PUBLIC RECORD

Dates: 04/06/2026 - 12/06/2026

Doctor:	Dr Alaaeldin KAMEL
GMC reference number:	7486732
Primary medical qualification:	MB BCh 2006 Suez Canal University

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

Summary of outcome

Erasure
Immediate order imposed

Tribunal:

Legally Qualified Chair	Miss Shamaila Qureshi
Lay Tribunal Member:	Mr Rob McKeon
Registrant Tribunal Member:	Dr Anna Gevers

Tribunal Clerk:	Jennifer Ireland (4 – 5 June 2026) Larry Millea (8 – 12 June 2026)

Attendance and Representation:

Doctor:	Present, not represented
GMC Representative:	Ms Elizabeth Dudley-Jones, 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 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 Facts - 09/06/2026

1. At the outset of this hearing, the Tribunal announced that the entirety of the hearing should be heard in private in accordance with Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules). This determination will be handed down in private but as this case concerns Dr Kamel's alleged misconduct, a redacted version will be published at the close of the hearing.

Background

2. Dr Kamel qualified as MB BCh in 2006 from Suez Canal University. Prior to the events which are the subject of the hearing, Dr Kamel worked as a locum consultant radiologist at South Tyneside and Sunderland NHS Foundation Trust ('the Trust') from June 2003 to May 2024.

3. The allegations that have led to Dr Kamel's hearing relate to his conduct XXX. It is alleged by the GMC that, on or around 9 December 2023, Dr Kamel was dishonest in an XXX Form ('the Form') submitted to University Hospitals Bristol and Weston Foundation Trust ('UHBW'), where he was due to begin as a Consultant Radiologist in May 2024, as a part of the onboarding process. In that form he answered *"no"* to the question *"[XXX]".*

4. It is further alleged that Dr Kamel sent fabricated reports that he had created to the GMC to be used at an Interim Orders Tribunal (IOT) hearing and a Medical Practitioners Tribunal hearing, and in doing so breached a condition imposed on his registration by an IOT. It is alleged that Dr Kamel's actions were dishonest.

5. XXX

6. XXX

7. The initial concerns were raised with the GMC on 20 May 2024 by Dr Kamel's former Responsible Officer at the Trust, Dr D. Dr Kamel was excluded from work at the Trust on 3 May 2024 until the end of his contract on 16 May 2024 and was advised that he must not undertake any employment as a doctor.

The Outcome of Applications made during the Facts Stage

8. The Tribunal granted the GMC's application, made pursuant to Rule 41 of the GMC (Fitness to Practise Rules) 2004 as amended ('the Rules'), for the entirety of the proceedings to be heard in private, as the matters to be considered were XXX. This application was not opposed by Dr Kamel.

The Allegation and the Doctor's Response

9. The Allegation made against Dr Kamel is as follows:

1. On or around 9 December 2023 you submitted an XXX Form for University Hospitals Bristol and Weston Foundation Trust ('UHBW') where, in response to the question in Confidential Schedule 1, you answered 'No'. Admitted and found proved

2. By virtue of the information set out in Confidential Schedule 2 you knew that XXX. To be determined

3. Your actions as set out at paragraph 1 were dishonest by reason of paragraph 2. To be determined

4. You fabricated reports purporting to be from XXX, Dr A, dated:

    a. 24 October 2024; Admitted and found proved

    b. 11 April 2025, XXX; Admitted and found proved

    c. 11 April 2025, XXX; Admitted and found proved

d. 16 October 2025. Admitted and found proved

5. You sent the fabricated reports referred to in paragraph 4 to the GMC on the following dates, to be used at your next Interim Orders Tribunal ('IOT') hearing, in that on:

a. 2 November 2024 you sent the report detailed at paragraph 4a;
Admitted and found proved

b. 28 April 2025 you sent the report detailed at paragraph 4b;
Admitted and found proved

c. 17 October 2025 you sent the report detailed at paragraph 4d.
Admitted and found proved

6. You sent the fabricated reports referred to in paragraph 4 to the GMC on the following dates, to be used at your Medical Practitioners Tribunal hearing in that on:

a. 7 October 2025 you sent the report detailed at paragraph 4c;
Admitted and found proved

b. 8 October 2025 you sent the reports detailed at paragraphs 4a and 4c.
Admitted and found proved

7. When asked about the reports by the GMC, you replied by email on 14 October 2025 indicating words to the effect that Dr A had provided you with 2 short follow up reports namely the reports dated 11 April 2025 and 24 October 2024 (reports number 1 and 3 in the list) and both are provided in English. Admitted and found proved

8. On 14 June 2024, you were made subject to IOT conditions XXX. Admitted and found proved

9. You breached the IOT condition XXX by providing fabricated reports for use at your IOT hearings on:

a. 28 November 2024, where you submitted the report detailed at paragraph 4a;
Admitted and found proved

b. 13 May 2025, where you submitted the report detailed at paragraph 4b;
Admitted and found proved

c. 4 November 2025, where you submitted the report detailed at paragraph 4d.
Admitted and found proved

10. You knew Dr A had not provided the reports referred to in paragraph 4.
Admitted and found proved

11. Your actions as set out at paragraphs 4, 5, 6, 7 and 9 were dishonest by reason of paragraph 10. Admitted and found proved

12. XXX

13. XXX

And that by reason of the matters set out above your fitness to practise is impaired because of your:

a. misconduct in relation to paragraphs 1-11;
To be determined

b. XXX

The Admitted Facts

10. At the outset of these proceedings, Dr Kamel made admissions to some paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the Rules. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

The Facts to be Determined

11. In light of Dr Kamel's response to the Allegation made against him the Tribunal is required to determine whether Dr Kamel knew at the time he submitted the Form to UHBW that XXX, and that whether by virtue of that information, answering 'no' on the Form was dishonest.

Witness Evidence

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

- Ms F, Clinical Development and Quality Manager at UHBW since November 2023. Their witness statement was dated 15 May 2025;
- Dr A, XXX. Their witness statement was dated 24 November 2025.

13. Dr Kamel provided his own written submissions dated 18 May 2026 and 25 May 2026 and also gave oral evidence at the hearing.

Expert Witness Evidence

14. The Tribunal also received evidence from three expert witnesses called by the GMC.

- XXX

15. XXX

Documentary Evidence

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

- Correspondence from the expert witnesses to the GMC, various dates;
- XXX;
- Emails from Dr Kamel to the GMC, various dates;
- XXX;
- XXX;
- Two defence bundles provided by Dr Kamel.

The Tribunal's Approach

17. In reaching its decision on the facts, the Tribunal will apply the civil standard of proof. This means that the Tribunal must decide whether, on the balance of probabilities, the GMC is able to prove it is more likely than not that the matters occurred as alleged. The burden of

proof rests with the GMC and it is for the GMC to prove the case that it is presenting against the doctor. There is no burden on the doctor to prove or disprove anything.

18. The Tribunal will approach fact finding by firstly identifying agreed facts and evidence. To reach a decision on the disputed facts, the Tribunal will assess the evidence in the round. It will consider what conclusions and inferences can be drawn from the documentary evidence. The Tribunal will then consider the available oral evidence and subject that evidence to critical scrutiny against the agreed facts and documentary evidence to consider a witness' reliability and credibility. The Tribunal should not decide reliability and credibility based on the demeanour of a witness alone.

19. The Tribunal considered the relevant legal test for dishonesty as set out in the case of *Ivey v Genting Casinos (UK) Limited [2017] UKSC 67, which states:*

> *"74. When dishonesty is in question the fact-finding tribunal must first ascertain (subjectively) the actual state of the individual's knowledge or belief as to the facts. The reasonableness or otherwise of his belief is a matter of evidence (often in practice determinative) going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held. When once his actual state of mind as to knowledge or belief as to facts is established, the question whether his conduct was honest or dishonest is to be determined by the fact-finder by applying the (objective) standards of ordinary decent people. There is no requirement that the defendant must appreciate that what he has done is, by those standards, dishonest."*

20. Therefore, the Tribunal had to ascertain (subjectively) the actual state of Dr Kamel's knowledge or genuinely held belief as to the facts at the material time. If this is established, the Tribunal would have to decide whether this was dishonest by (objective) standards of ordinary decent people. If this is not established, then the Allegation would not be proved.

21. The Tribunal heard that Dr Kamel is of good character. His good character must be taken into account by the Tribunal when assessing his credibility and the likelihood of him having done what has been alleged. Having said that, his good character is not a defence to the Allegation, it is simply one factor to be taken into account when considering all of the evidence in the round. The way to assign his good character is a matter for the Tribunal to determine.

The Tribunal's Analysis of the Evidence and Findings

22. The Tribunal has considered each outstanding paragraph of the Allegation separately and has evaluated the evidence to make its findings on the facts.

Paragraph 2

23. In reaching its determination, the Tribunal considered the evidence and submissions of both the GMC and Dr Kamel.

24. The submissions made on behalf of the GMC were that XXX.

25. Ms Dudley-Jones, counsel, on behalf of the GMC submitted that at page 78, the XXX questionnaire states "*[XXX]".*

26. Ms Dudley-Jones submitted that it was therefore clear on the face of the Form that it was important to disclose all relevant XXX at Dr Kamel's place of work and that in fact the first question under 'XXX'asked Dr Kamel to state "*[XXX]*". She submitted that, therefore, the word must have conferred a positive obligation upon Dr Kamel to declare XXX, whether or not he thought he had one and it was a relevant XXX that required disclosure.

27. Ms Dudley-Jones submitted that even if Dr Kamel, as he asserts, did not think at this point XXX, he was obligated to answer the question in the affirmative, XXX.

28. She submitted that, therefore, by virtue of XXX, he knew that XXX and should not have answered *"no"* to the question *"[XXX]"*

29. He stated that when he wrote the questionnaire, he genuinely believed that XXX reflected misunderstanding or misinterpretation that would eventually be resolved. His focus was on demonstrating what he believed to be the reality of his situation but that with the benefit of time, reflection and further experience, he has come to understand that *"[XXX]."*

30. Dr Kamel submitted that in September 2023 XXX.

31. Dr Kamel submitted that when he later completed the XXX form on 9 December 2023, his answer reflected the same belief, that it was not a new explanation created for employment purposes, nor was it an attempt to conceal information that he privately accepted to be true. He stated that whether that belief was ultimately correct is a different question but the important point is that his answer reflected his genuine understanding of his

situation at that time. He submitted that, looking back, he accepts that the question required broader disclosure and that the answer he gave may be wrong, but that it was not a deliberate attempt to mislead.

32. The Tribunal considered that the expert witness XXX had said during her oral evidence that it would not be unusual for XXX, which was a position XXX also agreed with. The opinion of both expert witnesses was that whilst it was difficult to answer, they could not say definitively, but that this was a possibility.

33. The Tribunal considered the evidence of Dr Kamel's thoughts at the time and there was evidence that XXX. The Tribunal considered that this would align with his stated subjective view that XXX and that the misunderstanding would come to light.

34. In reaching its decision the Tribunal also considered that Dr Kamel made admissions to all other aspects of the Allegation, including other instances of dishonesty. It was of the opinion that he accepted these matters, which added to his credibility in respect of paragraphs 2 and 3 of the Allegation.

35. The Tribunal considered that, on the balance of probabilities, it was credible that Dr Kamel did not recognise that XXX and when completing the Form stated what he genuinely believed at the time regardless of the objective truth, which he now accepts.

36. Accordingly, the Tribunal found this paragraph of the Allegation not proved.

Paragraph 3

37. Having determined that paragraph 2 of the Allegation was not proved, the Tribunal necessarily found that Dr Kamel's actions as set out at paragraph 1 and found proved could not have been dishonest by reason of paragraph 2.

38. Accordingly, the Tribunal found this paragraph of the Allegation not proved.

The Tribunal's Overall Determination on the Facts

39. The Tribunal has determined the facts as follows:

1. On or around 9 December 2023 you submitted an XXX Form for University Hospitals Bristol and Weston Foundation Trust ('UHBW') where, in response to the question in Confidential Schedule 1, you answered 'No'. **Admitted and found proved**

2. By virtue of the information set out in Confidential Schedule 2 you knew that XXX. **Not proved**

3. Your actions as set out at paragraph 1 were dishonest by reason of paragraph 2. **Not proved**

4. You fabricated reports purporting to be from XXX, Dr A, dated:

    a. 24 October 2024; **Admitted and found proved**

    b. 11 April 2025, XXX; **Admitted and found proved**

    c. 11 April 2025, XXX; **Admitted and found proved**

    d. 16 October 2025. **Admitted and found proved**

5. You sent the fabricated reports referred to in paragraph 4 to the GMC on the following dates, to be used at your next Interim Orders Tribunal ('IOT') hearing, in that on:

    a. 2 November 2024 you sent the report detailed at paragraph 4a; **Admitted and found proved**

    b. 28 April 2025 you sent the report detailed at paragraph 4b; **Admitted and found proved**

    c. 17 October 2025 you sent the report detailed at paragraph 4d. **Admitted and found proved**

6. You sent the fabricated reports referred to in paragraph 4 to the GMC on the following dates, to be used at your Medical Practitioners Tribunal hearing in that on:

    a. 7 October 2025 you sent the report detailed at paragraph 4c; **Admitted and found proved**

b. 8 October 2025 you sent the reports detailed at paragraphs 4a and 4c. Admitted and found proved

7. When asked about the reports by the GMC, you replied by email on 14 October 2025 indicating words to the effect that Dr A had provided you with 2 short follow up reports namely the reports dated 11 April 2025 and 24 October 2024 (reports number 1 and 3 in the list) and both are provided in English. Admitted and found proved

8. On 14 June 2024, you were made subject to IOT conditions XXX. Admitted and found proved

9. You breached the IOT condition XXX by providing fabricated reports for use at your IOT hearings on:

a. 28 November 2024, where you submitted the report detailed at paragraph 4a; Admitted and found proved

b. 13 May 2025, where you submitted the report detailed at paragraph 4b; Admitted and found proved

c. 4 November 2025, where you submitted the report detailed at paragraph 4d. Admitted and found proved

10. You knew Dr A had not provided the reports referred to in paragraph 4. Admitted and found proved

11. Your actions as set out at paragraphs 4, 5, 6, 7 and 9 were dishonest by reason of paragraph 10. Admitted and found proved

12. XXX

13. XXX

And that by reason of the matters set out above your fitness to practise is impaired because of your:

a. misconduct in relation to paragraphs 1-11; To be determined

b. XXX

Determination on Impairment - 10/06/2026

1. At the outset of this hearing, the Tribunal announced that the entirety of the hearing should be heard in private in accordance with Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules). This determination will be handed down in private but as this case concerns Dr Kamel's alleged misconduct, a redacted version will be published at the close of the hearing.

2. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Kamel's fitness to practise is impaired by reason of misconduct XXX.

The evidence

3. The Tribunal has reviewed its findings of fact and the evidence provided by both parties at the facts stage of these proceedings.

Submissions

Submissions on behalf of the GMC

4. Ms Dudley-Jones, Counsel, submitted that Dr Kamel's fitness to practice is currently impaired on the grounds of misconduct XXX.

5. Ms Dudley-Jones submitted that given what has occurred in this case, the Tribunal should find that Dr Kamel's actions amounted to misconduct which was serious. She submitted that Dr Kamel has admitted fabricating four different reports purporting to be from Dr A, breaching an Interim Orders Tribunal ('IOT') condition by providing fabricated reports for use at his IOT hearings on three separate occasions, and sending the fabricated reports to the GMC to be used at his next Interim Orders Tribunal ('IOT') hearing, on three different dates spanning essentially a year between November 2024 and October 2025. She submitted that Dr Kamel has also admitted sending the fabricated reports to the GMC to be used at his Medical Practitioners Tribunal ('MPT') hearing on two separate occasions and admitted that when he was asked about the reports by the GMC, he replied in an email identifying that Dr A had written the reports which he himself had fabricated.

6. Ms Dudley-Jones submitted that Dr Kamel is a senior doctor who has admitted his dishonesty was persistent and repeated behaviour occurring over a nearly 12-month period, which involved fabricating reports about XXX at a time when he was subject to regulatory restrictions by his professional regulator XXX. She submitted that he sent those fabricated reports to his own professional regulator the GMC for his own benefit, that his actions demonstrate a number of clear and serious breaches of *Good Medical Practice* (2024) ('GMP') and amounted to misconduct which was serious.

7. Ms Dudley-Jones submitted that the matters before the Tribunal are at the higher end of seriousness as they were related to Dr Kamel's practice, were persistent and repeated and were premeditated with considerable thought and preparation. She submitted that his actions had the intention to benefit himself which undermined the very integrity of a system designed to protect the public.

8. Ms Dudley-Jones submitted that although Dr Kamel has stated the misconduct committed was due to a number of matters relating to his personal and professional circumstances, that misconduct took place over a 12-month period when he was working as a doctor and XXX. She submitted that these actions seriously undermine public confidence in the profession, have plainly brought the profession into disrepute and breached one of the fundamental tenets of the profession.

9. Ms Dudley-Jones submitted that this is one of those cases where Dr Kamel's misconduct is so serious and consists of violating such fundamental rules of the profession that a finding of impairment of fitness to practise is justified on the grounds that it is necessary to reaffirm clear standards of professional conduct so as to maintain public confidence in the profession, and that the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.

10. Ms Dudley-Jones submitted that these matters of serious misconduct are in principal remediable, but that there is limited evidence produced of any remediation from Dr Kamel. Therefore, she questioned whether the Tribunal could be satisfied it will not be repeated were Dr Kamel to find himself in a similar situation in the future. She submitted that a finding of impairment will be required to uphold standards and maintain public confidence, even if there is some evidence of remediation or low risk of repetition.

11. In respect of XXX, Ms Dudley-Jones submitted that Dr Kamel's fitness to practise is plainly impaired as at today, as confirmed by both expert witnesses XXX. She submitted that

XXX, his lack of insight and potential future lack of engagement raise the potential seriousness.

12. Ms Dudley-Jones submitted that XXX.

13. Ms Dudley-Jones submitted that although Dr Kamel is currently engaging XXX, it appears that he still has very little or certainly very limited insight XXX, he could therefore disengage XXX. She submitted that this limited insight exacerbates the risk to the public.

14. XXX

15. Ms Dudley-Jones submitted that both expert witnesses identify that Dr Kamel's fitness to practise is impaired and that Dr B most recently said he was not fit to practise even with restrictions. She submitted that XXX and for the safety of the public restrictions ought to be in place.

16. Ms Dudley-Jones submitted that all aspects of Dame Janet Smith's guidance on impairment [as set out below] are applicable in this case and that Dr Kamel's fitness to practise is therefore undoubtedly currently impaired because of his serious misconduct XXX.

Submissions on behalf of Dr Kamel

17. Dr Kamel submitted that his current fitness to practise should be assessed on the basis of his present circumstances, XXX, insight and the risk of repetition rather than solely on the events that led to these proceedings.

18. Dr Kamel submitted that he fully accepts responsibility for creating and submitting documents that were not authentic and recognises that this conduct was wrong and fell far below the standards expected of a registered medical practitioner. He submitted that he does not seek to excuse, minimise, or justify his actions and that he had now demonstrated significant insight and remediation. He submitted that since these events he has reflected extensively on his conduct and on the circumstances that led to his poor decisions, and that he now fully understand the importance of absolute honesty in all dealings with regulators, employers, and professional bodies.

19. Dr Kamel submitted that at the time of his dishonest conduct he had very little experience about the UK and the system and needed to solve two issues, namely XXX and the conditions imposed by the IOT. He submitted that XXX, Dr A, but that he could not help him

with the GMC/IOT issue, and that he thought it was just an administrative issue to submit the required reports. He submitted that this was a period of poor and inappropriate judgment but that he tried his best to solve the issues, and that maybe there was a better option to, for example, tell the GMC that he could not provide the documents. He submitted that he was not sure what the GMC would actually do and what the reaction would be at that point, and so the lack of experience and lack of information led to this action, which he deeply regrets.

20. Dr Kamel submitted that he has developed clear safeguards to ensure that nothing similar could occur again and that if he required XXX evidence in the future he would only obtain it from the relevant XXX or institution. He submitted that if he faced professional or regulatory difficulties, he would seek appropriate legal, professional and XXX advice rather than attempting to deal with matters alone.

21. Dr Kamel submitted that at the time of him submitting the fabricated reports he was under significant personal and family pressures and exercised very poor judgment. He submitted that his focus since then has been to understand the seriousness of his actions, XXX, and ensure that nothing similar can happen again.

22. Dr Kamel submitted that he has XXX continued to practice medicine. Importantly, he submitted, there have been no concerns regarding patient safety, no complaints about his clinical practice, and no incidents of patient harm. He submitted that his current clinical work provides objective evidence of his XXX professional capability, and that he was not asking the Tribunal to speculate about his ability to practise safely as he was already doing so.

23. Dr Kamel submitted that a significant period of time has passed since the events in question and that during that time he has continued to work, XXX, reflect on his conduct and demonstrate reasonable professional behaviour.

24. Dr Kamel submitted that he cannot change what happened in the past but can demonstrate that he has learned from it, taken meaningful steps to address it and significantly reduced the risk of repetition. He submitted that in terms of remediation, he has started to concentrate on his own career and reputation and that his personal issues have almost resolved. He submitted that his current clinical performance provides objective evidence of XXX and fitness to practice, and that he does attend medical courses, most recently the European Congress of Radiology in March 2025.

25. Dr Kamel submitted that XXX. He submitted that for those reasons, the evidence supports a finding that he is capable of practising safely and that the risk of similar conduct

occurring again is very low. He submitted that this was a very specific situation, which he does not believe will happen to him again and he now has the experience to deal with it.

The relevant legal principles

26. There is no burden or standard of proof at this stage of the proceedings and the decision of impairment is a matter for the Tribunal's judgment alone. The Tribunal will only make a finding of impairment where there is a legal basis for doing so and where a decision is reached that the doctor poses a current and ongoing risk to one or more of the three parts of public protection which is likely to require restrictive action in response. The three parts of public protection are to protect, promote and maintain the health, safety and well-being of the public; to promote and maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of the profession.

27. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted in respect of misconduct: first whether the facts as found proved amounted to misconduct, and that the misconduct was serious, and then whether the finding of that misconduct which was serious poses a current and ongoing risk to public protection requiring restrictive action in response and therefore could lead to a finding of impairment.

28. To assess whether Dr Kamel poses any current and ongoing risk to public protection which may require restrictive action in response, the Tribunal will consider:

- where on the spectrum of seriousness the allegation lies, based on the facts found proved the impact of any relevant context known about Dr Kamel and/or their working environment, and
- how Dr Kamel has responded to the allegations.

29. As the allegations fall under more than one ground for impairment, an assessment of current and ongoing risk to public protection must be made in respect of each of them.

30. The case of *PSA v GMC & Uppal [2015] EWHC 1304 (Admin)* sets out that if misconduct is established, the Tribunal must consider as a separate and discrete exercise whether the practitioner's fitness to practice has been impaired. However, the case of *PSA v HCPC & Ghaffar [2014] EWHC 2723 (Admin)* sets out that it will be an unusual case where dishonesty is not found to impair fitness to practice.

31. The LQC reminded the Tribunal that whilst there is no statutory definition of impairment, the Tribunal is assisted by the guidance provided by Dame Janet Smith in the Fifth Shipman Report, as adopted by the High Court in *CHRE v NMC and Paula Grant [2011] EWHC 297 Admin.* The Tribunal noted that any of the following features are likely to be present when a doctor's fitness to practise is found to be impaired:

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

b. Has in the past and/or is liable in the future to bring the medical profession into disrepute; and/or

c. Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or

d. Has in the past acted dishonestly and/or is liable to act dishonestly in the future.'

The Tribunal's determination on impairment

Misconduct

Is there a legal basis for considering impairment?

32. The Tribunal first considered whether the facts admitted amounted to misconduct. In doing so it had regard to the admitted dishonest conduct, whereby Dr Kamel fabricated four different reports purporting to be from Dr A and provided these false documents to the GMC for his IOT hearings and MPT hearing and when asked about the reports by the GMC, maintained that dishonesty and stated that Dr A had written the reports.

33. The Tribunal considered that Dr Kamel's actions amounted to a pattern of repeated and sustained dishonesty in an attempt to deceive his regulator for his own benefit. There were a number of opportunities to tell the truth which Dr Kamel failed to take advantage of and he sought to continue in his efforts to maintain his dishonesty. The Tribunal notes that a doctor should be engaging with his regulator and that there would be an expectation from both patients and the public for candid engagement rather than any attempts to frustrate matters. The Tribunal accepted the GMC's submissions that this behaviour in its entirety undermined a system put into place to protect patients and the public.

34. Dr Kamel submitted that he was unfamiliar with the process here in the UK and was of the opinion that the requirements for him to provide reports from Dr A were 'administrative' requests only and that he could not readily obtain such reports whilst he was living in Finland. He therefore fabricated them in order to "make the issue go away," as he needed to address the IOT conditions for work and family purposes in terms of XXX and his continued employment. Within Dr Kamel's reflective statement, he said that confronting his actions was regretful but this had provided him with an opportunity to reflect. He stated in his oral evidence that he regretted the way he had responded at the time and recognised that his behaviour fell short of the standards expected of a doctor.

35. The Tribunal considered that Dr Kamel failed to act with honesty and integrity, and that his actions were deliberate and breached a fundamental tenet of the profession. There was no suggestion that Dr Kamel was XXX at the time or that XXX affected his behaviour, and the Tribunal noted that he was XXX able to work at the time. Further, his dishonest conduct was persistent over a period of 12 months despite multiple opportunities to remedy this course of action.

36. The Tribunal was satisfied that Dr Kamel's actions fell seriously below the standards expected so as to amount to misconduct and that his actions were a breach of the following paragraphs of GMP:

> *Domain 4: Trust and professionalism*
>
> *Introduction*
>
> *Patients must be able to trust medical professionals with their lives and health, and medical professionals must be able to trust each other. Good medical professionals uphold high personal and professional standards of conduct. They are honest and trustworthy, act with integrity, maintain professional boundaries and do not let their personal interests affect their professional judgements or actions.*
>
> *81 You must make sure that your conduct justifies patients 'trust in you and the public's trust in your profession.*
>
> *88 You must be honest and trustworthy, and maintain patient confidentiality in all your professional written, verbal and digital communications.*

89 You must make sure any information you communicate as a medical professional is accurate, not false or misleading. This means:

a you must take reasonable steps to check the information is accurate
b you must not deliberately leave out relevant information
c you must not minimise or trivialise risks of harm d you must not present opinion as established fact.

98 To maintain patient safety, you must cooperate with formal inquiries, patient safety investigations, and complaints procedures. You must provide all relevant information and be open and honest.

37. The Tribunal was of the view that these paragraphs of GMP were engaged in Dr Kamel's case. It determined that Dr Kamel's actions were a serious departure from those principles and fell seriously below the standards expected as set out in GMP. The Tribunal was satisfied, having found Dr Kamel's actions amounted to misconduct, that there was a legal basis for a finding of impairment.

38. The Tribunal having found that the facts proved amounted to misconduct therefore went on to consider whether, as a result of that misconduct, Dr Kamel's fitness to practice is currently impaired by reason of his misconduct.

Where on the spectrum of seriousness does the allegation lie?

39. In considering where on the spectrum of seriousness Dr Kamel's actions fell, the Tribunal had regard to the *Guidance for MPTS tribunals (2025)* ('the Guidance'). This sets out that allegations usually falling at the higher end of the spectrum of seriousness include:

dishonesty, other than where it occurred outside of the doctor's professional role and was not persistent or repeated, and the value or other benefit derived was not significant

40. The Tribunal went on to consider factors which may increase the seriousness of an allegation, as set out in the Guidance, and concluded that the following were applicable:

The behaviour or poor performance was persistent or repeated;
Premeditated behaviour;
A reckless disregard for patient safety or professional standards;

Undermining a system designed to protect the public.

41. The Tribunal concluded that the starting point for assessing the risk to public protection was high, and that the applicable factors further increased where on the spectrum of seriousness the allegations fell.

42. Dr Kamel engaged on a premeditated, sophisticated and persistent course of dishonest conduct for 12 months for his own interests and out of self-preservation, in an attempt to try to make an issue with his regulator, the GMC, 'go away'. The Tribunal rejected Dr Kamel's submission that this was not done out of personal gain or benefit, and did not accept that even if he believed this was an 'administrative matter' at the time that this reduced the seriousness of the misconduct. The behaviour undermined a system designed to protect the public and was calculated culminating in his concerted efforts to provide false reports. The Tribunal found that Dr Kamel's actions had the potential to disrupt and frustrate regulatory processes and investigations. Dr Kamel failed to act honestly and showed a deliberate disregard for professional standards. The Tribunal appreciated that the starting point identified meant that the allegation falls at the higher end of the spectrum of seriousness and accepted the GMC's submission that in applying paragraph 31 of the MPTS Guidance persistent and repeated dishonesty would likely fall at the higher end of the spectrum.

43. The Tribunal noted that Dr Kamel's actions were not attributable to XXX, and that he was an experienced doctor who had been practising for many years. Even if he were unfamiliar with the specifics of GMP, it was his duty to understand his obligations, and to not be repeatedly dishonest and falsify documents in relation to regulatory proceedings.

44. The Tribunal did also note that no patients came to harm or were put at risk of unnecessary harm as a result of Dr Kamel's actions in respect of his misconduct XXX, an opinion which both expert witnesses also held. However the Tribunal has identified a number of factors that would increase seriousness. Given the starting point, the allegations stay at the higher end of the spectrum.

<u>What is the impact of any relevant context known about Dr Kamel and/or their working environment?</u>

45. The Tribunal considered that there were no applicable contextual features in relation to Dr Kamel's misconduct which might lessen the seriousness or risk to public protection.

46. Dr Kamel's position is that at the relevant time he was experiencing XXX and that these circumstances profoundly affected his judgment, XXX, and decision-making abilities.

47. Dr Kamel's written reflections of 18 May 2026 state:

> *"The conduct occurred during an exceptionally difficult period marked by substantial personal pressures and significant difficulties affecting my judgment at that time.*
>
> *…*
>
> *The conduct occurred during an exceptionally difficult period and was closely linked to severe personal difficulties and impaired judgment at that time"*

48. The Tribunal, whilst acknowledging that Dr Kamel was undergoing some personal difficulties and stress at the time, considered that there were no exceptional circumstances (as per the case of *Uppal*) in this case which would lessen the seriousness of, or justify his actions. The Tribunal was clear that honesty is a fundamental principle for any doctor and was of the view that the context did not have any bearing on the seriousness of Dr Kamel's dishonesty. The Tribunal determined that the current and ongoing risk to public protection remained high.

How has Dr Kamel responded to the allegations?

49. The Tribunal noted from the Guidance for MPTS Tribunals that it should consider the evidence available to it to establish if Dr Kamel has: a) shown insight into his behaviour b) taken steps which have reduced the risk of similar allegations occurring again (remediation) such as participating in training, supervision, coaching or mentoring relevant to the allegations and c) kept his knowledge and skills up to date.

50. The Tribunal considered whether Dr Kamel understands what happened, the consequence of his actions and accepts how he could have acted differently. The Tribunal had regard to Dr Kamel's reflective statement in which he has shown remorse for his actions, sets out his understanding of the importance of honesty and an acceptance and recognition that he should not have lied or acted in the way he did. Dr Kamel confirmed in his oral evidence that if he was now placed in a similar situation he would act differently.

51. The Tribunal considered that serious dishonesty, especially when premeditated and persistent, is difficult to remediate, but that it is potentially remediable. It considered Dr

Kamel's response to the allegations in terms of insight, remediation and the risk of repetition. In doing so, it bore in mind paragraph 74 of the Guidance, which states:

> *74. The MPT should consider the evidence available to them to establish if the doctor has:*
>
> > *a. shown insight into their own practice, behaviour and/or impact of a health condition*
> > *b. taken steps which have reduced the risk of similar allegations occurring again (remediation), such as participating in training, supervision, coaching or mentoring relevant to the allegation, and*
> > *c. kept their knowledge and skills up to date.*

52. Dr Kamel has acknowledged that his dishonesty was unacceptable. He states that he now understands the seriousness and if in a similar situation again would act differently, with honesty and integrity, and if he were unable to obtain XXX reports or the like, would inform and engage with the GMC, and rather than falsifying documents would take further steps to obtain genuine XXX evidence.

53. In his written reflections of May 2026 he states:

> *"I fully accept that submitting inaccurate documents was wrong and should never have occurred. However, I respectfully ask the Tribunal to consider the actual context and practical circumstances surrounding these events. The documents in question were not used to obtain unrestricted registration, unrestricted clinical practice, financial gain, or any professional advantage over patients or colleagues. They were submitted within the context of my acceptance of the continuation of the existing restrictions, rather than an attempt to secure the removal or reduction of those restrictions. At the time, I was accepting the continuation of restrictions upon my registration rather than seeking unrestricted return to practice. Importantly, the underlying clinical and practical reality was not altered by those documents. [XXX], my continued specialist medical practice, and my ongoing safe employment within the Finnish healthcare system all demonstrate that I remained capable [XXX]. I do not raise these matters to minimise the seriousness of what occurred, but rather to assist the Tribunal in assessing the true nature, context and proportionality of the conduct in question."*

54. In his oral submissions, Dr Kamel stated that he now has *"more clear thinking"* because he does not have any personal pressures or any personal circumstances, and that he has a *'"plan A and plan B"* as to what he will do in every circumstance that he will face in the near future. He also stated that he did not think there was any risk of repetition as he was in a very specific situation, which he does not think will happen to him again.

55. The Tribunal considered that whilst Dr Kamel had been honest throughout the hearing process and did not seek to attribute his misconduct to XXX, his insight was limited and at an early stage of development.

56. The Tribunal was not satisfied that Dr Kamel as an experienced doctor has reflected on what may have led him to be dishonest. It did not feel that Dr Kamel had adequately explained his actions in terms of what led him to make those decisions and the wider impact of those decisions. The Tribunal received limited evidence of insight such as more in-depth reflections around the motivations or triggers for his dishonesty, the wider impact or specifically how he would prevent repetition in the future.

57. The Tribunal next considered whether the allegations have been remedied. It also received no evidence of relevant Continuous Professional Development (CPD) such as courses on probity/ethics or other actions taken to remediate his misconduct. It also received no testimonials or references on his behalf to demonstrate that he has put into practice his learning as a result of these proceedings. Dr Kamel gave evidence that he had attended the European Congress of Radiology in March 2025 but had provided no further evidence that he had kept his knowledge and skills up to date. However, the Tribunal understood that he has been practising in Finland. The Tribunal was of the view that Dr Kamel had demonstrated limited remediation.

58. Overall the Tribunal considered that in the circumstances, with a lack of meaningful insight or remediation, a risk of repetition therefore remained high. It acknowledged that there had been no repetition but could not be confident that he would not act in a similar way in the future. It noted that he stated that he had a 'plan A and plan B' but he did not specify what these plans were, and also stated that he did not expect that similar circumstances would occur. Given the lack of insight and remediation the Tribunal had no confidence that Dr Kamel would act in a different way if put in the same or similar situation in the future. The Tribunal acknowledged that there was no evidence or suggestion of risk to patients in these proceedings but the dishonesty was of a sophisticated nature. In consideration of all these factors the Tribunal determined that the current and ongoing risk to public protection remained high.

Tribunal's decision as to whether Dr Kamel poses any current and ongoing risk to public protection which may require restrictive action in response and its finding on impairment

59. The Tribunal concluded that there were no applicable factors which reduced where on the spectrum of seriousness Dr Kamel's misconduct fell, or which decreased the risk to public protection.

60. It determined that the second and third limbs of public protection would be undermined were a finding of impairment not made, namely to promote and maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of the profession.

61. It also considered that limbs 2, 3 and 4 of the test set out in *Grant*, above, were applicable in this case, namely that Dr Kamel:

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

62. The Tribunal has therefore determined that Dr Kamel's fitness to practise is impaired by reason of misconduct.

XXX

63. XXX

64. XXX

65. XXX

66. XXX

67. XXX

68. XXX

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XXX

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XXX

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91. XXX

92. XXX

Determination on Sanction - 12/06/2026

1. At the outset of this hearing, the Tribunal announced that the entirety of the hearing should be heard in private in accordance with Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules). This determination will be handed down in private but as this case concerns Dr Kamel's alleged misconduct, a redacted version will be published at the close of the hearing.

The Evidence

2. The Tribunal has reviewed its findings at the facts and impairment stages and taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction

Submissions

On behalf of the GMC

3. On behalf of the GMC, Ms Dudley-Jones submitted that in light of the Tribunal's earlier findings and the *Guidance for MPTS tribunals (2025)* ('the Guidance'), the appropriate and proportionate sanction in the circumstances of this case was that of erasure.

4. Ms Dudley-Jones submitted that this was not a case where it would be appropriate to take no action, nor was it an appropriate case for conditions.

5. Ms Dudley-Jones submitted that the Tribunal determined that in respect of Dr Kamel's misconduct, the current and ongoing risk to public protection was high, and found that Dr Kamel's actions were a serious departure from, and fell seriously below, the principles and standards expected as set out in Good Medical Practice (2024) ('GMP'). She submitted that Dr Kamel's actions represented a pattern of repeated, persistent and sustained dishonesty in an attempt to deceive his regulator for his own benefit, undermining a system put into place to protect patients and the public and breaching a fundamental tenet of the profession.

6. Ms Dudley-Jones submitted that the Tribunal considered that although Dr Kamel had been honest throughout the hearing process and did not seek to attribute the misconduct to XXX, his insight was limited and at an early stage of development. The Tribunal noted that it did not receive evidence such as in-depth reflections around the motivation or triggers for Dr Kamel's dishonesty, the wider impact or how he would avoid repetition in the future, and identified that the risk of repetition remained high. She submitted that the Tribunal also found that there were no applicable contextual features in relation to Dr Kamel's misconduct which might lessen the seriousness or risk to public protection

7. XXX

8. Ms Dudley-Jones submitted that whilst Dr Kamel is now engaging with the GMC and fully engaged with the hearing, both XXX stated that his lack of insight and uncertainty around his future engagement XXX raises the risk XXX, and that the opinion of both of these expert witnesses was that Dr Kamel is not fit to practise unrestricted.

9. Ms Dudley-Jones submitted that the Tribunal concluded that the evidence before it demonstrated that if XXX, patient safety could be put at risk, XXX. She submitted that although there were some positive signs, the Tribunal noted in its impairment determination

that Dr Kamel has only started regularly engaging XXX in the last year and that his acceptance and insight were still at an early stage, identifying that some risk of repetition XXX remained.

10. Ms Dudley-Jones submitted that the level of risk identified, when considered in light of the Guidance, was such that suspension at the least was necessary to stop Dr Kamel from working whilst he gains proper insight into any deficiencies and remediate XXX. She submitted that whilst Dr Kamel has now developed limited insight, his misconduct remains at the top end of the spectrum of seriousness and that in all the circumstances, the position of the GMC was that erasure from the Medical Register was the appropriate and proportionate sanction.

On behalf of Dr Kamel

11. Dr Kamel submitted that he fully accepts the Tribunal's findings and does not seek to minimise the seriousness of his misconduct. He submitted that he has accepted responsibility for his actions, admitted the allegations, expressed remorse, and acknowledged that creating and submitting documents which were not genuine was wrong and fell below the standards expected of a registered medical practitioner.

12. Dr Kamel submitted, however, that the GMC's characterisation of this case as being at the very highest end of the spectrum of dishonesty overstates both the actual consequences of his actions and the current level of risk. He submitted that the features of his case distinguish it from the most serious dishonesty cases, namely that: no patient was harmed, placed at risk or misled; no clinical decision depended upon the documents in question; this was not a case involving patient records, clinical dishonesty towards patients, concealment of clinical errors, fraudulent treatment, financial fraud, or patient safety concerns.

13. Dr Kamel submitted that although the GMC stated that he acted for his own benefit, no actual professional, financial, regulatory, or practical benefit was obtained. The documents did not result in the removal of restrictions, the reduction of restrictions, the avoidance of regulatory proceedings, the closure of the GMC investigation, the obtaining of employment, or any professional advantage. The regulatory process continued throughout, the restrictions remained in place, and the matter proceeded to a full Tribunal hearing. He submitted that whatever benefit may theoretically have been contemplated, no actual benefit was ever realised in practice.

14. Dr Kamel submitted that doctors concentrate a lot on medical knowledge, literature, and not to cause any harm to patients, but that also 'legal stuff and ethical stuff' are very

important which was the main lesson he had learned, and that he needed to study this more and consider these issues in his practise. He submitted that he had already read a lot of sources online about ethics and the importance of honesty and would search if there were any courses in place online, in the UK or Finland, or anywhere in the world about ethics, honesty and good medical practice.

15. Dr Kamel submitted that the Tribunal had recognised that he was engaged XXX, continued to work as a radiologist, that there had been no evidence of patient harm and that his insight continues to develop.

16. Dr Kamel submitted that whilst he accepts that his insight is not yet complete, insight is not absent. He submitted that he admitted the misconduct, accepted responsibility, engaged honestly throughout these proceedings, and reflected upon the serious consequences of his actions. He submitted that he has also taken practical steps to ensure that nothing similar could occur again and that if he required XXX evidence in the future, he would obtain it only through XXX and official channels. He submitted that if he encountered regulatory difficulties, he would seek appropriate legal, professional, and XXX advice rather than attempting to manage such matters alone.

17. Dr Kamel submitted that his actions XXX are also relevant to the question of insight as when XXX. He submitted that these were not the actions of someone denying difficulties XXX but rather were the actions of someone XXX acting responsibly to protect both themselves and the public.

18. Dr Kamel submitted that whilst he accepts that his insight is still developing, his willingness to XXX are all indicators of meaningful insight and professional responsibility and significantly reduced the risk of repetition. He submitted that, importantly, the Tribunal had already recognised that he was practising medicine, XXX, and that there has been no patient harm and that such findings are difficult to reconcile with the proposition that public protection required permanent erasure from the profession.

19. Dr Kamel submitted that it was *"definitely it's not beneficial"* for him to have *"any sanction imposed by the GMC"* and that it will have *"a negative effect"* on his *"reputation and both [XXX] and maybe financially as well"*. He submitted that at the moment he does not practise in the UK at all but was not sure how the regulator in Finland would respond to any sanction or outcome.

20. Dr Kamel submitted that the objectives of public protection, the maintenance of professional standards, and public confidence could be achieved without erasure, which would be disproportionate, and that a lesser sanction such as a period of suspension would be sufficient to protect the public, maintain confidence in the profession, and uphold proper professional standards.

The Tribunal's Determination on Sanction

21. The Tribunal was reminded that the decision as to the appropriate sanction, if any, to impose is a matter for its independent judgement. When determining whether to impose a sanction and, if so, when determining the appropriate sanction, it should have regard to the principle of proportionality and should start by considering the least restrictive option. The Tribunal reminded itself that the main reason for imposing a sanction is to protect the public and that sanctions are not imposed to punish or discipline doctors, even though they may have a punitive effect. Throughout its deliberations, the Tribunal has applied the principle of proportionality, balancing Dr Kamel's interests with the public interest.

22. In making its decision on sanction, the Tribunal has reviewed its decision on facts and impairment and has considered the level of current and ongoing risk Dr Kamel poses to public protection including any other factors. It has referred to the sanctions bandings for dishonesty XXX as set out in Part C of the Guidance for MPT hearings. It has also considered the impact of any specific sanction type, where applicable.

23. The Tribunal bore in mind the features of the misconduct it had identified in its impairment determination, as follows:

- Dr Kamel engaged in a pattern of deliberate and persistent dishonest behaviour that attempted to frustrate the regulatory process and the mechanics of the framework designed to protect the public .

- The behaviour was motivated by self-interest which he placed above the maintenance of standards within the profession.

- Dr Kamel provided false and fabricated reports to the GMC for use at IOT hearings and the MPTs hearing over the course of just under a year.

- Dr Kamel demonstrated little insight into the importance of accurately and honestly providing requested information or accepting it could not be

obtained. Furthermore he demonstrated little insight into the risk to public confidence and professional standards, if such documentation could not be relied upon or was absent.

24. The Tribunal noted that the indicative sanctions banding set out in the Guidance indicated suspension for 9 months to erasure for cases involving dishonesty with a high level of risk to public protection. XXX.

25. Although the Guidance includes indicative sanctions bandings, as set out above, the Tribunal acknowledged that these are indicative rather than binding and any decision on sanction is one ultimately for the Tribunal. Accordingly, the Tribunal started its consideration at the lowest possible sanction.

26. The Tribunal considered Dr Kamel's apology and acknowledgement of fault both within his reflective statement and oral testimony and determined that they were of very limited scope. Furthermore there was limited evidence before the Tribunal that Dr Kamel had appreciated and understood the seriousness and gravity of the allegations against him and the importance of acting with probity and honesty as a medical practitioner.

27. The Tribunal considered that there were mitigating factors, such as there was no evidence before the Tribunal of any prior fitness to practise concerns or findings against Dr Kamel, and it considered in full the challenging personal and family circumstances which had an impact on him.

28. Having balanced all factors the Tribunal considered that the aggravating factors were of significantly more consequence. The Tribunal considered each sanction in ascending order of severity with the least restrictive first.

No action

29. The Tribunal first considered whether to conclude the case by taking no action.

30. The Tribunal determined that there were no exceptional circumstances which would warrant the taking of no action, particularly in the context of the facts found proved and the Tribunal's determination on impairment. It considered that taking no action would not be proportionate, or sufficient to protect the public or reflect the seriousness of its findings.

Conditions

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

32. The Tribunal was mindful of the following paragraph of the Guidance:

> *30. Conditions are unlikely to be a proportionate response in cases where the nature of the allegations about the doctor's behaviour fall at the higher end of the spectrum of seriousness and/or suggest an underlying problem with their attitude*.

33. The Tribunal considered the sanctions bandings for cases where there is a high level of risk to public protection and noted that it does not indicate that conditions would be sufficient to meet the high level of risk identified in this case.

34. The Tribunal considered that conditions might be appropriate if the facts of the case were restricted to XXX. In considering his misconduct, the Tribunal determined that it would not be appropriate or proportionate given the seriousness of its findings and the high level of risk to public protection identified. It also considered that conditions could not be formulated to address the outstanding concerns, nor would conditions be workable, especially as Dr Kamel's misconduct related to him falsifying documentation in order to meet the conditions imposed on his registration by an Interim Orders Tribunal (IOT). The Tribunal concluded that imposing conditions on Dr Kamel's registration would not sufficiently mark the seriousness with which it viewed his dishonest conduct.

35. The Tribunal also noted the GMC submissions that the least restrictive sanction which could be imposed in this case was that of a period of suspension, in line with the indicative sanctions banding.

Suspension

36. The Tribunal then went on to consider whether to impose a period of suspension on Dr Kamel's registration. In doing so, it bore in mind the following paragraphs of the Guidance:

> *45. Suspension may be proportionate in cases where some, or all, of the following factors are present:*
>
> *a. conditions are not appropriate, measurable and/or workable*

b. the level of current and ongoing risk to public protection is such that it cannot be safely managed with conditions and suspension is necessary to stop the doctor from working and putting patients at risk while they gain insight into any deficiencies and remediate, or undergo medical treatment, and/or
c. the level of current and ongoing risk to public protection is such that, although patient safety is not an issue, suspension is needed to maintain public confidence in the profession and/or maintain professional standards.

37. The Tribunal considered that paragraphs 45(a) & (b) were applicable in that it had identified that conditions would not be appropriate, proportionate or workable and that it had identified a high risk to public protection requiring a sanction in order to maintain public confidence in the profession and maintain professional standards.

38. The Tribunal considered that whilst Dr Kamel had demonstrated some basic insight, accepting that his actions were wrong and should not be repeated, this insight was at a very early stage. The Tribunal was concerned that in his submissions at this stage of proceedings, Dr Kamel continued to minimise the seriousness of his dishonesty, demonstrating a persistent lack of insight following the Tribunal's determination on impairment, which clearly set out the reasoning for the assessment of his misconduct being high on the spectrum of seriousness and posing a high risk to public protection.

39. The Tribunal noted that whilst Dr Kamel submitted that his dishonesty did not involve patients or the falsification of patient records, this was not correct. Dr Kamel XXX, and fabricated his own XXX documents in relation to XXX, while under conditions XXX, in order to mislead. Whilst this may not have related to XXX, he nonetheless attempted to deceive his regulator with falsified XXX letters on a number of occasions and maintained that dishonesty over an extended period of time, on multiple occasions, even when challenged. The Tribunal considered that whilst Dr Kamel did eventually admit that he had forged the relevant documents, this was only once it became clear to him that his deception had been identified and was being investigated.

40. The Tribunal was also concerned that Dr Kamel maintained that his deception was not for personal benefit. Whilst there was no evidence that the conditions imposed by the IOT were impacted by his falsified documents, he had nonetheless engaged on a course of persistent dishonesty in order to circumvent the obligations imposed on him by the IOT hearings, undermining a system put in place to protect the public. The Tribunal did not accept that because Dr Kamel's deception did not, apparently, alter the decisions of the IOTs

or result in direct financial or professional gain, that his actions were not carried out for his own benefit and in his own self-interest.

41. In his submissions at this stage of proceedings, Dr Kamel raised the idea of attending courses on probity and ethics for the first time, and the Tribunal considered that this demonstrated potential for the further development of insight. However, an appreciation that embarking on a deliberate, premeditated and sustained course of dishonesty to his regulator in such circumstances was wholly inappropriate and extremely serious and should have been immediately apparent. The Tribunal considered that honesty is a fundamental tenet and core value of the profession, and was mindful of the following paragraphs of the Guidance:

> *77. Honesty is a basic quality that is expected of all, based on shared moral values. It involves being truthful about important matters and respecting the property rights of others. Dishonesty is a disregard for this shared moral value and can be used to describe a lack of probity, cheating, lying or deliberately withholding information.*
>
> *80. Honesty is at the heart of medical professionalism and is essential for the public to have trust in doctors and the systems they work in. Doctors must make sure their conduct justifies their patients 'trust in them and the public's trust in the profession. They must follow the law and always be honest about their experience, qualifications and current role.*
>
> *82. Documents made by doctors to formally record their work (including patients ' medical records) must be clear, accurate, contemporaneous and legible. When writing references and when appraising or assessing the performance of colleagues, doctors must be accurate, fair and objective.*

42. The Tribunal considered that in regard to XXX, he was now engaging XXX, acknowledging that it was not unreasonable to expect that it may take some time for him to further develop his insight XXX.

43. The Tribunal reminded itself of the seriousness of the findings and that it had identified that the facts found proved amounted to significant breaches of GMP and engaged all four limbs of the Grant test. The Tribunal acknowledged that the guidelines provide suspension may be appropriate where there is an acknowledgement of fault and it is satisfied that the conduct will not be repeated. Dr Kamel's acknowledgement of fault had been forthcoming at the Tribunal hearing, but given his limited insight and remediation, the

Tribunal identified an ongoing risk of repetition. There was no evidence before the Tribunal of remediation and there was nothing to suggest that Dr Kamel had any settled intention of taking steps to remediate his conduct other than submissions at sanction stage after further questioning from the Tribunal.

44. There was no evidence that Dr Kamel had repeated his dishonesty since the last incident however the Tribunal noted he had been working abroad in Finland and in the circumstances any potential risk of repetition has not effectively been tested .

45. Dr Kamel had provided little evidence to demonstrate an understanding or appreciation of his actions. Given the motivation for his dishonest conduct and the absence of persuasive mitigating factors, insight or remediation the Tribunal remained of the view that there was a significant risk of repetition.

46. Given the serious nature of Dr Kamel's misconduct and his ongoing lack of meaningful insight, the Tribunal was concerned that a period of suspension may fail to adequately demonstrate to members of the public and members of the profession that such behaviour is entirely unacceptable, and fail to uphold the second and third limbs of public protection, namely to promote and maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of the profession.

Erasure

47. The Tribunal then went on to consider whether to erase Dr Kamel's name from the Medical Register. In doing so, it bore in mind the following paragraphs of the Guidance:

> *55. Erasure is action available for those cases where a doctor's behaviour, performance, or the impact that a health condition is having on their ability to practise safely and effectively, is incompatible with continued registration at this point in time. It means the level of current and ongoing risk the doctor poses to public protection is so significant that they should not be allowed to practise.*
>
> *56. Erasure takes away a doctor's registration which means they are no longer entitled to practise in the UK at all, or anywhere else where they are required to hold GMC registration. It is used to protect the public in the most serious cases. It also has a deterrent effect as it sends a signal to the individual doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor.*

57. Erasure may be the proportionate response where:

a. conditions are not appropriate, measurable and/or workable and suspension is not sufficient to protect the public
b. the doctor's behaviour or performance is such that it caused serious harm, and the risk of harm recurring cannot be mitigated sufficiently through putting conditions or suspension in place
c. the doctor has shown a persistent lack of insight into the seriousness of the allegation about their behaviour or performance and the potential or actual consequences, and/or
d. the seriousness of the facts found proven and/or impact of any relevant context that increased the current and ongoing risk to public protection mean the effect of the doctor continuing to hold registration is such that it will undermine public confidence in the profession.

48. The Tribunal considered that paragraphs 57(c) & (d) were particularly applicable in this case. Dr Kamel has shown a persistent lack of insight into the seriousness of the allegation and the potential consequences and considered that the effect of Dr Kamel continuing to hold registration was such that it would undermine public confidence in the profession. The Tribunal had already concluded that Dr Kamel had shown a blatant disregard for his regulator and the regulatory processes. The Tribunal concluded that his actions undermined public confidence in the profession and the maintenance of proper professional standards and conduct.

49. The Tribunal acknowledged Dr Kamel's personal circumstances and that any sanction could impact his ability to practise elsewhere in the world, but determined that did not lessen the seriousness of its findings or the risk to public protection, and reminded itself of the following paragraphs of the Guidance:

The public having confidence in the profession is more important than the interests of an individual doctor.

8. Where appropriate, tribunals can consider the impact on those affected by the decision. This will include the interests of individual patients and members of the public, colleagues and the interests of the doctors the GMC regulates, including the individual doctor. But in all cases, the need to protect the public from any risk posed by a doctor, is more important than the interests of any individual.

The interests of the doctor will include the impact on their career. This means when deciding what sanction is required, it may be appropriate to consider any increased impact a specific outcome would have on an individual doctor compared to others, considering their specific circumstances. However, case law is clear that the need to protect the public always outweighs the interests of any individual medical professional. And while restrictive action is not put in place to punish or discipline a doctor, a sanction may have a punitive effect yet still remain necessary.

50. The Tribunal considered that although Dr Kamel had engaged in the process, acknowledged his wrongdoing and been candid with the Tribunal, there remained a persistent lack of insight or indication as to how he would progress and remediate his misconduct and therefore a real risk of repetition.

51. The Tribunal concluded that Dr Kamel's actions were at the highest end of the spectrum of dishonesty and were fundamentally incompatible with continued registration. The Tribunal noted Dr Kamel's submission with regards the impact that suspension or erasure would have on him. However, the Tribunal reminded itself of paragraph 10 of the Guidance that the need to protect the public outweighs the interests of an individual doctor. The Tribunal determined that the seriousness of Dr Kamel's misconduct meant that the effect of him continuing to hold registration would undermine public confidence in the profession.

52. The Tribunal therefore determined that the only appropriate and proportionate sanction which would uphold the overarching objective to protect the public in this case was the sanction of erasure.

53. Accordingly, the Tribunal has determined to direct that Dr Kamel's name be erased from the Medical Register.

Determination on Immediate Order - 12/06/2026

1. At the outset of this hearing, the Tribunal announced that the entirety of the hearing should be heard in private in accordance with Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules). This determination will be handed down in private but as this case concerns Dr Kamel's alleged misconduct, a redacted version will be published at the close of the hearing.

2. Having determined that Dr Kamel's name be erased from the Medical Register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Kamel's registration should be subject to an immediate order.

Submissions

3. On behalf of the GMC, Ms Dudley-Jones submitted that an immediate order of suspension was necessary and proportionate in the circumstances of the case and in light of the Guidance.

4. Ms Dudley-Jones submitted that an immediate order was necessary in order to protect the public. She further submitted that it was in the public interest in view of the Tribunal's findings with regard to the seriousness of the misconduct and the risk of repetition.

5. Dr Kamel stated that he did not have any submissions to advance in response to the GMC submissions on the matter.

The Tribunal's Determination

6. 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.

7. The Tribunal had regard to the relevant paragraphs of the Guidance, in particular paragraphs 83 and 84, which set out:

> *"83. The decision whether to impose an immediate order is at the discretion of the MPT based on the facts of the case. When deciding if an immediate order is needed the MPT should consider the seriousness of the proved allegation and the level of current and ongoing risk to public protection posed by the doctor.*
>
> *84 It will not usually be appropriate for a doctor to hold unrestricted registration until a sanction takes effect in cases where:*
>
> *a. the doctor poses a risk to patient safety*
> *b. the risk to one or more parts of public protection is high, and/or immediate action is needed to maintain public confidence in the medical profession"*

8. The Tribunal considered that given it found the level of risk to public protection to be high and the seriousness of its findings, along with the risk of repetition, an immediate order was necessary in the circumstances of this case.

9. The Tribunal determined that it would be inconsistent with its earlier findings that Dr Kamel's actions were incompatible with continued registration, to allow Dr Kamel to practice unrestricted for the appeal period or the duration of any appeal. The Tribunal was also concerned that if an immediate order was not imposed it would fail to maintain public confidence.

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

11. The interim order currently in place on Dr Kamel's registration is hereby revoked.