in West Midlands (Telford and Shrewsbury) before applying to Yorkshire and Humber. HEE have expressed concerns that they have no control over his future practice, and there are widespread concerns about whether his practice may create risks to patient safety.*

*3 performance allegations have been promoted for GMC investigation: -*

- *Inadequate knowledge base*
- *Poor clinical skills in the following areas:*
  - *Relationships with colleagues and patients*

- *Patient care and management*
- *Decision making*
- *Team working including being available when on shift*
- *Following local protocols and requirements of the role*
- *Failure to remedy deficiencies*

***Registrar decision***

*In making this decision I have considered the information available to me, in particular the following factors that appear to demonstrate a pattern of poor or unacceptably low standards of professional performance: -*

- a*** *repeated clinical mistakes*
- b*** *a lack of familiarity with basic clinical/administrative procedures and guidelines*
- c*** *failure to work effectively and/or collaboratively with colleagues*

*I have also considered the advice from the Performance Assessment Review Group that states:*

*“The group felt that a PA would be the most appropriate option to assess the concerns raised, as it would be difficult for an expert to address the concerns. It was suggested that we do a general competency assessment at FY2.”*

*Based on the above, I have made a decision under Rule 7(3) that this doctor should be directed to undergo an assessment of their performance.”*

5. The GMC sent Dr Abdu a chaser email on 20 January 2021 as they had not received a response from Dr Abdu and requested a response by 27 January 2021. A chaser telephone call was made by Mr B, investigation officer at the GMC to Dr Abdu on 28 January 2021 at 13:10. A telephone note of this call reflects that the call rang out then went to voicemail and a message was left for the doctor to call Mr B back. Mr B sent Dr Abdu a further email on 28 January 2021 requesting he participate in a performance assessment. Mr B made a further attempt to contact Dr Abdu by telephone on 3 February 2021 at 14:58. The telephone note of this call reflects that the call rang out then went to voicemail and a message was left for the doctor to call Mr B back.

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6. On 13 April 2021 the AR made the decision to pause the investigation for 10 weeks due to XXX, as reported in an email to the GMC on 4 February 2021 by a close family relative. On 22 July 2021, the AR reviewed the decision to pause the investigation. XXX. The AR made the decision to maintain the pause on the investigation for a further 3 months and that this decision be reviewed on 22 October 2021.

7. On 24 March 2022, Mr B emailed Dr Abdu to confirm that the GMC had received XXX. Mr B emailed Dr Abdu again on 24 May 2022 advising that the GMC were considering the best way to proceed XXX.

8. Mr B emailed Dr Abdu on 21 June 2022 advising that the GMC had come to the decision of XXX. Mr B emailed Dr Abdu on 15 August 2022 acknowledging that there had been logistical challenges in XXX. Given the opinions of XXX, the GMC offered Dr Abdu undertakings.

9. Mr B emailed Dr Abdu on 13 September 2022 confirming that the GMC would like Dr Abdu to undergo a performance assessment. Dr Abdu was invited to complete an assessment portfolio and return it by 27 September 2022. Dr Abdu made an application for voluntary erasure which he subsequently withdrew. Ms E, Performance Assessment Officer at the GMC then emailed Dr Abdu on 30 January 2023 to restart the process of a performance assessment for 6-7 March 2023. Dr Abdu emailed Ms E on 15 February 2023 advising that he would not be able to attend the performance assessment due to XXX.

10. On 1 November 2023 the AR made the decision to pause the performance assessment. The reasoning provided was that:

*"I believe there are exceptional circumstances relating to this case that would justify the pausing of our review for the time being. They are as follows:*

XXX

11. The AR paused the process for 6 months and for the decision to be reviewed on 1 May 2024. This decision was reviewed on 30 April 2024. It considered the most recent update it had before it from XXX on 27 March 2024:

XXX

12. The decision of the AR was to further maintain the pause of the review for a further 6 months, and that this decision should be reviewed by 1 November 2024. This decision was reviewed on 23 October 2024. The new information before the AR was that:

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*“Since the pause came into effect on 30 April 2024, the Investigation Officer responsible for managing the investigation into Dr Abdu’s fitness to practise has been engaging with Dr Abdu’s brother, XXX”*

13. The AR decided to maintain the pause for a further 6 months and that its decision should be reviewed in a further 6 months, by 23 April 2025. This decision was reviewed on 22 April 2025, XXX.

14. XXX

15. The AR decided that pause should be maintained for 6 months, and this decision should be reviewed by 22 October 2025. That decision was reviewed on 22 October 2025. XXX

16. The decision of the AR was that:

*“I am conscious that we have a duty to reduce the stress that any investigation processes may cause Dr Abdu during this challenging period he is going through [XXX]. This would not be due to any culpability on the part of Dr Abdu, but a [XXX] non-compliance order would limit the impact of the investigation on Dr Abdu until such time he is able to comply with the direction to undergo a performance assessment....”*

17. Therefore, the GMC’s details of Non-compliance are that:

*“On 11 October 2020 the GMC was notified, by Health Education England – Yorkshire and The Humber, of concerns about your medical knowledge, clinical skills and communication with patients. You had been released from your training programme at Leeds Teaching Hospital NHS Trust as they had concerns about your basic clinical abilities and patient interactions.*

*On 17 December 2020 you were directed under Rule 7(3) and Schedule 1 of the General Medical Council (‘GMC’) Fitness to Practise Rules 2004 (performance) to undertake an assessment of your performance. A letter inviting you to undertake the performance assessment was sent to you on 22 December 2020. You were reminded about this invitation on 20 January 2021, 28 January 2021 and 3 February 2021.*

*On 13 April 2021, a decision was taken to pause the GMC investigation due to the matter set out at Schedule 1. The pause was maintained on 22 July 2021. The*

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*investigation progressed from October 2021, and, on 13 September 2022, you were again invited to undertake an assessment of your performance. On 5 October 2022 you returned the first part of your performance assessment portfolio. On 25 October 2022 you returned the second part of your performance assessment portfolio. Your performance assessment was scheduled to take place on 6 and 7 March 2023, however, on 15 February 2023 you advised that you could not attend the performance assessment due to the matter detailed at Schedule 1.*

*On 1 November 2023 a decision was made to again pause the investigation due to the matter set out at Schedule 1. The pause was maintained on 30 April 2024, 23 October 2024 and 22 April 2025. The pause was lifted on 22 October 2025. You have not undergone a performance assessment.*

*You have failed to comply in full with the GMC's direction.*

*There is no reasonable prospect that you will be able to comply with the direction in a reasonable timeframe, and there is no other proportionate way of progressing or concluding the investigation."*

### Today's proceedings

18. The Tribunal has convened to consider Dr Abdu's case. It is required to consider, under Rule 17A of the Rules, whether Dr Abdu has failed to comply with an assessment under Schedule 1 of the Rules which relates to Performance Assessments.

### The Evidence

19. The Tribunal received documentary evidence which included but was not limited to:

- Performance Assessment Invitation, dated 22 December 2020;
- Chaser email to Dr Abdu, dated 20 January 2021;
- Telephone note chaser to Dr Abdu from the GMC, dated 28 January 2021;
- Chaser email from the GMC to Dr Abdu, dated 28 January 2021;
- Note of telephone chaser from the GMC to Dr Abdu, dated 3 February 2021;
- AR decision to pause investigation, dated 13 April 2021;
- AR decision to maintain the pause, dated 22 July 2021;
- Second invitation to undergo Performance Assessment, dated 13 September 2022;

- Performance Assessment team email to Dr Abdu confirming dates for the Performance Assessment, dated 30 January 2023;
- Email from Dr Abdu to GMC confirming he would not be attending the Performance Assessment, dated 15 February 2023;
- AR decision to pause the investigation, dated 1 November 2023;
- AR decision to maintain the pause dated, 30 April 2024, 23 October 2024 and 22 April 2025;
- AR decision to lift the pause, dated 22 October 2025;
- XXX

## Submissions

20. Mr Jonathan Lally, Counsel, on behalf of the GMC, provided the background to the case by outlining the incidents which led to the direction of a performance assessment XXX.

21. Mr Lally referred the Tribunal to the relevant paragraphs of the 'Non-compliance guidance for medical practitioners tribunals' (November 2025) ('the Guidance'). He submitted that in the telephone note of 16 April 2026, between XXX, there is no real prospect of him complying within a reasonable time frame.

22. Mr Lally referred the Tribunal to paragraph XXX of the Guidance in respect of XXX non-compliance for the doctor to show that there is good reason for non-compliance with the performance assessment. He submitted that there was overwhelming evidence that there has been a request for a XXX performance assessment to take place and overwhelming evidence that that has not been complied with. In respect of providing good reason, Mr Lally submitted that the Tribunal would need to be presented with objective XXX evidence that sets out how the doctor's XXX prevented him from participating in the assessment. XXX.

23. In respect of a realistic prospect of Dr Abdu participating in the assessment or providing the information requested in a reasonable time frame. He said that this depended on the individual circumstances of the case, including, but not limited to, the content of any available objective XXX evidence; whether the case is multifactorial; the history of the case, which he said is important. He said that the Tribunal may consider the impact of delay on the doctor as a factor.

24. Mr Lally submitted that the history of the case was important as matters date back to 2020 and Dr Abdu has XXX and there is no real prospect of the doctor being able to comply within a reasonable time frame. Mr Lally said that in cases where there is no realistic

prospect that a doctor will be able to comply, paragraph XXX of the guidance applies. This sets out that where there is no other proportionate way of the GMC progressing or concluding the investigation, a XXX non-compliance order will restrict the doctor's practise until such time as they are able to comply. He said that an Interim order is unlikely to be sufficient in the long term to address the ongoing issues, whereas a XXX non-compliance order will achieve public protection and limit the impact of an active investigation on XXX doctor. He said that this was paramount in this case XXX. He said that Dr Abdu is subject to Interim orders which have to be reviewed regularly and therefore there is regular contact with the doctor.

25. Mr Lally invited the Tribunal to conclude that there has been non-compliance, that there is good reason for that non-compliance due to XXX, and because there is not a realistic prospect of the doctor participating within a reasonable time frame to find there is non-compliance in respect of this case.

### The Tribunal's Approach

26. In reaching a decision on the matter of non-compliance, the Tribunal has given careful consideration to the Guidance and all of the evidence adduced in this case. It has also taken account of the submissions made by Mr Jonathan Lally, Counsel, on behalf of the GMC.

27. Whilst the Tribunal bore in mind the submissions made, the decision regarding non-compliance is one for the Tribunal to reach, exercising its own judgement.

28. The Tribunal is aware that the burden of proof rests on the GMC and that it is for the GMC to prove non-compliance. Dr Abdu does not need to prove anything. The Tribunal is also aware that the standard of proof is that applicable to civil proceedings, which is the balance of probabilities.

29. The Tribunal had regard to the relevant paragraphs of the Guidance, including A16, A17, XXX which state:

*'A16 When considering the issue of the doctor's compliance with a GMC direction or request to provide information, the tribunal should ask the following questions:*

*a. has the doctor failed to comply with the GMC's direction or request to provide information?*

b. *if so, is there a good reason for the doctor's failure to comply?'*

**'A17** *There does not need to be culpability on a doctor's part for the tribunal to conclude there is evidence that the doctor has 'failed to comply.' At this stage, the tribunal is simply considering whether there is evidence to show, as a matter of fact, the doctor has not complied with the GMC's direction or request to provide information.'*

XXX

30. The Tribunal first considered whether Dr Abdu had failed to comply with a performance assessment in accordance with Rule 17ZA(aa).

31. In respect of part A of the test, the Tribunal found that Dr Abdu had failed to comply with the GMC's request that he undergo a performance assessment. It had regard to the correspondence sent to Dr Abdu directing that he must undergo a performance assessment and the consequences of failure to comply with this direction. The Tribunal was satisfied that Dr Abdu had received that correspondence from the GMC and had failed to comply with the direction to undertake a performance assessment.

32. In respect of part A30b of the test for determining non-compliance, the Tribunal considered what the *realistic prospect was for Dr Abdu participating in the assessment or providing the information requested in a reasonable timeframe.*

33. The Tribunal had regard to the evidence provided: XXX

34. The Tribunal was satisfied that based on this evidence, Dr Abdu had good reason in not complying with the GMC's direction to undergo a performance assessment.

35. The Tribunal was also of the view that given this XXX there was little realistic prospect of Dr Abdu being in a position to undergo the assessment in a reasonable timeframe. It considered that XXX. It determined therefore that there is not a realistic prospect of the doctor participating in the assessment or providing the information requested in a reasonable timeframe.

36. The Tribunal determined therefore that it has found non-compliance in Dr Abdu not undertaking a performance assessment, XXX.

## Determination on Sanction 08/05/2026

### The outcome of applications made at the outset of proceedings

37. This determination will be read in private. However, as this case concerns Dr Abdu's non-compliance a redacted version will be published at the close of the hearing.

### Submissions on behalf of the GMC

38. Mr Lally provided the Tribunal with the most recent decision of an Interim Orders Tribunal. He also referred the Tribunal to the relevant paragraphs of the Guidance. He invited the Tribunal to impose an order of conditions on Dr Abdu's registration. He referred the Tribunal to Dr Abdu's current conditions which were most recently reviewed on the papers. Mr Lally referred the Tribunal to the reasoning of the legally qualified chair. He said that this Tribunal needed to be satisfied that any order made addresses all relevant risks.

39. Mr Lally reminded the Tribunal that when making its decision on what sanction to impose, if any, it will have to make an overall assessment of risk in order to protect the public based on all available information. He said that it is for the Tribunal to consider whether or not action is needed to protect the public in respect of non-compliance. He submitted that the concerns of the GMC remain in respect of Dr Abdu's clinical competence and that his performance assessment has not been undertaken.

40. Mr Lally reminded the Tribunal of the need to uphold public protection. He said that the Tribunal could either impose conditions on Dr Abdu's registration for 3 years or suspend him for 12 months. XXX. Mr Lally invited the Tribunal therefore to impose a period of conditions on Dr Abdu's registration for 3 years.

### The Tribunal's approach

41. The Tribunal reminded itself that it is not making any finding of impairment.

42. The Tribunal was mindful that the main reason for making any non-compliance order is to protect the public and that any direction is not made to punish or discipline doctors,

even though they may have a punitive effect. In reaching its decision, the Tribunal has taken the Guidance into account and borne in mind the overarching objective which includes:

- a) protecting, promoting, and maintaining the health, safety and well-being of the public
- b) promoting and maintain public confidence in the medical profession
- c) promoting and maintaining proper professional standards and conduct for members of that profession.

43. Throughout its deliberations and in conducting its risk assessment, the Tribunal applied the principle of proportionality, balancing Dr Abdu's interests with the public interest.

### **The Tribunal's Decision**

44. The Tribunal bore in mind its finding of non-compliance, along with the evidence already adduced and the submissions of Mr Lally.

45. The Tribunal first considered whether to conclude Dr Abdu's case and take no further action.

46. The Tribunal determined that in view of its findings on non-compliance, it would be neither sufficient, proportionate nor in the public interest to conclude this case without making a non-compliance order.

### **Conditions**

47. The Tribunal next considered whether it would be appropriate to impose an order of conditions on Dr Abdu's registration. It has borne in mind that any conditions must be appropriate, proportionate, workable and measurable.

48. The Tribunal bore in mind that Dr Abdu is currently subject to an interim order of conditions due to expire on 5 May 2026.

49. The Tribunal considered that Dr Abdu has been subject to conditional practise for a significant length of time, that this included the need for him to be directly supervised and XXX.

50. The Tribunal considered that since the last Interim orders review XXX.

51. The Tribunal considered, in light of the non-compliance finding, that the current conditions do not adequately protect the public, nor uphold public confidence in the profession. This case involves a doctor who is XXX to undertake a performance assessment which is required because of significant clinical concerns.

52. The Tribunal considered that in such circumstances, in order to protect patients and uphold public confidence in the profession, imposing an order of conditional registration was not a proportionate or appropriate response in all the circumstances of this case.

### Suspension

53. The Tribunal considered whether suspension was the appropriate response to Dr Abdu's non-compliance.

54. The Tribunal had regard to the Guidance:

*'C22 In the context of non-compliance, an order of suspension sends a message about the important role the GMC and MPTS play in making sure that a doctor's practice meets the expected standards and that the public is adequately protected where fitness to practise concerns have been raised.'*

*'C23 When considering whether a period of suspension is a proportionate response to a doctor's non-compliance, the tribunal may want to consider the previous opportunities the doctor has had to comply and the level of the doctor's engagement with the fitness to practise process.'*

*'C25 Suspension has a deterrent effect and can be used to send a signal to the doctor, the profession and public about what behaviour is expected from a registered doctor. Suspension from the register also has a punitive effect, in that it prevents the doctor from practising and therefore from earning a living as a doctor during the period of suspension, although this is not its purpose.'*

*'C26 An order of suspension can be made for up to a maximum of twelve months, to be reviewed after a period of time considered appropriate by the tribunal, or at the request of the GMC.'*

55. The Tribunal found non-compliance in this case. XXX.

56. The Tribunal considered that an ordinary member of the public in the knowledge of all the facts of this case would be of the view that if a doctor is non-compliant because he is XXX to undertake a performance assessment for significant clinical concerns, then he is not able to practise to the standards expected of doctors.

57. The Tribunal determined that a non-compliance order of suspension will ensure the overarching objective is met.

58. The Tribunal determined that a period of 12 months suspension is the appropriate and proportionate sanction in this case.

### **Review hearing**

59. The Tribunal determined to direct a review of Dr Abdu's case. A Tribunal will review Dr Abdu's case at a hearing to be held shortly before the end of the period of suspension. The onus is on Dr Abdu to demonstrate compliance and if at any time he considers that he has fully complied, Dr Abdu can make a request to the GMC for an early review of the non-compliance order. The Tribunal reviewing Dr Abdu's case would be assisted by receiving any other information which he considers would assist, including information about XXX, evidence of having kept his knowledge and skills up to date and any progress towards a performance assessment, if this has not been undertaken.

### **Determination on Immediate Order 08/05/2026**

60. Having determined to suspend Dr Abdu's registration for 12 months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Abdu's registration should be subject to an immediate order.

### **Submissions**

61. Ms Tollitt, counsel on behalf of the GMC, invited the Tribunal to make an immediate order in this case. She reminded the Tribunal that the GMC's investigation has stemmed from concerns regarding Dr Abdu's medical knowledge and his clinical skills. She submitted those concerns posed a potential risk to patient safety. She said that due to XXX, there has been no assessment of his performance in those areas to date. She submitted the doctor has been out of clinical practice for a number of years and XXX. Ms Tollitt submitted that the evidence indicates that Dr Abdu is unlikely to XXX to engage with this aspect of the investigation

process in the immediate future. She submitted therefore that in these circumstances, an immediate order is both necessary for public protection and otherwise in the public interest, upholding the public confidence in the profession.

62. Ms Tollitt invited the Tribunal to revoke the current interim order of conditions, extended by the High Court, due to expire on 5 May 2027, given the substantive order of suspension.

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

63. The Tribunal considered that it may impose an immediate order if it considers it necessary for the protection of members of the public or is otherwise in the public interest. The decision whether to impose an immediate order is at the discretion of the Tribunal, based on the facts of the case.

64. The Tribunal had regard to the relevant paragraphs of the Guidance.

65. The Tribunal considered that, in light of its decision as to non-compliance and sanction, and its assessment of the level of his current and ongoing risk to public protection, an immediate order of suspension is necessary in this case. It determined that it is necessary to protect members of the public, is otherwise in the public interest and is in Dr Abdu's interest.

66. This means that Dr Abdu's registration will be suspended from when notice of this decision is deemed to have been served upon him. The substantive direction, as already announced, will take effect 28 days from that date, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

67. The interim order of conditions currently in place on Dr Abdu's registration is hereby revoked.

68. That concludes this case.

ANNEX A – 17/04/2026

**Determination: Service and proceeding in absence**

**Service:**

69. Dr Abdu is neither present nor represented today.

70. The Tribunal was provided with a service bundle which included:

- Dr Abdu's registered address details;
- Consent declaration, dated 17 August 2025;
- Rule 34(9) Letter, notification of Non-compliance hearing, dated 4 March 2026;
- Email from Dr Abdu's brother acknowledging the Rule 34(9) Letter and confirming he will be attending; dated 9 March 2026;
- Notice of Hearing email, dated 5 March 2026;
- Email chain with Dr Abdu's brother acknowledging receipt of Notice of Hearing and confirming he will be attending, dated 9 March 2026;
- Email chain with Dr Abdu's brother in which he stated he was no longer planning to attend the hearing, dated 2 April 2026.

**Submissions**

71. On behalf of the GMC, Mr Jonathan Lally, Counsel, took the Tribunal through the service bundle. He said that there is a consent form signed by Dr Abdu for his brother to act on his behalf. Mr Lally submitted that Dr Abdu's brother has responded to the GMC in advance of these proceedings clearly indicating that he is aware of this hearing. Mr Lally submitted that service has therefore been effected.

72. In respect of proceeding in absence, Mr Lally submitted that the hearing should proceed. He referred the Tribunal to an email received on 17 April 2026 XXX that *"it's my opinion that Mr Abdu is not currently prepared to participate in the hearing at that time."* Mr Lally clarified that he did not believe there was any suggestion that Dr Abdu was not willingly trying to frustrate the hearing, but that he clearly has XXX. Mr Lally said that the GMC took this to mean that Dr Abdu was not able to participate in the hearing for understandable

reasons. He said that this is a case of non-compliance due to XXX, and the main concern is the effect of these ongoing proceedings upon Dr Abdu, XXX. He submitted that an adjournment would only exacerbate those problems. Mr Lally submitted, in respect of the public interest and in doctor's own interest, that this hearing proceeds.

### The Tribunal's Determinations

73. The Tribunal considered Rule 31 of the Rules:

*'31 Where the practitioner is neither present nor represented at a hearing, the Committee or Tribunal may nevertheless proceed to consider and determine the allegation if they are satisfied that all reasonable efforts have been made to serve the practitioner with notice of the hearing in accordance with these Rules.'*

74. The Tribunal also bore in mind the new *Guidance for MPTS Tribunals*, Section 1 on procedural matters, specifically the paragraphs on proceeding in a doctor's absence.

### Service

75. The Tribunal considered the evidence within the service bundle. In particular the response correspondence with Dr Abdu's brother in respect of these proceedings who has consent to act on behalf of Dr Abdu. The Tribunal was satisfied that service had been properly effected, in accordance with the Rules.

### Proceeding in absence

76. The Tribunal then considered whether it would be appropriate to proceed with this hearing in Dr Abdu's absence pursuant to Rule 31 of the Rules. The Tribunal was conscious that the discretion to proceed in the absence of the doctor should be exercised with caution, balancing the interests of the doctor with the wider public interest.

77. The Tribunal considered that Dr Abdu's brother is aware of today's proceedings, and an adjournment has not been requested. The Tribunal considered whether an adjournment would ensure Dr Abdu's attendance at a future date. It considered that given the XXX, it was unlikely that an adjournment would ensure Dr Abdu's attendance in the future.

78. The Tribunal also noted that it was the GMC Assistant Registrar who considered that a non-compliance hearing may be in the best interests of Dr Abdu to save the repeated GMC

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contact in respect of the interim order reviews and High Court extensions. XXX. The Tribunal considered that were it not to proceed in Dr Abdu's absence, it may have an adverse impact XXX because the GMC investigation would continue requiring regular contact with them.

79. The Tribunal also considered that it would be in the public interest for these matters to be dealt with expeditiously.

80. The Tribunal determined that no unfairness or injustice would be caused to Dr Abdu in proceeding today. It determined that it was both in the public interest and in Dr Abdu's interests for these matters to be dealt with. On this basis, the Tribunal could find no good reason not to proceed.

81. The Tribunal therefore concluded that it would be both fair and in the public interest for this hearing to proceed without further delay. It exercised its discretion to proceed in Dr Abdu's absence in accordance with Rule 31 of the Rules.