

PUBLIC RECORD

Dates: 02/03/2026 - 10/03/2026

Doctor: Dr Baraa ALMASRI

GMC reference number: 7645372

Primary medical qualification: MB BCh 2013 Misr University for Science and Technology College of Medicine

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

Summary of outcome

Erasure
Immediate order imposed

Tribunal:

Legally Qualified Chair	Sian Darlington
Lay Tribunal Member:	Darren Shenton
Registrant Tribunal Member:	Dr David Mabin

Tribunal Clerk:	Matt O'Reilly
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Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Mr Charles Garside KC

Attendance of Press / Public

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

Overarching Objective

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

Determination on Facts - 05/03/2026

Background

1. Dr Almasri completed his residency in Egypt in September 2013 before moving to Saudi Arabia in January 2014. He remained there until the end of 2016 and was registered with the Saudi Commission for Health Sciences. He worked in a self-funded, unpaid position in an anaesthetic department in Romania from 12 March 2018 to 15 March 2019.
2. In November 2019, Dr Almasri came to the UK to undertake an unpaid work placement at Essex Partnership University Trust. He undertook a clinical observership role with the East Crisis Resolution Home Treatment Team based at Rochford hospital, from 11 November 2019 to 6 December 2019. He undertook a further observership from 16 December 2019 to 20 December 2019, at Basildon mental health unit. He was interviewed for an NHS locum post on the 23 December 2019 and commenced paid work on 25 February 2020, working at Western House in Stansted. He then moved to St Margaret's Hospital in Epping. He left Essex Partnership University Trust on 2 February 2021. Between 3 February 2021 and 2 August 2022 Dr Almasri was employed by Sussex Partnership NHS Trust as a core trainee in adult psychiatry.
3. The matters that have led to the Allegation against Dr Almasri can be summarised as follows. In or around January 2019, Dr Almasri met Mr A XXX. Dr Almasri returned to Romania on 20 February 2019. XXX, and numerous text messages were exchanged between them. Dr Almasri returned to the UK for a short period between 6 November 2019 and 18 December 2019 and resided, for at least part of that period, with Mr A at his home. Dr Almasri returned to the UK on or around 21 February 2020 in order to take up his paid NHS position and thereafter resided with Mr A.

4. From 2017, Mr A ran a website XXX which promoted XXX. These procedures were usually undertaken by Mr A at his home, which was a basement flat. Some of the procedures were recorded and uploaded onto the website where people were able to download the footage or images for a fee. The participants of the procedures received a percentage of the profits made from the viewings and downloads from the website.
5. The procedures being carried out included XXX. Sometimes participants were injected with anaesthetic. At other times no anaesthesia was used. Some of the procedures were carried out by Mr A either on his own or with others present. Other procedures were carried out under Mr A's supervision or observation. Mr A had also used XXX.
6. Mr A's activities came to light when a recipient of his services reported him to the police, and an investigation was undertaken. A number of co-conspirators were identified.
7. Mr A was subsequently charged with 1 count of conspiring to cause grievous bodily harm ('GBH'), 5 counts of GBH, and 1 count of having acquire / use / possess criminal property. He was subsequently sentenced to life in prison with a minimum term of 22 years.
8. During the police investigation, Dr Almasri was XXX. He was arrested on 7 December 2021 and interviewed by the police. He provided a 'no comment' interview. He was further interviewed by the police on 4 March 2022 and again provided a 'no comment' interview.
9. Following the investigation, a file of evidence was considered by the Crown Prosecution Service, and it was decided there was insufficient evidence for a realistic prospect of conviction of Dr Almasri for conspiracy to cause GBH. No criminal charges were brought against him.
10. The first referral by the police to the GMC as to their concerns in respect of Dr Almasri was made on 3 November 2021. On 21 December 2021, the police notified the GMC of their investigation into Dr Almasri and raised their concerns as to his knowledge of Mr A's activities, in particular that unnecessary surgery was taking place by non-medically qualified persons in a basement flat, causing permanent and serious injuries.
11. The Allegation set out below therefore relates to Dr Almasri's knowledge of Mr A's illegal activities; his engagement in conversation via Whatsapp message as to those illegal activities, and that his messages were capable of encouraging and/or assisting the commission of one or more of the offences for which Mr A was convicted. Further, that he knew one or more of the Activities were illegal; he failed to inform the police or any other

relevant authority about the Activities; and he failed to cooperate with a formal inquiry, in that he did not provide the police with pin codes for his electronic devices when requested.

The Outcome of Applications made during the Facts Stage

12. Dr Almasri was neither present nor represented at this hearing. At the outset of proceedings, Mr Charles Garside KC, on behalf of the GMC, made an application in respect of service and proceeding in Dr Almasri's absence. The Tribunal granted the application. Its full written decision can be found at Annex A.

13. On day 1, the Tribunal also considered a written application for anonymity from Dr Almasri. Mr Garside objected to the application. The Tribunal refused the application. Its full written decision can be found at Annex B.

The Allegation and the Doctor's Response

14. The Allegation made against Dr Almasri is as follows:

1. XXX, as a result of his involvement in illegal activities ('the Activities'), Mr A was convicted of criminal offences, including those set out in Schedule 1. **To be determined**
2. Between 19 January 2019 and 5 December 2020, including on one or more of the dates set out in Schedule 2, you:
 - a. received WhatsApp messages from Mr A informing you that he was carrying out one or more of the Activities; **To be determined**
 - b. sent WhatsApp messages to Mr A in which you engaged in conversation about one or more of the Activities. **To be determined**
3. Your actions set out in paragraph 2.b were capable of encouraging and/or assisting the commission of one or more of the offences for which Mr A was convicted, as set out in paragraph 1. **To be determined**
4. You:
 - a. knew that one or more of the Activities were illegal; **To be determined**
 - b. failed to inform the police or any other relevant authority about the Activities; **To be determined**

- c. failed to cooperate with a formal inquiry, in that you did not provide the police with pin codes for your electronic devices when requested.

To be determined

And that by reason of the matters set out above your fitness to practise is impaired because of your misconduct. **To be determined**

The Facts to be Determined

15. In light of there being no admissions made, the Tribunal is required to determine the entirety of the Allegation before it.

Witness Evidence

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

- Ms B, witness statement dated 12 December 2023;
- Ms C, witness statement dated 5 January 2024;
- DS D, witness statement dated 14 October 2024. DS D also provided a supplemental witness statement dated 8 October 2025;
- PC E, witness statement dated 25 September 2025.

Documentary Evidence

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

- Police witness statement of Ms B, dated 23 November 2021, with amendments;
- Whatsapp messages provided by Ms B, various;
- Police witness statement of Ms C, dated 29 November 2021;
- Messages between Mr A and Dr Almasri 14 January 2019 -16 January 2021;
- Table of offences provided by DS D (undated);
- Crime scene photographs, dated 7 December 2021;
- Email from Dr S to the GMC, attaching a timeline, dated 2 November 2023;
- Police chapter of evidence on Dr Almasri, undated;

- Extensive correspondence from the police, and documents provided to the GMC, in respect of the police investigation and the criminal case against Mr A and the investigation as it related to Dr Almasri, various;
- Email from DS D to the GMC attaching evidence relating to the police request for Dr Almasri's pin number, dated 18 April 2023
- XXX;
- Police case summary in respect of Dr Almasri, dated 18 April 2023;
- Mr A & others v Rex; sentencing remarks, XXX;
- Mr A & others v Rex; Judgment on sentencing appeal, dated XXX;
- Dr Almasri response to GMC draft Rule 7 particulars of Allegation, dated 15 May 2025;
- Dr Almasri testimonials, various;
- Dr Almasri well wishes, various.

The Tribunal's Approach

18. 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.

19. There are no agreed facts although all documentary evidence relied upon by the GMC was unchallenged. 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's Analysis of the Evidence and Findings

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

Paragraph 1 of the Allegation

1. XXX, as a result of his involvement in illegal activities ('the Activities'), Mr A was convicted of criminal offences, including those set out in Schedule 1.

21. The Tribunal noted that the activities set out in Schedule 1 was that on XXX, Mr A was convicted of; conspire to cause grievous bodily harm with intent x 1; cause grievous bodily harm with intent to do grievous bodily harm x 5; and acquire / use / possess criminal property x 1.
22. The Tribunal had before it Mr A's certificate of conviction which reflected that alleged in Schedule 1. The Tribunal also considered the written sentencing remarks from Mr A's trial and the transcript of the Court of Appeal judgment in Mr A's appeal against sentence, in which the sentence was upheld.
23. The Tribunal therefore found paragraph 1 of the Allegation proved.

Paragraphs 2a and b of the Allegation

2. Between 19 January 2019 and 5 December 2020, including on one or more of the dates set out in Schedule 2, you:
- a. received WhatsApp messages from Mr A informing you that he was carrying out one or more of the Activities;
 - b. sent WhatsApp messages to Mr A in which you engaged in conversation about one or more of the Activities.
24. The Tribunal noted that the messages referred to in Schedule 2 originated from the police investigation into Mr A and were extracted from Mr A's mobile telephone. The responses are attributed to Dr Almasri's name and the content of them support that the author was Dr Almasri. Accordingly, the Tribunal determined that the messages were exchanged between Mr A and Dr Almasri.
25. The Tribunal considered the entirety of the messages produced by the witness DS D to determine their content and nature. The messages from Mr A makes specific reference to activities including: XXX. On occasion Mr A sent photographs to Dr Almasri to illustrate the contents of his messages. The messages are acknowledged by Dr Almasri in some way.
26. The Tribunal had particular regard to the following extracts from the Whatsapp messages and photographs sent between Dr Almasri and Mr A on the following dates: 19 January 2019; 2 February 2019; 5 February 2019; 10 February 2019; 15 February 2019; 6 April 2019; 21 April 2019; 20 December 2019; 14 January 2020; 15 January 2020; 18 January 2020; 19 January 2020; and 20 January 2020.

27. The Tribunal considered that the messages sent by Mr A, of which the above are a snapshot, contain descriptions of illegal XXX undertaken by Mr A on others and which are capable of amounting to GBH in a criminal court. The Tribunal also noted that the events described in some of the messages appear to correlate to some of the offences for which Mr A was convicted. Mr A also informed Dr Almasri that he was receiving payment for XXX.

28. The Tribunal were of the view that Dr Almasri engaged with the messages received from Mr A, both acknowledging them and on occasion asking questions about them. The Tribunal had regard to a message to Mr A in which Dr Almasri expressed that he was open to a XXX but that he would *“want to see it in person first, on someone else to see how I like it heheh”*.

29. The Tribunal was of the view that the evidence demonstrated that between 19 January 2019 and 5 December 2020, including on one or more of the dates set out in Schedule 2, that Dr Almasri did send and receive WhatsApp messages from Mr A informing the doctor that he was carrying out one or more of the Activities, and he engaged in those message conversations.

30. The Tribunal therefore found paragraphs 2a and b of the Allegation proved.

Paragraph 3 of the Allegation

3. Your actions set out in paragraph 2.b were capable of encouraging and/or assisting the commission of one or more of the offences for which Mr A was convicted, as set out in paragraph 1.

31. The Tribunal considered the entirety of the WhatsApp messages produced by the witness DS D in considering whether the WhatsApp messages sent by Dr Almasri to Mr A were capable of encouraging and/or assisting the commission of one or more of the offences for which Mr A was convicted.

32. The Tribunal had specific regard to the following extracts from the Whatsapp messages sent between Dr Almasri and Mr A: 24 January 2019; 25 January 2019; 26 January 2019; 2 February 2019; 5 February 2019; 16 February 2019; 6 April 2019; 5 September 2019; 26 November 2019; and 20 December 2019.

33. The Tribunal considered the individual messages and photographs sent, then took a step back and looked at them as a whole. It is apparent that Mr A was sharing details of his

activities from an early stage XXX with Dr Almasri. The messages demonstrate XXX and level of trust between Mr A and Dr Almasri, in the communication in respect of the illegal activities Mr A was undertaking. In the Tribunal's view the messages demonstrate that Dr Almasri appeared supportive of Mr A's activities. He showed interest in those procedures and in helping with the website and the procedures themselves in the future. He messaged about his lack of surgical skill but was willing to learn if Mr A could teach him.

34. The Tribunal did not receive evidence from Dr Almasri. It noted that Dr Almasri provided no explanation in his Rule 7 response letter, and that he had provided a 'no comment' response to the police when interviewed. The Tribunal did not apportion any adverse inference against Dr Almasri from his non-attendance during these proceedings or lack of a witness statement putting his case across or providing an alternative explanation. It also accepted that there was no evidence that he took part in any of Mr A's illegal activities.

35. The Tribunal was satisfied however, on the balance of probabilities, the WhatsApp messages Dr Almasri sent to Mr A in which he engaged in conversation about one or more of Mr A's activities, as have been set out above, were capable of encouraging and/or assisting the commission of one or more of the offences for which Mr A was convicted, for the following reasons.

36. The Tribunal noted that the activities were discussed over a prolonged time period – more than one year – yet at no point did Dr Almasri seek to dissuade Mr A to stop his activities. Rather, Mr A's activities appeared to be a source of humour and amusement between them. Dr Almasri also sought to know more about certain procedures. His questions and responses were such as could be perceived by Mr A as encouragement.

37. Moreover, the Tribunal considered that, in some messages, Dr Almasri demonstrated a willingness to be a part of the enterprise, if not at that time then at some point in the future - once his exams were out of the way according to his message on 26 January 2020, and if Mr A was willing to teach him, according to his message on 6 April 2019.

38. The Tribunal further noted that the messages exchanged on 26 November 2019 suggest that Dr Almasri was, or intended to be, physically present in the room and to observe Mr A undertake at least one procedure. The Tribunal further noted that the events described in that message exchange appear to correlate to one of the offences for which Mr A was convicted.

39. The Tribunal considered the messages sent by Dr Almasri on 20 December 2019 were capable of amounting to evidence of Dr Almasri being encouraging of Mr A in making money through the uploading of videos of his Activities.

40. The Tribunal therefore found paragraph 3 of the Allegation proved.

Paragraphs 4a, b and c of the Allegation

4. You:
- a. knew that one or more of the Activities were illegal;
 - b. failed to inform the police or any other relevant authority about the Activities;
 - c. failed to cooperate with a formal inquiry, in that you did not provide the police with pin codes for your electronic devices when requested.
 - d.

41. In considering paragraph 4a, the Tribunal bore in mind that Dr Almasri had come from Gaza, then Saudi Arabia, and following a placement for a year in Romania, then to the UK, a much more liberal country than Gaza or Saudi Arabia XXX. The Tribunal also had regard to the fact that Dr Almasri was aware that those who underwent procedures at the hands of Mr A were consenting individuals. Whilst the Tribunal considered that the fact of consent does not affect the illegal nature of the activities, it did consider whether Dr Almasri would have made this distinction in the light of his own background. It also considered what an ordinary member of the public would think of these activities and whether they would recognise these activities were illegal.

42. The Tribunal considered the context and circumstances of the matters before it. Dr Almasri was a trainee doctor and had undertaken a self-funded 12-month placement in anaesthesia in Romania prior to coming to the UK and had begun working within the NHS, which is highly regulated. The Tribunal considered that Dr Almasri must have known that; a) life altering irreversible invasive surgical procedures were being carried out by someone who was not medically qualified; b) that these procedures were carried out in a non-sterile environment of a basement flat; and c) the individuals undergoing these procedures could be at risk of serious physical and/or psychological harm. It would be reasonable to expect that as a medical professional, Dr Almasri would have understood the utmost importance of a safe sterile environment in which a surgical procedure should be undertaken.

43. In her police witness statement of 3 May 2022, Ms F, Medical Workforce Manager for Essex Partnership University Trust, stated:

“We can provide references detailing Dr Almasri 's work carried out overseas. We have two references on file from Romania, which verified that he worked in a self-funded, unpaid position in the anaesthetic department from the 12th March 2018 to 15th March 2019.

...

Dr Almasri was registered with the Saudi commission for health sciences and held a States licence number but this has lapsed since moving from Saudi Arabia. He has passed the PLAB and IELTS tests in 2018 and 2019. There is an overseas police check from Romania on file.”

44. The Tribunal considered that Dr Almasri must have been aware of the standards expected in the UK having been registered in this country and having passed PLAB and IELTS tests.

45. The Tribunal considered that Mr A’s illegal activities also applied to Mr A’s charging of fees to observe his unregulated activities and his use of his website for the purposes. The Tribunal also noted that Dr Almasri was aware that Mr A had kept XXX and later sold them. Mr A’s activities were not carried out for altruistic concerns, rather they were performed for sexual gratification and profit.

46. The Tribunal considered that within the messages there was evidence that Dr Almasri knew what Mr A was doing was wrong. On 26 October 2019 Dr Almasri sent a message to Mr A stating, *“So you’re being naughty and taking [XXX] tonight”*. He knew that this was not normal behaviour. The Tribunal noted that very graphic photos were sent to Dr Almasri from Mr A, yet there was no evidence that he paused to consider whether what was happening to these individuals should have been happening. Dr Almasri had also made reference to Mr A that many of these individuals had treatable psychiatric problems but stood by when there were having irreversible XXX, which amounted to GBH.

47. The Tribunal considered that the GMC had not provided clear and categorical evidence that Dr Almasri knew Mr A’s activities were illegal. The GMC invited the Tribunal to apply a common-sense approach in determining this allegation. Taking into account the context described above, the Tribunal was satisfied that a right-minded doctor in the UK would have known, on the balance of probabilities, that that activities which Mr A had been carrying out were illegal.

48. The Tribunal therefore found paragraph 4a of the Allegation proved.

49. In respect of paragraph 4b, in that it is alleged that Dr Almasri failed to inform the police or any other relevant authority about the Activities, the Tribunal considered the GMC witness statement of DS D, dated 14 October 2024. He stated:

“59. ... also include images of [Mr A] with [XXX]. We were concerned that Dr Almasri may be aware that someone was potentially [XXX] in order to [XXX]. It is concerning that, if this was the case; in his role as a doctor. Dr Almasri did not come forward and raise concerns or try to prevent that from happening.”

50. The Tribunal relied on the evidence before it from the police investigation and the witness statement provided by DS D. There was no evidence to suggest that Dr Almasri came forward or reported any of Mr A’s activities to any relevant authority. When Dr Almasri was arrested and interviewed by the police on 7 December 2021, and then further interviewed on 4 March 2022, he provided a ‘no comment’ interview and did not self-report to the GMC that he had been arrested and interviewed (albeit this is not alleged here).

51. Dr Almasri was referred to the GMC by police on 3 November 2021. Following this referral, Dr Almasri also did not provide any further details as to Mr A’s activities.

52. The Tribunal therefore found paragraph 4b of the Allegation proved.

53. In respect of paragraph 4c, in that Dr Almasri failed to cooperate with a formal inquiry, in that he did not provide the police with pin codes for his electronic devices when requested, the Tribunal again noted that he was legally represented at an interview, in which the police requested his pin code for electronic devices, and that he answered ‘no comment’.

54. In his witness statement, DS D stated:

“17. We seized digital items from Dr Almasri's home address. We were unable to download data from Dr Almasri's mobile phone as he refused to provide us with the password to the device on a number of occasions. We were unable to break into his phone without the passcode.”

...

“87. ...when someone refuses to provide the pin to their phones, we would ask their solicitor to explain the possible consequences of not providing their pin. The documentation at...shows that we were unable to access Dr Almasri's mobile phone as

he did not supply the relevant pins. His refusal to supply his codes suggested that he had something to hide.

88. *...the email at ...is a warning letter we sent to Dr Almasri explaining that he may be subject to Section 49 of Regulation of Investigatory Powers Act 2000 ('RIPA') if he did not supply his pin codes to his phone...*

89. *Under S49 of RIPA there is an offence where if someone refuses to provide passcodes they can be charged with that offence alone. It was decided that in the investigation into Dr Almasri, the process of charging him with this offence was a disproportionate amount of police work for quite a low level offence.*

92. *In Dr Almasri's case; it was considered that...because we had such an enormous amount of people on bail who we were going to be charged with serious offences such as GBH (and we didn't have unlimited resources), we had to decide whether this was a proportionate step with Dr Almasri. On balance, we were worried that it would be decided to not be in public interest to charge Dr Almasri with the offence.*

93. *The fact that Dr Almasri refused to share his password with the police was relevant to the GMC investigation but we did not decide to pursue prosecution of him for this offence.”*

55. The Tribunal had before an undated letter from DI G of the Metropolitan Police to Dr Almasri which she appears to have sent to his solicitor on 4 May 2022. The letter states:

“I write to you as the supervising officer in the matters in which you are under investigation by the Metropolitan Police, arising out of conspiracy to GBH between 2017 and 2021.

During the course of the investigation digital devices were seized from you. The devices seized were PIN locked, as police find is commonly the case.

Digital equipment which is suspected to belong to you has been seized as part of an on-going law enforcement investigation. In the event of encryption or other form of protection being utilised, it is your choice as to whether you disclose the password or PIN to unlock the device.

If you decide not to disclose the relevant information to enable officers to access the digital device you may be committing an offence under Part III, Section 49 of the Regulation of Investigatory Powers Act 2000 (RIPA). A Section 49 offence of failing to disclose access keys (passwords, PINs etc) is in addition to any other offences you may be charged with and carries an independent custodial sentence of up to 5 years. I write to you to ask that you provide the PIN lock code to the devices on the spreadsheet attached to this email.”

56. On 19 May 2022 a chaser email was sent to the solicitor requesting Dr Almasri’s pin to his electronic devices. The requested information was not provided.

57. In a police summary report of Dr Almasri’s Evidence, arrest search and interview, it is stated that:

“4) Dr Almasri showed that he was not co-operating with the investigation by refusing access to his mobile phone by handing over the Pin number ... Police were unable to access his phone due to the level of encryption on the device. This refusal to provide a PIN number is technically an offence under S49 RIPA but a decision was taken it was not in the public interest to pursue this charge in relation to Almasri for S49 RIPA.”

58. The Tribunal considered that as a registered medical practitioner in the UK, Dr Almasri had a duty to co-operate with a formal enquiry. The evidence before it demonstrated that he did not co-operate with the request by the police to provide the pin to his electronic devices. It also noted that the only reason the police did not go ahead and a court order to open his devices was that it would be a disproportionate waste of resources as Mr A and other co-conspirators were the main focus of their investigation.

59. The Tribunal therefore found paragraph 4c of the Allegation proved.

The Tribunal’s Overall Determination on the Facts

60. The Tribunal has determined the facts as follows:

1. XXX, as a result of his involvement in illegal activities (‘the Activities’), Mr A was convicted of criminal offences, including those set out in Schedule 1.

Determined and found proved

2. Between 19 January 2019 and 5 December 2020, including on one or more of the dates set out in Schedule 2, you:
 - a. received WhatsApp messages from Mr A informing you that he was carrying out one or more of the Activities;
Determined and found proved
 - b. sent WhatsApp messages to Mr A in which you engaged in conversation about one or more of the Activities.
Determined and found proved
3. Your actions set out in paragraph 2.b were capable of encouraging and/or assisting the commission of one or more of the offences for which Mr A was convicted, as set out in paragraph 1. **Determined and found proved**
4. You:
 - a. knew that one or more of the Activities were illegal;
Determined and found proved
 - b. failed to inform the police or any other relevant authority about the Activities; **Determined and found proved**
 - c. failed to cooperate with a formal inquiry, in that you did not provide the police with pin codes for your electronic devices when requested.
Determined and found proved

And that by reason of the matters set out above your fitness to practise is impaired because of your misconduct. **Determined and found proved**

Determination on Impairment - 09/03/2026

61. 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 Almasri's fitness to practise is impaired by reason of misconduct.

Evidence

62. In reaching its determination, the Tribunal took into account all the evidence received during the facts stage of the hearing. No evidence was received from Dr Almasri at this stage.

Submissions on behalf of the GMC

63. Mr Garside reminded the Tribunal that at this stage of the hearing it must first decide whether Dr Almasri's conduct amounted to misconduct within the meaning of the law relating to professional behaviour. Secondly, that if Dr Almasri is guilty of misconduct, whether that leads to a finding that his fitness to practise is impaired.

64. In respect of misconduct, Mr Garside reminded the Tribunal of its findings on the facts of the case, in that Dr Almasri encouraged, and if not participated in, had shown a keen interest in a series of very severe criminal assaults on people, some of whom were vulnerable. He said that the question of misconduct was one for the Tribunal's judgment, based on its findings of fact. He reminded the Tribunal that the actions of Mr A and those who assisted him may have been motivated in part by XXX. He submitted however that this was not what made them serious. He said that what made this serious was the sheer nature of the XXX in the circumstances the Tribunal have identified in its determination on the facts. Mr Garside submitted that this was not only misconduct but serious misconduct.

65. Mr Garside submitted that it was important that the XXX, are not seen as in any way causing serious misconduct. He clarified, the sentence for Mr A would have been the same if he had been doing similar things to any other human being or set of human beings and invited the Tribunal to consider the issue of misconduct on the same basis that the Courts did.

66. Mr Garside referred the Tribunal to the provisions of the Medical Act (1983). He invited the Tribunal to consider whether or not, the activities which Dr Almasri was associated with were a serious breach of the duties of a doctor, and a serious departure from the standards that a doctor should observe. He referred the Tribunal to the relevant paragraphs of *Good Medical Practice (2013) ('GMP')*, that in maintaining trust, it reminds doctors to "*be honest and open and act with integrity*".

67. Mr Garside submitted that the activities of Dr Almasri, in this context, demonstrated a complete lack of integrity. He said GMP also remind doctors to "*never abuse your patients' trust in you or the public's trust in the profession*". He submitted that the doctor's actions fell well short of what the public is entitled to expect of doctors. He said that the misconduct was not in a clinical sense, as none of those involved were Dr Almasri's patients, but that it was misconduct in his personal life. He submitted that this was so serious that it affected trust in the medical profession and the trust that people were entitled to hold in him as a doctor.

68. Mr Garside also referred to paragraph 73 of GMP which states that, “*You must cooperate with formal inquiries and complaints procedures and must offer all relevant information while following the guidance in Confidentiality.*” He said that this related to Dr Almasri’s refusal to provide his pin to the police. Mr Garside submitted that this was not just something that people might regard as being inherently wrong for a doctor, it was in fact something that is expressly forbidden by GMP.

69. Mr Garside made reference to the Guidance for MPTS Tribunals (effective 24 November 2025) (‘the MPTS Guidance’) and submitted that Dr Almasri’s conduct undoubtedly amounted to misconduct. In respect of whether that impaired Dr Almasri’s fitness to practise, Mr Garside submitted that a well-informed member of the public would be astonished if it was not thought this behaviour was reprehensible and completely outwith the limits of the types of behaviour a doctor ought to display.

70. Mr Garside acknowledged that this was a very unusual set of circumstances and said that he was not suggesting that a Tribunal would want to proceed on the basis that every single criminal offence observed by a doctor in all circumstances should lead to a report to somebody. Rather, that the particularly extreme form of criminality in this case undoubtedly called on Dr Almasri to do more than just sit idly by, as the Tribunal has found. Mr Garside reminded the Tribunal that Dr Almasri said and was doing things which were likely to encourage the commission of these offences. He submitted that this was an important aggravating factor.

71. Mr Garside submitted that the reality was that Dr Almasri’s fitness to practise is impaired by his behaviour. Firstly, because it fell short of the proper standards. Secondly, because if his fitness to practise was not found to be impaired, that would cast a doubt on the behaviour to be expected of the whole of the medical profession. Accordingly, the Tribunal should find firstly misconduct and secondly that Dr Almasri’s fitness to practise is impaired.

72. The Tribunal asked Mr Garside for clarification, given Dr Almasri was absent from these proceedings, whether there was any evidence in terms of any reflection, insight or remediation it should consider at this stage. Mr Garside said that the Tribunal already had all the communications Dr Almasri has sent to the GMC, or sent to the Tribunal via the GMC, and that there was no other material that he was aware of that had any relevance to this hearing.

The relevant legal principles

73. Throughout its deliberations, the Tribunal bore in mind the statutory overarching objective: to protect and promote the health, safety and wellbeing 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 the medical profession. It also had regard to the MPTS Guidance.

74. 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 judgement alone.

75. 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 legal basis advanced by the GMC is misconduct. 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.

76. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts found proved are sufficiently serious as to amount to misconduct and then whether as a result of that misconduct, the doctor's fitness to practise is currently impaired in that he poses a current and ongoing risk to public protection requiring restrictive action.

77. Paragraph 11 of *Part B: stage two - impairment* of the MPTS Guidance provides a description as to what may constitute misconduct.

78. The Tribunal was further reminded that misconduct has been defined by the Privy Council in the case of *Roylance v GMC (No.2)* [2000] 1 AC 311 as '*a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.*' In that case, the Privy Council went on to say that '*The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a medical practitioner in the particular circumstances.*'

79. The relevant standards to be applied to the current case are set out in the 2013 version of GMP. The Tribunal should ask itself how far short of those standards the doctor's conduct has fallen.

80. To assess whether Dr Almasri 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 Almasri and/or his working environment, and
- how Dr Almasri has responded to the allegations.

81. The Tribunal must determine whether Dr Almasri's fitness to practise is impaired today, taking into account his conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition. It should also consider whether a finding of impairment is warranted taking into account the wider public interest.

82. Whilst there is no statutory definition of impairment, the Tribunal was 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 Grant*. 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:

"..the tribunal should consider whether the findings of fact in respect of the doctor. ... show that his fitness to practise is impaired in the sense that he:

- a. has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b. has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c. has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession..."*

The Tribunal's determination on impairment

Misconduct

83. The Tribunal first considered whether the facts found proved constituted a sufficiently serious departure from the standards of conduct reasonably expected of Dr Almasri, as a registered medical practitioner, so as to amount to misconduct. It reminded itself that it has found that Dr Almasri knew of Mr A's illegal activities; he engaged in conversation via WhatsApp messages as to those illegal activities, and that his messages were capable of encouraging and/or assisting the commission of one or more of the offences for which Mr A was convicted. He knew one or more of the Activities were illegal; he failed to inform the police or any other relevant authority about the Activities; and he failed to cooperate with a formal inquiry, in that he did not provide the police with pin codes for his electronic devices when requested.

84. The Tribunal had regard to GMP and the paragraphs relevant to this case. The Tribunal was of the view that Dr Almasri's conduct was a clear departure from the principles contained in the first and third bullet points under 'Maintaining Trust' at the start of GMP, and paragraphs 65 and 73 of GMP:

"Maintaining trust

- *Be honest and open and act with integrity.*

...

- *Never abuse your patients' trust in you or the public's trust in the profession."*

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

"73. You must cooperate with formal inquiries and complaints procedures and must offer all relevant information while following the guidance in Confidentiality."

85. The matters in Dr Almasri's personal life, as found proved, fell far short of that expected of a registered medical practitioner. His acts and omissions in respect of these matters, namely encouraging and/or assisting the commission of one or more of the offences for which Mr A was convicted, and not taking the action he should have, would be considered to be deplorable by members of the public and members of the medical profession.

86. The police investigation into Mr A and others was for undertaking procedures for XXX. That the subjects consented did not detract from the fact that these activities were illegal. The investigation extended to Dr Almasri XXX. Dr Almasri had a duty under GMP to co-

operate with formal enquiries and the police in providing the pin to his electronic devices. He refused to do so. The messages between Dr Almasri and Mr A only come to light when the police examined Mr A's phone.

87. The Tribunal was of the view that Dr Almasri's conduct would be considered deplorable by fellow medical practitioners. It determined that Dr Almasri's conduct was sufficiently serious so as to amount to serious professional misconduct, not linked to his clinical activities.

Impairment

Step 2a - Is there a legal basis for considering impairment?

88. Having found that the facts found proved amount to misconduct, the Tribunal went on to consider whether, as a result of that misconduct, Dr Almasri's fitness to practice is currently impaired. The Tribunal was satisfied, having found Dr Almasri's actions amounted to misconduct, that there was a legal basis for a finding of impairment.

89. The Tribunal had regard to paragraph 6 of the MPTS Guidance which states,

"6 Where there is a legal basis for considering a doctor's fitness to practise, to assess whether that doctor poses any current and ongoing risk to public protection, an MPT will consider:

- the seriousness of the facts found proved,*
- any relevant context known about the doctor and/or their working environment, and*
- how the doctor has responded to the allegation(s)."*

90. The Tribunal considered each of these three steps in turn (Steps 2(b) to 2(d) in the MPTS Guidance).

Step 2b - Where on the spectrum of seriousness does the allegation lie?

91. The Tribunal reminded itself that a finding of impairment requires a finding that Dr Almasri poses a current and ongoing risk to public protection.

92. In order to assess whether Dr Almasri poses such a risk, and the extent of that risk, the Tribunal first considered where the allegation lies on the spectrum of seriousness.

33. The Tribunal had regard to paragraph 31 of the Guidance, which states:

“31. Allegations that are likely to fall at the higher end of the spectrum of seriousness include, but are not limited to:

...

Violence, other than where it occurred outside of the doctor’s professional role and was limited in nature, and did not cause any significant physical injuries or any significant physical emotional or psychological harm...”

94. The Tribunal considered that whilst the behaviour which led to the criminal conviction of Mr A and others was not carried out by Dr Almasri himself, he knew about it. The Tribunal found that his WhatsApp messages were capable of encouraging and/or assisting the commission of one or more of the offences for which Mr A was convicted. The actions carried out by Mr A and others, were illegal and did cause significant physical injuries and significant physical, emotional or psychological harm to others. Dr Almasri was aware of, and potentially witnessed, individuals undergoing life altering procedures in an unsterile environment. These procedures were undertaken for sexual gratification and for profit, being posted on the internet for a fee. Dr Almasri had a duty to those individuals, albeit they were not patients of his, or patients ‘per se’. He still had a duty as a registered medical professional to act in order to prevent harm.

95. The Tribunal was of the view that the starting point fell at the higher end of the spectrum of seriousness.

36. The Tribunal had regard to paragraph 34 of the Guidance, which states:

“34. In all cases, there may be specific features about the allegation and departure from the professional standards which may increase its seriousness. These features may be seen in any type of case and where present may increase where on the spectrum of seriousness the allegation lies.”

97. The Tribunal was of the view that Dr Almasri’s actions and omissions were persistent and repeated over a significant length of time, between 19 January 2019 and 4 December 2020.

98. The Tribunal considered that the actions of Mr A were so serious that he received a life sentence, the highest sentence which can be imposed in this country. Others involved also received very long prison sentences. It considered that this demonstrated just how serious these matters are. Dr Almasri did not intervene when he saw these individuals having life changing XXX. These procedures took place in an unsterile environment and at a location in which he resided for at least part of the time. He did not report these matters. Nor did Dr Almasri discourage Mr A and others from undertaking such procedures. The Tribunal considered that as a medical professional, albeit he had no surgical experience, he would have had some understanding that the environment these procedures took place in had the potential to lead to further physical harm or infection for those undergoing these procedures.

99. When the matter was brought to light and a criminal investigation was undertaken, Dr Almasri failed to co-operate and refused to provide his pin for his electronic devices.

100. The Tribunal determined that the matters found proved, both individually and collectively, must rest at the higher end of the spectrum of seriousness in assessing the current and ongoing risk which Dr Almasri poses to public protection.

Step 2c - What is the impact of any relevant context known about Dr Almasri and/or his working environment?

101. The Tribunal next considered whether there was any relevant context known about Dr Almasri and/or his working environment which may have impacted his behaviour at the material time and which, therefore, may have an impact on the assessment of whether he poses a current and ongoing risk to one or more parts of public protection. The Tribunal was mindful that relevant context can be negative or positive and can therefore increase or decrease the level of risk.

102. Paragraph 45 of the MPTS Guidance states that there are three types of relevant context: working environment, role and experience, and personal context.

103. The Tribunal had very little information regarding Dr Almasri's personal circumstances nor any evidence as to his working environment which may have provided further context.

104. The Tribunal considered what it did know from the evidence before it. The Tribunal noted that Dr Almasri was new to the UK during the time of the events before it. However, he was not new to medicine, having qualified and started working in 2013. The Tribunal also

considered the fact that Dr Almasri was unfamiliar with the UK and came to it from a different cultural background. The Tribunal had before it no evidence as to how his cultural background either directly or indirectly affected his conduct in the UK, in respect of the proven facts. XXX.

105. In the circumstances of this case, the Tribunal has not identified any relevant contextual features which might mitigate the misconduct found. It therefore considered these matters have no impact on the level of current and ongoing risk to one or more parts of public protection.

Step 2d - How has Dr Almasri responded to the allegation?

106. The Tribunal next considered how Dr Almasri has responded to the allegation. It had regard to all the evidence and considered whether, and to what extent, Dr Almasri has:

“How has the doctor responded to the allegation(s)?

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.”*

107. Dr Almasri acknowledged the fact that he has been subject to these regulatory proceedings. In his email to the MPTS on 26 January 2026

“I am aware of the obligations placed on doctors to cooperate with tribunals, and I also understand the harm this will cause my defence. But having legal representation is not a viable option as I am currently destitute. I am also unable to provide representations as I was advised by a barrister not to make comments due to the case being connected to a serious police inquiry, so I have to follow legal advice to protect myself.”

108. The Tribunal acknowledged that Dr Almasri has the right to protect himself. It was of the view, however, that his explanation for non-engagement with his regulator in 2026 carried little weight given that the criminal proceedings against Mr A and his co-conspirators had concluded in 2024. In addition, the criminal investigation into Dr Almasri had been closed in May 2022, when the CPS had decided that there was insufficient evidence for a realistic prospect of conviction for conspiracy to cause GBH and no criminal charges were brought against him.

109. Dr Almasri has not participated in these proceedings, nor provided a witness statement or an account of his position as to the matters under consideration in this hearing. He has not provided an explanation for his conduct. He has not provided any statement of reflection as to how his actions have impacted on himself, the public, the reputation of the profession, and on members of the medical profession.

110. The Tribunal considered that the facts found proved against Dr Almasri were so serious that it would be difficult to demonstrate remediation.

111. Dr Almasri provided no material information upon which the Tribunal could determine that he has insight into his conduct, taken steps to address his conduct, or that he has remediated it. The Tribunal considered the fact that Dr Almasri has not responded to the allegation may increase the level of risk to public protection as there is no evidence to show that he understands what happened, why it happened and how he would do things differently in the future.

112. Given the complete lack of any evidence of insight or remediation, and the high level of the seriousness of the matters found proved, the Tribunal could not determine anything other than there is a substantive risk of repetition.

Step 2e - Tribunal's decision as to whether Dr Almasri poses any current and ongoing risk to public protection which may require restrictive action in response and its finding on impairment

113. The Tribunal next had to consider, overall, whether Dr Almasri poses any current and ongoing risk to public protection which may require restrictive action on his registration, and make its decision on impairment.

114. The Tribunal reviewed its conclusions at Steps 2(a) to (d) above. It has found that Dr Almasri's misconduct, and that there was an ongoing risk to public protection.

115. The Tribunal was of the view that limbs a, b and c of the test adopted by the High Court in the case of *CHRE v NMC and P Grant* [2011] EWHC 927 (Admin) were engaged in this case. Namely, that Dr Almasri 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; has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession.

116. Dr Almasri's conduct not only put individuals at unwarranted risk of harm, it also put individuals in the way of actual harm, through his compliance with Mr A's activities, and his omission in reporting those illegal activities which he knew about.

117. The Tribunal has found that Dr Almasri's conduct breached GMP and that there was a serious departure from the standards expected of a medical practitioner.

118. The Tribunal was of the view that all three limbs of public protection were engaged in this case, namely that Dr Almasri conduct undermined the need 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.

119. Given the Tribunal's findings, it considered that a finding of impairment is required to send a clear signal to Dr Almasri, the profession, and the public, that this type of conduct is unacceptable.

120. In all the circumstances, the Tribunal concluded that the current and ongoing risk posed by Dr Almasri to public protection is at the upper end of high, and that a finding of impairment is necessary, by reference to all three limbs of public protection.

121. The Tribunal has therefore determined that Dr Almasri's fitness to practise is currently impaired by reason of misconduct.

Determination on Sanction - 10/03/2026

122. Having determined that Dr Almasri’s fitness to practise is impaired by reason of his misconduct, the Tribunal now has to decide, in accordance with Rule 17(2)(n) of the Rules, the appropriate sanction, if any, to impose.

Evidence

123. The Tribunal considered the evidence it has received at the facts stage, its earlier decisions on facts and impairment, and the submissions made by Mr Garside, on behalf of the GMC.

Submissions on behalf of the GMC

124. Mr Garside reminded the Tribunal that Guidance for MPTS Tribunals (effective 24 November 2025) (‘the MPTS Guidance’) makes reference to public protection and covers all three of the limbs in Section 1 of the Medical Act (1983), as the Tribunal had recognised in its decision as to impairment. He told the Tribunal that, as far as he was aware, there was no fresh information or communication from Dr Almasri.

125. Mr Garside referred the Tribunal to its decision on impairment, in particular paragraphs 60 and 61, which he said clearly dealt with critical issues on sanction as well as on impairment. He adopted the Tribunal’s Stage 2 findings at this stage. He drew the Tribunal’s attention to the relevant paragraphs of the MPTS Guidance and submitted that any sanction short of suspension would be wholly unrealistic. He agreed with the Tribunal’s characterisation of the offences which have given rise to this case and the seriousness of them. He submitted that suspension was temporary by its nature. In some cases, it may be a sufficient reminder to the profession and the public of what is proper conduct for a doctor. He submitted that Dr Almasri’s conduct has been such that his continued registration and freedom to practise was not compatible with the public interest. He acknowledged that the Tribunal should impose the least restrictive sanction. He submitted on behalf of the GMC that the circumstances of this case required a sanction of erasure, bearing in mind its findings that all three limbs of Section 1 of the Medical Act were engaged.

126. Mr Garside referred the Tribunal to paragraphs 55 and 57 of the MPTS 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”.

“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.”*

127. In respect of 57, Mr Garside submitted that 57a applied in this case. He suggested that 57b was not engaged because of the potential argument that serious harm means physical or mental harm to a patient, or that it involves actual harm rather than in the present matter as a duty to protect against harm. He submitted that 57c was engaged as Dr Almasri has shown no insight, reflection or attempts at remediation. He said that, as the Tribunal had found, this indicated a real risk of repetition. Mr Garside submitted that 57d was also engaged, particularly in circumstances where there has been no evidence of any attempt at remediation or reflection. Mr Garside concluded that the GMC’s submission remains one of erasure. He clarified that given that this was a most unusual case, the sanction banding set out in the MPTS Guidance was irrelevant, although he accepted that if the Tribunal was to consider it relevant, then it would have to consider it.

The Tribunal’s Approach

128. The Tribunal had regard to the relevant sections of the MPTS Guidance.

129. In making its decision on sanction, the Tribunal reviewed its decision on facts and impairment and considered the level of current and ongoing risk the doctor poses to public protection. It referred to the sanctions banding(s) as set out in Part C of the MPTS Guidance. It also considered the impact of any specific sanction type, where applicable, and any testimonials provided.

130. The Tribunal noted that the decision as to the appropriate sanction, if any, to impose was a matter for its independent judgement which it must exercise fairly, transparently and proportionately.

131. The Tribunal reminded itself that, in determining whether to impose a sanction, it should have regard to the principle of proportionality and should start by considering the least restrictive option. It had regard to paragraph 7 set out in the ‘Introduction’ section of the MPTS Guidance which states:

‘Being proportionate

7. To be proportionate, a tribunal must ask themselves, in the context of the individual case and decision being made, what is required and no more than necessary to meet the GMC and MPTS’ legal duty to protect the public in a timely way. To assess what is proportionate, tribunals should be clear on the options available to them.’

132. Throughout its deliberations, the Tribunal has applied the principle of proportionality, balancing Dr Almasri’s interests with the public interest. It has borne in mind that the purpose of sanctions is not to be punitive, but to protect patients and the wider public interest, although the sanction may have a punitive effect.

The Tribunal’s Determination on Sanction

133. The Tribunal reviewed its decision on impairment as to the level of current and ongoing risk Dr Almasri posed to public protection. It considered that it had before it no additional evidence of any description as to Dr Almasri’s level of insight, whether he has undertaken any reflection, or if he has taken any steps to remediate his conduct. Dr Almasri has also not engaged in these proceedings. The Tribunal also determined that all three limbs of public protection are engaged in the particular circumstances of this case and that on the spectrum of seriousness, Dr Almasri’s misconduct was at the upper end of high. The Tribunal was of the view that there remained an ongoing risk to public protection.

134. The Tribunal then had regard to the sanction banding in the MPTS Guidance. It noted that Mr Garside submitted that the sanction banding was irrelevant in this case given the circumstances of its unusual nature.

135. The Tribunal considered that the unusual circumstances of this case did not fall naturally within the case types set out in the sanctions banding table of the MPT Guidance. It reminded itself, however, that Dr Almasri engaged in conversation via WhatsApp messages as to Mr A's illegal activities, and that his messages were capable of encouraging and/or assisting the commission of one or more of the offences for which Mr A was convicted. Those offences were abusive in nature and were carried out for the purposes of sexual gratification and profit.

136. Whilst there was no evidence that Dr Almasri's participated in the procedures undertaken by Mr A and others, he failed to notify authorities of harm to others. Through his actions and omissions, Dr Almasri acted in a way that was wholly unacceptable to the medical profession and the public.

137. The Tribunal therefore applied the MPTS Guidance as it related to 'violent or abusive behaviour' at the 'higher level of risk to public protection'. The MPTS Guidance indicated a sanction of suspension for 12 months to erasure were the appropriate sanctions to be considered.

138. The Tribunal then considered whether there was any relevant evidence relating to the impact a certain type of sanction will have and/or relevant references and testimonials and what impact, if any, they have.

139. The Tribunal considered that it had before it three testimonials received from colleagues in a clinical environment. Two of the three pre-dated the police investigation and one of them pre-dated the outcome of the police investigation. All pre-dated the GMC's investigation and all were more than four years old. They all refer to Dr Almasri's clinical ability. Given that the testimonials pre-date these matters and do not refer to the concerns before this Tribunal, the police investigation into Dr Almasri, or the findings of fact this Tribunal has made, they were not considered relevant to the matters to be determined by the Tribunal.

140. Two thank you cards were also provided by Dr Almasri. These are undated and again provided no assistance to the Tribunal as it relates to the matters before it.

141. The Tribunal therefore attached no weight to the testimonial evidence and the thank you cards.

142. The Tribunal then went on to consider what sanction to impose. In so doing, it took a step back to consider whether the sanction to be imposed was proportionate to meet the level of current and ongoing risk posed to public protection

143. On consideration of the MPTS Guidance together with the facts and circumstances of this case, the Tribunal was satisfied that no sanction lower than suspension was appropriate. It determined that taking no action or imposing conditions of practice on the doctor's registration would not be sufficient to protect the public, deal with the serious nature of the facts found proved nor maintain confidence in the medical profession.

Suspension

144. The Tribunal considered the MPTS Guidance as it related to suspension, and in particular, paragraphs 45 and 46, which state:

- “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.*

Imposing suspension on a doctor's registration

- 46. The MPT will need to decide the appropriate length of time that suspension should be put in place for, up to the maximum of 12 months. The following factors will be relevant:*
- a. the assessment of the level of current and ongoing risk to public protection posed by the doctor*

- b. *the reasons for assessing suspension as being the proportionate response*
- c. *the amount of time the doctor is likely to need to remediate, complete treatment for and/or recover from a health condition that is having, or is likely to have, an impact on their ability to practise safely and effectively, and/or*
- d. *the amount of time the parties will reasonably need to prepare for any review of whether the doctor continues to pose a current and ongoing risk to public protection requiring restrictive action in response or is safe to return to unrestricted practice.”*

145. The Tribunal considered that none of the factors set out at paragraph 45 of the MPTS Guidance were present in this case and, as such, were not engaged.

146. In respect of paragraph 46a and 46b, the Tribunal considered that, as it had before it no evidence from Dr Almasri of any insight, remediation or reflection, the level of risk to public protection in this case was high. It was also of the view that a right-minded member of public or of the profession, with knowledge of the full circumstances of this case, would consider suspension an insufficient response to Dr Almasri’s misconduct. The Tribunal remained of the view that all three limbs of public protection were engaged in this case, and there was a substantive risk of repetition.

147. The Tribunal was also of the view that paragraph 46c and 46d were not engaged in this case. It considered that a period of suspension was by definition, for a limited period of time. It reminded itself of its finding at the impairment stage, that the facts found proved against Dr Almasri were so serious that it would be difficult to demonstrate remediation. In any event, the Tribunal had before it no evidence of any steps taken by him to address these concerns.

148. Accordingly, the Tribunal concluded that suspension would not be a proportionate response.

Erasure

149. The Tribunal had regard to the relevant paragraphs of the MPTS Guidance as it related to erasure, and in particular, it considered paragraph 57b, c and d to be engaged in this case:

“When will erasure be the only proportionate response?”

57. Erasure may be the proportionate response where:

...

- 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.”*

150. The Tribunal was of the view that, whilst Dr Almasri’s conduct did not cause actual harm, he failed to act to prevent harm to others in failing to alert authorities to Mr A’s actions. His actions though his WhatsApp messages were capable of encouraging and/or assisting the commission of one or more of the offences for which Mr A was convicted. Dr Almasri’s actions in this regard were persistent over a prolonged period. The absence of any evidence to the contrary, or any acknowledgement by Dr Almasri as to the impact of his actions/inaction on others, have led this Tribunal to conclude that Dr Almasri has a persistent lack of insight into his actions.

151. The Tribunal was satisfied that given the seriousness of the facts proven, there was an ongoing risk to public protection. The Tribunal was of the view that, if Dr Almasri was to continue to hold registration, it would undermine public confidence in the profession.

152. The Tribunal considered that the appropriate sanction in this case was one of erasure given that Dr Almasri’s misconduct was so serious so as to be fundamentally incompatible with continued registration.

153. The Tribunal then took a step back and considered whether erasure was the proportionate sanction in all the circumstances of this case. It determined that there was no other sanction sufficient to uphold public protection. The most serious sanction was necessary in this case as the only appropriate and proportionate sanction capable of fulfilling the need to protect the public and the wider public interest.

154. The Tribunal therefore determined to erase Dr Almasri’s name from the medical register.

Determination on Immediate Order - 10/03/2026

155. Having determined that Dr Almasri’s name should be erased from the medical register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Almasri’s registration should be subject to an immediate order.

Submissions on behalf of the GMC

156. Mr Garside referred the Tribunal to the relevant paragraphs of the MPTS Guidance when considering an immediate order. He said that he did not suggest that this is a case where an immediate order is necessary in the interest of the doctor, but that one is necessary in the interest of patient safety. Mr Garside said that Dr Almasri has been suspended by virtue of an interim order for some considerable time. He said that if the Tribunal were to impose an immediate order of suspension, he invited the Tribunal to revoke the interim order in place.

The Tribunal’s Determination

157. 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.

158. The Tribunal had regard to the paragraphs 83 and 84 of the MPTS Guidance, 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*

c. immediate action is needed to maintain public confidence in the medical profession”

159. The Tribunal considered its findings at previous stages in relation to Dr Almasri’s misconduct and impairment. It assessed the level of current and ongoing risk posed to public protection to be high in relation to all three parts of public protection as defined by the Medical Act (1983).

160. The Tribunal considered that an immediate order is necessary both to protect the public and in the public interest. It further considered that all sub-paragraphs of paragraph 84 were engaged in this case.

161. The Tribunal therefore determined to impose an immediate order on Dr Almasri’s registration.

162. This means that Dr Almasri’s registration will be suspended from when notification of this decision is deemed to have been served on him. 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.

163. The interim order currently in place on Dr Almasri’s registration will be revoked when service of this decision is deemed to have been effected.

164. That concludes this case.

ANNEX A – 05/03/2026

Service and proceeding in absence

165. This decision will be handed down in private, in accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 ('the Rules') as some of the matters relate to XXX.

166. Dr Almasri was neither present nor represented at the hearing. At the outset of the hearing the Tribunal therefore considered whether service had properly been effected and whether to proceed in Dr Almasri's absence.

167. The Tribunal had before it a service bundle which included:

- Screenshot of Dr Almasri's registered address and email address from the GMC's Siebel system;
- Notice of Allegation sent by email to Dr Almasri on 14 January 2026;
- Acknowledgement from Dr Almasri that the GMC's Notice of Allegation email had been received, dated 14 January 2026;
- MPTS Notice of Hearing sent by email, dated 15 January 2026;
- Dr Almasri's email acknowledgement of receipt of the Notice of Hearing, dated 15 January 2026;
- Further emails between Dr Almasri and MPTS regarding his attendance at the hearing, dated 29 January 2026.

Submissions

168. On behalf of the GMC, Mr Charles Garside took the Tribunal through the service bundle in detail. He referred the Tribunal to Rule 31 of the Rules and submitted that Dr Almasri has been served the Notice of Hearing, has made an application for anonymity for these proceedings and is well aware the hearing is taking place today. Mr Garside provided the Tribunal with a brief background as to the circumstances of this case. He submitted that Dr Almasri knew of a conspiracy and knew serious criminal offences were being committed and should have taken some steps to prevent those offences, which include harm to others.

169. Mr Garside submitted that the criminal court made an order protecting the identity of the witnesses in the case, but not for the defendants. He said those matters had been dealt with in public in the criminal proceedings which attracted a substantial amount of publicity. He submitted that Dr Almasri has voluntarily absented himself from these proceedings having

sent documents to the GMC as recently as the end of last week. Mr Garside submitted that it was important that the GMC is seen to be tackling any regulatory implications that arise out of those criminal proceedings.

170. Mr Garside referred the Tribunal to an email response from the doctor to the MPTS, dated 29 January 2026, in respect of the Notice of Hearing for these proceedings in which Dr Almasri stated:

“As I have stated in my previous letter addressed to the MPTS and the GMC’s legal team, I have done a lot of reading, consulting, and thinking about this over the last few months. I wish for the case to proceed and be decided without legal representation. I am aware of the obligations placed on doctors to cooperate with tribunals, and I also understand the harm this will cause my defence. But having legal representation is not a viable option as I am currently destitute. I am also unable to provide representations as I was advised by a barrister not to make comments due to the case being connected to a serious police inquiry, so I have to follow legal advice to protect myself. As for attending the proceedings, am I able to make that decision closer to the date? [XXX]...”

171. Mr Garside submitted that Dr Almasri had also been in touch with BMA Support Services, and that the Tribunal was therefore entitled to assume from all of this that he knows that he has the choice of attending. He said that there was a suggestion from Dr Almasri that the Tribunal should take measures to XXX, which he endorsed. He said however that as Dr Almasri is not present it was difficult to see what the Tribunal could do to facilitate his attendance XXX.

172. Mr Garside submitted that this is a case where the doctor was obviously well aware of the time and date of the hearing, that he has had all the paperwork, is aware of the allegations, and has been warned on several occasions about the powers that the Tribunal has. He submitted that there was no proper reason in delaying the hearing any further, rather, that there was very good reason for going ahead given the seriousness and the publicity surrounding this case.

The Tribunal’s Determination

173. 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.

174. The Tribunal had regard to the case of *GMC v Adeogba [2016] EWCA Civ 162*, that sets out the criteria to be applied when determining whether to proceed in the absence of a practitioner

Service

175. The Tribunal first considered whether the relevant documents had been served in accordance with Rules 15 and 40, and paragraph 8 of Schedule 4 to the Medical Act 1983.

176. The Tribunal was satisfied that Dr Almasri was fully aware of these proceedings as he acknowledged receipt of the Notice of Hearing from the MPTS and has further emailed the MPTS regarding these proceedings, on 29 January 2026 (as set out in Mr Garside's submission)

177. In light of this, the Tribunal was satisfied that notice of the hearing had been properly served on Dr Almasri in accordance with the Rules.

Proceeding in absence

178. The Tribunal then considered whether it would be appropriate to proceed with this hearing in Dr Almasri'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. It also had regard to the relevant case law.

179. The Tribunal noted that in his response to the MPTS on 29 January 2026, Dr Almasri acknowledged receipt of the Notice of Hearing and indicated his wish for this hearing to go ahead in his absence, and that he stated that he may or may not attend.

180. The Tribunal considered that Dr Almasri had provided written submissions for two applications to go before this Tribunal, and that whilst he was not legally represented, he was articulate in his submissions and stated that he has read a lot and received advice. The Tribunal was of the view that if Dr Almasri had wished to attend at a later date, he was

capable of submitting an application for these proceedings to adjourn until a time when he might be able to attend. But no such application has been received.

181. The Tribunal considered whether to adjourn of its own volition to accommodate Dr Almasri's attendance. Dr Almasri has already informed the MPTS that he may or may not attend these proceedings, and there was no indication from Dr Almasri that this listing at this time was the issue. It could not be satisfied that were it to adjourn of its own volition that this would ensure Dr Almasri's attendance on a future date.

182. XXX

183. XXX. The Tribunal was of the view that any doctor facing serious allegations by their regulator would experience distress and the fear of losing their registration. XXX.

184. The Tribunal also balanced the interests of the regulator in disposing of this case expeditiously, and the public interest in cases being dealt with in a timely manner. The Tribunal could find no good reason not to proceed.

185. 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 Almasri's absence in accordance with Rule 31 of the Rules.

XXX

Schedule 1

XXX, Mr A was convicted of:

- a. conspire to cause grievous bodily harm with intent x 1;
- b. cause grievous bodily harm with intent to do grievous bodily harm x 5;
- c. acquire / use / possess criminal property x 1.

Schedule 2

19/01/2019
24/01/2019
25/01/2019
26/01/2019
02/02/2019
05/02/2019
10/02/2019
15/02/2019
16/02/2019
06/04/2019
21/04/2019
26/04/2019
22/05/2019
21/06/2019
23/08/2019
05/09/2019
22/09/2019
25/10/2019
26/10/2019
02/11/2019
26/11/2019
09/12/2019
20/12/2019
14/01/2020
15/01/2020
18/01/2020
19/01/2020
20/01/2020

Record of Determinations –
Medical Practitioners Tribunal

31/01/2020

20/06/2020

12/07/2020

01/12/2020

04/12/2020