

**PUBLIC RECORD**

**Dates:** 29/04/2024 - 09/05/2024

**Medical Practitioner’s name:** Dr Mahdi ALJALLABI  
*\* Please note at least one other Medical Practitioner faced allegations at this hearing*

**GMC reference number:** 7872380

**Primary medical qualification:** Bachelor of Medicine 2006 University of Bahri College of Medicine and Health Science

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

**Summary of outcome**  
Suspension, 12 months  
Review hearing directed  
Immediate order imposed

**Tribunal:**

Legally Qualified Chair	Mr Jonathan Storey
Lay Tribunal Member:	Mr David Propert
Medical Tribunal Member:	Dr Bridget Langham

Tribunal Clerk:	Mr Josh Dayco
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**Attendance and Representation:**

Medical Practitioner:	Present, represented (30/04/2024 only) Not present, represented (29/04/2024, 01/05/2024 – 09/05/2024)
Medical Practitioner’s Representative:	Ms Penny Maudsley, Counsel
GMC Representative:	Mr Christopher Hamlet, Counsel

## Attendance of Press / Public

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

## Overarching Objective

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

## Determination on Facts and Impairment - 07/05/2024

### Background

1. Dr Aljallabi qualified in 2006 from the University of Bahri College of Medicine and Health Science, Sudan. Prior to the events which are the subject of the hearing Dr Aljallabi held various medical posts in Sudan from 2007 to December 2012. He then commenced a post as a General Practitioner in the United Arab Emirates ('UAE') from December 2012. At the time of the events, Dr Aljallabi was practising as an Internal Medicine Specialist at the University Hospital Sharjah, UAE.
2. The allegation that has led to Dr Aljallabi's hearing relates to concerns about dishonesty. It is said that, on one or more occasions, between April and July 2022, Dr Aljallabi submitted an article which contained plagiarised material, and in which he was cited as an author, to the International Journal of Health Sciences.
3. Furthermore, it is said that, on or around 1 September 2022, Dr Aljallabi submitted an online application form to Health Education England ('HEE') for Speciality Training Year 4 in which he provided details of the article in support and made certain declarations. The GMC allege that Dr Aljallabi knew that the Article contained plagiarised material and that the declarations he made were untrue.
4. The initial concerns were raised with the GMC on 29 September 2022 by Dr A, Regional Postgraduate Dean for HEE Southwest area.

5. In Dr Aljallabi’s written statement, he admitted the Allegation and acknowledged his misconduct and dishonest actions. He offered his apologies for engaging in plagiarism and said that he recognised that his conduct was unacceptable. Dr Aljallabi said that he submitted the plagiarised article to enhance his chances of obtaining a training post. He said that he now appreciates not only the impact of his dishonesty on his colleagues and trainers, but also the impact on a patient in circumstances in which a doctor has lied in an application form. Dr Aljallabi said that he had made attempts to remedy his misconduct by undertaking a probity and ethics course and by consulting a mentor, Professor B.

### The Outcome of Applications Made during the Facts Stage

6. On 29 April 2024, an issue was raised in relation to how Dr Aljallabi could provide answers to questions put by the GMC and the Tribunal. Dr Aljallabi resides, and is currently located, in the UAE. It was agreed between the parties that permission is required from that state before oral evidence can be taken from within its territory by a court or tribunal in the United Kingdom. This requirement was confirmed within the decision of the *Secretary of State for the Home Department v Agbabiaka*.
7. In these proceedings, permission was sought for Dr Aljallabi to give evidence. No response was received before the hearing commenced from the government of the UAE. In order to enable Dr Aljallabi to provide answers to questions put by the GMC and by the Tribunal, Ms Maudsley, on his behalf, invited the Tribunal to permit those questions to be put through her, with Dr Aljallabi’s answers relayed by her during the hearing while he was in attendance. She submitted that the GMC had previously, in correspondence, agreed to this approach. Mr Hamlet, on behalf of the GMC, concurred with Ms Maudsley’s submission that this was the best course in the circumstances as long as timely answers could be provided in this manner. He also raised the possibility that Dr Aljallabi could be asked to provide written answers in response to the GMC’s and Tribunal’s questions, which would have the benefit of being of evidential status rather than mere clarifications from Ms Maudsley on her client’s instructions. Mr Hamlet invited the Tribunal to find a way to proceed with the hearing now rather than adjourning it to a future date.
8. The Tribunal had regard to the MPTS’s guidance document, “Receiving witness evidence at Medical Practitioners Tribunal hearings”. This stated:

58. A tribunal may find it is not presented with evidence that the relevant state does not object to the witness giving evidence in several circumstances:

- a. the relevant state has refused permission or has not responded;
- b. the party wishing to call evidence from the witness has failed to notify the MPTS in sufficient time for the MPTS to seek permission or has otherwise failed to seek permission from the ToE directly;
- c. the party wishing to call evidence from the witness wishes to raise a legal argument as to whether the ToE scheme applies to their specific circumstances.

59. In these circumstances the tribunal will need to invite submissions from the parties on how to proceed. The tribunal may wish to consider whether or not it can properly receive the evidence in accordance with Rule 34(1) and, if not, the interests of justice and fairness in proceeding with the hearing including the impact of not receiving evidence from the witness or of any delay in the hearing proceeding if evidence from the witness is not received at that time. The tribunal may wish to consider whether the evidence may reasonably be obtained solely in writing (including by questions being put in writing by the cross-examining party and by the tribunal if necessary) or by the witness being required to attend. The tribunal may also find it relevant to understand the reasons why the witness is not available to give evidence from the UK or from another country where permission has been granted.

9. The Tribunal determined that it would be fair to both parties and appropriate for Dr Aljallabi to be given the opportunity to provide written answers to questions posed by the GMC and by the Tribunal. In addition, Dr Aljallabi would be permitted to answer questions, only by way of clarification, in session, through Ms Maudsley.

### The Allegation and the Doctor's Response

10. The Allegation made against Dr Aljallabi is as follows:

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

1. Between 08 April 2022 and 28 July 2022, on one or more occasion you submitted for publication to International Journal of Health Sciences ('IJOHS') a manuscript entitled 'Estimation of reduction of glomerular filtration rate in renal colic patients' ('the Article') which contained plagiarised material and on which you were cited as an author.

**Admitted and found proved**

2. When submitting the Article as described at paragraph 1, you knew that the Article contained plagiarised material.  
**Admitted and found proved**
3. On or around 01 September 2022 you submitted an online application form ('the Form') to Health Education England ('HEE') for Specialty Training Year 4 in which you provided details of the Article in support and you:
  - a. stated on the Form that you were the first author, or joint-first author or corresponding author of the Article;  
**Admitted and found proved**
  - b. completed a declaration on the Form regarding the truth and completeness of the information given in support of the application as set out at Schedule 1;  
**Admitted and found proved**
  - c. completed a declaration on the Form regarding the sources of the information provided on the Form as set out at Schedule 1;  
**Admitted and found proved**
  - d. completed a declaration on the Form regarding correct completion of the Form as set out at Schedule 1.  
**Admitted and found proved**
4. When you completed the Form as described at paragraph 3 you knew that:
  - a. the Article contained plagiarised material;  
**Admitted and found proved**
  - b. within the declarations at paragraphs 3 b and 3 c you had verified statements which:
    - i. were untrue;  
**Admitted and found proved**
    - ii. you knew to be untrue.  
**Admitted and found proved**
5. Your actions as set out at:
  - a. paragraph 1 were dishonest by reason of paragraph 2;  
**Admitted and found proved**
  - b. paragraph 3 were dishonest by reason of paragraph 4.  
**Admitted and found proved**

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

**To be determined**

### **The Admitted Facts**

11. At the outset of these proceedings, through his Counsel, Ms Maudsley, Dr Aljallabi made admissions to the entirety of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'). In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs of the Allegation as admitted and found proved.

### **Impairment**

12. In light of Dr Aljallabi's admissions to the Allegation, the Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts found proved, Dr Aljallabi's fitness to practise is impaired by reason of misconduct.

### **The Evidence**

13. The Tribunal received evidence on behalf of the GMC in the form of a witness statement from Dr A, who was not called to give oral evidence.
14. Dr Aljallabi provided his own written statement dated 14 April 2024. He also provided a number of written answers to questions put by both the GMC and the Tribunal during the course of the proceedings.

### **Documentary Evidence**

15. The Tribunal also had regard to the documentary evidence provided by the parties. This evidence included but was not limited to:
  - The Article submitted for publication by Dr Aljallabi and relied on in his application to HEE, and the original article from which its content was drawn;
  - Email correspondence between Dr Aljallabi and the GMC;
  - Email correspondence between Dr A and various colleagues;
  - Dr Aljallabi's application to HEE;
  - A testimonial from Dr C, Senior Emergency Specialist;
  - Dr Aljallabi's Rule 7 response;
  - Evidence of training undertaken by Dr Aljallabi.

- A “Remediation Report” in relation to Dr Aljallabi by Professor B.

## Submissions

### On behalf of the GMC

16. Mr Hamlet, Counsel on behalf of the GMC, submitted that Dr Aljallabi’s fitness to practise is impaired by reason of misconduct. Mr Hamlet referred the Tribunal to the relevant case law and paragraphs of Good Medical Practice (2013 edition) (GMP). He said that there are two aspects to the dishonesty found proved in the case. First, the submission of the Article for publication where the doctor knew that the Article had been plagiarised. Second, the reliance by Dr Aljallabi on the Article in support of an application for speciality training. Mr Hamlet said that these actions amounted to research fraud. Mr Hamlet submitted that, in those circumstances, fellow practitioners and members of the public would consider Dr Aljallabi’s behaviour to be outrageous and egregious. He said that this would fall into the category of misconduct.
17. In relation to impairment, Mr Hamlet submitted that the actions of Dr Aljallabi brought shame upon him, but also on the wider medical profession. It breached a fundamental tenet of the profession. He said that dishonesty cannot be easily remedied and cannot be addressed simply by attendance on an education course. Mr Hamlet acknowledged that Dr Aljallabi had admitted the Allegation, admitted his wrongdoing within his reflective statement, and had attended relevant courses. He invited the Tribunal to consider, however, whether he really understands the gravity of his conduct or whether this was something of a ‘box ticking’ exercise designed to ameliorate the outcome of these proceedings.
18. Mr Hamlet submitted that the Tribunal cannot reasonably conclude that Dr Aljallabi has remedied his dishonest conduct or the root causes of it. He invited the Tribunal to consider Dr Aljallabi’s attitude to and understanding of honesty and integrity. He referred to Dr Aljallabi’s original decision to submit the article for publication and then to rely on it in his application for training in the UK, knowing that he had passed off the work of others as his own. Mr Hamlet also drew the Tribunal’s attention to the false explanation Dr Aljallabi gave to HEE and the GMC when he was challenged, and the answers Dr Aljallabi provided in the course of this hearing. Mr Hamlet said that Dr Aljallabi had damaged the trust and integrity of the medical profession. He also added that the damage to the wider research community may be ongoing, given that no action had been taken to remove the plagiarised article from publication.
19. Mr Hamlet submitted that, during the course of this hearing, Dr Aljallabi had failed to provide a complete or coherent picture of precisely how the Article was produced, amended, submitted and what his input was into the production of the Article. In all of the circumstances, Mr Hamlet submitted that it is necessary to make a finding of current impairment.

On behalf of Dr Aljallabi

20. Ms Maudsley, Counsel, submitted that Dr Aljallabi accepted that plagiarism amounts to serious professional misconduct and that his actions fell below the standards expected of him. She referred to the written reflections provided by Dr Aljallabi and the explanation as to why he made the decision to plagiarise an article. She said that Dr Aljallabi has engaged with the process and accepted full responsibility for his actions. Ms Maudsley said that Dr Aljallabi is ashamed of his actions and urged the Tribunal to find that he is genuinely remorseful. She then referred the Tribunal to the evidence provided of mentoring sessions between Dr Aljallabi and Professor B. Ms Maudsley said that discussions had taken place relating to Dr Aljallabi's dishonest actions and the improvements they had made. She also referred the Tribunal to the written testimonial of Dr C.
21. Ms Maudsley submitted that these steps were taken by Dr Aljallabi to ensure that he does not repeat his actions and that he realises the importance of being honest. She said that Dr Aljallabi accepted that he did not take the Article down and that he has some difficulties in understanding how to do so. Dr Aljallabi had said, however, that he would make attempts to remove it. Ms Maudsley submitted that Dr Aljallabi has now shown good insight into why a doctor should always be honest and trustworthy.
22. Ms Maudsley submitted that the matters found proved amounted to a 'one-off' act of dishonestly in an otherwise long and unblemished career. She said that Dr Aljallabi has made full admissions and had shown genuine remorse. Dr Aljallabi has good insight into his misconduct, made significant efforts to remedy any dishonesty by attending sessions with Professor B, and completed courses on probity and ethics. She submitted that the risk of repetition in this case is low. Ms Maudsley submitted that, if the general public were to be made aware of all of the circumstances of this case, the public interest may not be undermined if a finding of no impairment was made. She said that if the Tribunal made no findings of impairment, there is always the option for it to issue a warning.

**The Relevant Legal Principles**

23. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof, and the decision on impairment is a matter for the Tribunal's judgement alone.
24. In approaching its decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct which is serious and then whether the finding of misconduct could lead to a finding of impairment.



25. The Tribunal must determine whether Dr Aljallabi'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 and, have been remedied and any likelihood of repetition.

## The Tribunal's Determination

### Misconduct

26. In determining whether Dr Aljallabi's fitness to practise is currently impaired by reason of misconduct, the Tribunal first considered whether the facts found proved amounted to misconduct.
27. The Tribunal noted that Dr Aljallabi had acted dishonestly by submitting the Article for publication knowing that it contained plagiarised material. In addition, Dr Aljallabi acted dishonestly by subsequently submitting the Form to HEE for Speciality Training Year 4 in which he provided details of the Article in support of his application. Dr Aljallabi made various declarations in the Form which he knew were untrue and knew at the time that the Article he submitted to HEE contained plagiarised material. The Tribunal did not therefore accept Ms Maudsley's submission that the conduct proven against Dr Aljallabi could properly be characterised as a 'one-off' act of dishonesty. In the Tribunal's judgement it was, in fact, a repeated act of dishonesty in which Dr Aljallabi's initial wrongdoing in dishonestly submitting the Article for publication was compounded by his decision dishonestly to rely on it in his application to HEE.
28. The Tribunal noted that the Allegation was admitted by Dr Aljallabi in its entirety. However, it also noted that the evidence before it, against Dr Aljallabi, was overwhelming and that he only admitted his dishonesty at the Rule 7 stage after previously providing untruthful accounts to HEE and the GMC.
29. The Tribunal considered that the following paragraphs of GMP are engaged in this case.

*1 Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.*

...

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

*66 You must always be honest about your experience, qualifications and current role.*

*67 You must act with honesty and integrity when designing, organising or carrying out research, and follow national research governance guidelines and our guidance.*

...

*71 You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading.*

*a You must take reasonable steps to check the information is correct.*

*b You must not deliberately leave out relevant information.*

30. The Tribunal considered the integrity of academic and scientific research, and the system of peer review for articles submitted to journals, to be of substantial public importance. Dr Aljallabi's conduct, in appropriating the research of others and claiming responsibility for it in his own name was, in its view, not only unacceptable but deplorable. His subsequent decision to cite his own plagiarised article in an application for speciality training had the clear potential to undermine the integrity of the system by which doctors are trained and to put patients at risk through exposure to a doctor whose purported experience and expertise was not genuine.
31. The Tribunal determined that Dr Aljallabi's conduct was serious, that his actions had brought the medical profession into disrepute, and that he had breached fundamental tenets of GMP, namely probity and integrity. The Tribunal determined that Dr Aljallabi's dishonest actions amounted to misconduct that was serious, both when considered individually and cumulatively.

Impairment

32. Having found that the facts found proved amounted to misconduct, the Tribunal went on to consider whether, as a result of that conduct, Dr Aljallabi's fitness to practise is currently impaired.
33. The Tribunal had regard to paragraph 76 of the judgment in the case of *CHRE v NMC & Paula Grant [2011] EWHC 927 (Admin)*, in which Mrs Justice Cox set out the helpful and comprehensive approach of Dame Janet Smith in her 5th Shipman Report to determining issues of impairment. At paragraph 25.67 of the Shipman Report, she identified the following as an appropriate test for panels considering impairment of a doctor's fitness to practise.

*'Do our findings of fact in respect of the doctor's misconduct...show that his/her fitness to practise is impaired in the sense that s/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; and/or...*
- d. has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

34. In the present case, the Tribunal considered that limbs (b), (c) and (d) are engaged.
35. In determining whether a finding of current impairment of fitness to practise is necessary, the Tribunal looked for evidence of insight and remediation, and the likelihood of repetition, balanced against the three elements of the overarching statutory objective.
36. In relation to insight, the Tribunal considered that Dr Aljallabi qualified as a doctor in 2006. He is not therefore an inexperienced doctor. The Tribunal noted that, while Dr Aljallabi had admitted the conduct alleged and had demonstrated some understanding of the nature of his dishonest conduct, he has neither provided a clear and coherent account of his conduct and state of mind, nor exhibited any real insight into the impact

of his actions on the wider scientific community and other researchers. The Tribunal therefore determined that, while Dr Aljallabi had demonstrated some insight, this currently remains limited.

37. In relation to remediation, the Tribunal considered that dishonesty is difficult to remediate. Dr Aljallabi has demonstrated some remediation, in that he admitted the entirety of the Allegation and offered his apologies within his reflective statement. The Tribunal acknowledged that he had undertaken steps to remediate, such as relevant probity and ethics courses and a number of meetings with his mentor. It noted however, that the plagiarised Article is still online and is yet to be withdrawn. Dr Aljallabi therefore continues to take the credit for a piece of purported research which he did not carry out. The Tribunal therefore determined that, whilst there was some evidence of remediation, it was far from adequate.
38. Given Dr Aljallabi's current limited insight and remediation, the Tribunal considered that there is a risk of repetition in similar circumstances.
39. The Tribunal determined that the public expects to be able to trust doctors. The public expects doctors to act with integrity. They expect doctors to adhere to the principles set out in GMP. Where doctors fail to do so in a significant way, public trust in the profession is undermined and a finding of impairment of fitness to practise is required.
40. The Tribunal found that a reasonable and well-informed member of the public would expect a finding of impairment to be made in this case, both to mark the seriousness of the misconduct, and to uphold proper standards across the medical profession.
41. Therefore, the Tribunal determined that Dr Aljallabi's fitness to practise is currently impaired by reason of misconduct in order to:
  - a. protect, promote and maintain the health, safety and well-being of the public;
  - b. promote and maintain public confidence in the medical profession; and
  - c. promote and maintain proper professional standards and conduct for members of that profession.

**Determination on Sanction - 09/05/2024**

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

**The Evidence**

43. The Tribunal has taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.
44. In addition, the Tribunal received a document containing an email and letter to the International Journal of Health Sciences, dated 6 May 2024.

**Submissions**

45. On behalf of the GMC, Mr Hamlet submitted that the appropriate sanction in this case is a period of suspension. He referred the Tribunal to the relevant paragraphs of the Sanctions Guidance (February 2024 edition) ('the SG') and the relevant case law. He also referred the Tribunal to its findings on facts and impairment.
46. In relation to the mitigating factors, Mr Hamlet submitted that Dr Aljallabi has no prior disciplinary record, made full admissions to the facts, offered appropriate apologies, made some efforts to remedy his misconduct, and demonstrated some insight in the reflective documents and other evidence provided. However, in relation to the aggravating factors, he submitted that, as set out within the Tribunal's determination on impairment, this was not an isolated incident. Dr Aljallabi's dishonest conduct was only admitted when he was faced by overwhelming evidence against him. Mr Hamlet said that Dr Aljallabi is not an inexperienced doctor and that he ought to have known his duties to tell the truth and to act with integrity. Mr Hamlet referred the Tribunal to its findings of limited insight and remediation, including the fact that the plagiarised material remains online, up to today's date. He submitted that, although an email with attached letter, adduced in evidence on 6 May 2024, appears to have been addressed to the publishers to take the plagiarised article down, this was the first step Dr Aljallabi has made towards doing so and has only happened on the sixth day of this hearing.

47. In relation to which sanction to impose, Mr Hamlet submitted that conditions would not be appropriate, workable or measurable in the light of the proven dishonesty and would not address sufficiently the gravity of Dr Aljallabi's misconduct. He said that conditions would not meet the public interest nor the need to restore and uphold public confidence in the profession. Given the Tribunal's determination on impairment, Mr Hamlet submitted that suspension would be appropriate and proportionate in addressing the risks to public safety and public confidence in the profession in this case. He said that a period of suspension would also allow Dr Aljallabi time to further develop his insight. He added that the GMC invites the Tribunal to impose a period of suspension towards the upper end of the duration available to it.
48. On behalf of Dr Aljallabi, Ms Maudsley submitted that the appropriate sanction in this case would be either conditions or a suspension for the shortest possible time. She also referred the Tribunal to the relevant paragraphs of the SG and relevant case authorities. She submitted that no patient was harmed and that there was no financial gain from Dr Aljallabi's dishonest conduct.
49. As to the relevant mitigating factors, she reminded the Tribunal of Dr Aljallabi's evidence that he had been working on an article, but it was not published in time to declare it within his application form for specialist training in the UK. Dr Aljallabi therefore took advice from a third party, who was able to put together an article for him to pass off as his own work. Dr Aljallabi took no part in producing the article. Ms Maudsley submitted that Dr Aljallabi accepted that he had acted dishonestly and has shown genuine remorse, making apologies to those people who had been impacted by his actions. She said that Dr Aljallabi had started to develop his insight and had made attempts to remediate, including through approaching Professor B, his mentor. Ms Maudsley said that, although late in the day, Dr Aljallabi had now contacted the journal and asked for the plagiarised article to be withdrawn.
50. Ms Maudsley also referred the Tribunal to Dr Aljallabi's reflective statement and submitted that he is now aware of the importance of not committing plagiarism, being honest in completing application forms, and maintaining integrity. Ms Maudsley submitted that the events at issue during this hearing took place approximately 18 months ago and that there has been no repeat of any dishonesty since. She also submitted that Dr Aljallabi had been working as a doctor in the UAE without any issues and that this is the first time Dr Aljallabi has been before a Tribunal since qualifying as a

doctor. Ms Maudsley also referred to the testimonial of Dr C who has no concerns relating to Dr Aljallabi's probity.

51. Ms Maudsley submitted that Dr Aljallabi is willing to comply with any conditions although accepted that, in this case, it may be difficult to formulate them. She submitted that, given Dr Aljallabi's level of insight, remorse, remediation and the lack of repetition in this case, an order of suspension would be the appropriate sanction. Ms Maudsley said that there is no attitudinal problem in this case and Dr Aljallabi is willing to remediate further. In addition, she said that a period of suspension would mark the seriousness of the conduct and would send out a message to the public that his conduct was wholly unacceptable.

### **The Tribunal's Approach to Sanction**

52. The Tribunal bore in mind that the decision as to the appropriate sanction, if any, to impose in this case is a matter for it alone, exercising its own judgement.
53. In reaching its decision, the Tribunal has taken into account the SG. It has borne in mind that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest, although it may have a punitive effect.
54. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Aljallabi's interests with the public interest. It has also taken into account the statutory overarching objective.
55. The Tribunal has already given a detailed determination on facts and impairment and has taken those matters into account during its deliberations on sanction.

### Aggravating and Mitigating Factors

56. Before deciding what action, if any, to take in respect of Dr Aljallabi's registration, the Tribunal considered the aggravating and mitigating factors present in this case.
57. The Tribunal identified the following to be aggravating factors:
  - Dr Aljallabi committed research misconduct which amounted to a serious breach of a number of paragraphs within GMP, undermining the public's trust in the profession and the wider scientific process;

- Dr Aljallabi’s dishonest conduct was repeated, albeit both relevant incidents were linked to a single training-post application;
- Dr Aljallabi is an experienced doctor and should have known better than to act as the Tribunal found proved;
- The plagiarised material, for which he is incorrectly credited as author, remains online until today.

58. It considered the following mitigating factors to be of relevance:

- Dr Aljallabi has demonstrated some limited insight into his misconduct;
- Dr Aljallabi has provided evidence of some attempts to remediate his actions;
- Dr Aljallabi has expressed his regret and apologies for his misconduct;
- There are no previous disciplinary findings against Dr Aljallabi;
- Full admissions were made to the Allegation, albeit only at the Rule 7 stage after untruthful accounts had been provided to HEE and the GMC, and in the face of overwhelming evidence;
- Dr Aljallabi had made some effort to have the plagiarised article taken down. This was, however, only made after the issue was raised during these proceedings.

#### No Action

59. In coming to its decision as to the appropriate sanction, the Tribunal first considered whether to conclude the case by taking no action. The Tribunal reminded itself that there should be exceptional circumstances to justify taking no action where a finding of impairment has been made.

60. The Tribunal considered that there were no exceptional circumstances to justify taking no action in this case. It determined that given the serious nature of the Tribunal’s findings on impairment, it would be neither sufficient, proportionate nor in the public interest to conclude this case by taking no action.

#### Conditions

61. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Aljallabi’s registration. The Tribunal had regard to the various paragraphs of the SG, which indicate various features of cases in which conditions might be appropriate. The



Tribunal took into account that any order of conditions would need to be appropriate, proportionate, workable and measurable.

62. Given the nature of Dr Aljallabi's misconduct, which involves dishonesty, the Tribunal took the view that it could not formulate appropriate conditions which would be workable, and did not consider that conditions would be sufficient to mark the gravity of the misconduct. The Tribunal considered that an order of conditions would not be appropriate or proportionate, and would not be in the public interest.

### Suspension

63. In considering whether to impose a period of suspension, the Tribunal had regard to paragraph 92, 93 and 97 of the SG, which states:

*92 Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (ie for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession).*

*93 Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions (see paragraphs 24–49).*

...

*97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.*

- a A serious departure from Good medical practice, but where the misconduct is not so difficult to remediate that complete removal from the register is in the public interest. However, the departure is serious enough that a sanction lower than a suspension would not be sufficient to protect the public.*

...

- e* No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage.
- f* No evidence of repetition of similar behaviour since incident.

64. The Tribunal also considered paragraph 120, 125, 126 and 127 of the SG, which states:

**120** *Good medical practice states that registered doctors must be honest and trustworthy, and must make sure that their conduct justifies their patients' trust in them and the public's trust in the profession.*

...

**125** *Examples of dishonesty in professional practice could include:*

- c* submitting or providing false references
- d* inaccurate or misleading information on a CV
- e* failing to take reasonable steps to make sure that statements made in formal documents are accurate.

**126** *For further detail on a doctor's obligations see Good medical practice paragraphs 69–71 on the duty to keep clear, accurate and legible records, and paragraphs 88–89 and 92 regarding writing reports and CVs, giving evidence and signing documents. See also separate guidance on writing references and Acting as a witness in legal proceedings.*

**127** *Research misconduct is another example of dishonesty and can range from presenting misleading information in publications to dishonesty in clinical drugs trials. This type of behaviour undermines the trust that both the public and the profession have in medicine as a science, regardless of whether it leads to direct harm to patients. Because it has the potential to have far-reaching consequences, this type of dishonesty is particularly serious...*

65. The Tribunal considered all of these paragraphs to be relevant. It was in no doubt that Dr Aljallabi's dishonest conduct was unacceptable for any medical practitioner. While it noted that Dr Aljallabi's misconduct did not relate directly to his clinical practice, it was committed by him in order to facilitate his entry to a specialist training programme in the UK. The Tribunal considered the potential consequences of his actions to be both extensive and seriously damaging to the trust that both the public and profession have in medicine as a science. The Tribunal also noted its previous finding that Dr Aljallabi's proven misconduct was not a 'one-off' and that he had acted dishonestly both in knowingly submitting a plagiarised article for publication in a learned journal and in knowingly relying on that plagiarised article in his application to HEE. It also noted that, at least until today's date, the plagiarised article remains online, and that Dr Aljallabi can still be credited or cited for it despite having undertaken none of the research it purported to present.
66. In considering which sanction to apply, the Tribunal considered that its decision was finely balanced between erasure and suspension in order to reflect the adverse impact of Dr Aljallabi's conduct on public confidence in the medical profession. It noted paragraphs 108 of the SG, which states:
- 108 Erasure may be appropriate even where the doctor does not present a to patient safety, but where this action is necessary to maintain public confidence in the profession. For example, if a doctor has shown a blatant disregard for the safeguards designed to protect members of the public and maintain high standards within the profession that is incompatible with continued registration as a doctor.*
67. Having considered the SG, the Tribunal considered the crucial question to be whether Dr Aljallabi's actions were fundamentally incompatible with continued registration. The Tribunal also considered the purpose of the imposition of a sanction, namely to protect the public, to maintain public confidence in the medical profession and to uphold proper professional standards. The Tribunal gave consideration as to whether it was in the public interest to erase Dr Aljallabi from the medical register, as opposed to imposing a lengthy suspension which would afford him the opportunity to demonstrate insight and remediation.
68. Having carefully considered all of the factors in the case, the Tribunal found that Dr Aljallabi's actions are not fundamentally incompatible with continued registration.

Although they involved repeated dishonest conduct, Dr Aljallabi's actions stemmed from a single dishonest motive to obtain a specialist training position in the UK. While the Tribunal agreed with the GMC's earlier submission that Dr Aljallabi's conduct was both outrageous and egregious, it noted that Dr Aljallabi had not previously practised medicine in the UK, took account of his evidence that a third party had been involved in securing publication of the plagiarised article, and considered that the evidence before it was unclear as to the extent to which he personally appreciated the seriousness of his wrongdoing, and its potential consequences, at the time.

69. In considering the guidance relating to erasure, the Tribunal took the view that Dr Aljallabi's dishonest conduct could not properly be characterised as persistent nor covered up. It also noted its previous findings that Dr Aljallabi had demonstrated some insight and remediation. Indeed, it noted that Dr Aljallabi had engaged and cooperated with these proceedings and, although he had been unable to give live oral evidence owing to his present location, had attended for part of these proceedings and provided timely written evidence in response to questions from the GMC and Tribunal. It was satisfied, therefore, that Dr Aljallabi is capable of developing further insight into his actions and of further remediating his misconduct in order to ensure that he does not repeat the same behaviour in the future. Furthermore, the Tribunal considered that although it found that there is a risk of repetition in this case, that risk could not be described as significant and noted that there has not been any evidence of similar behaviour from Dr Aljallabi since the incident occurred.
70. Drawing these factors together, the Tribunal was satisfied that a period of suspension would be sufficient to mark the seriousness of Dr Aljallabi's misconduct and send a signal to the doctor, the profession and the public about the standards of conduct expected and how those standards will be upheld. It determined that a period of suspension would maintain public confidence in the profession, as the public would understand that he is prevented from working as a doctor for a period of time.
71. Turning to the duration of the suspension, the Tribunal considered that suspension for 12 months (the maximum period available to it) would be the appropriate sanction to reflect the seriousness of Dr Aljallabi's dishonest conduct. The Tribunal considered that a shorter period of suspension would not give Dr Aljallabi, who will have the persuasive burden of demonstrating his fitness to practise at a review hearing, sufficient time to remediate, given his current level of insight. The Tribunal considered that a period of 12 months would give Dr Aljallabi the opportunity to develop insight and demonstrate

remediation in relation to his dishonest actions. A lengthy period of suspension is also required in order to maintain confidence in the profession, and to declare and uphold proper professional standards.

72. Therefore, the Tribunal determined that a twelve-month period of suspension was the appropriate and proportionate sanction in this case. The maximum period of suspension of twelve months is required to:

- d. protect, promote and maintain the health, safety and well-being of the public by restricting his practice whilst he lacks insight into his conduct and while there remains a risk of repetition;
- e. promote and maintain public confidence in the medical profession in that the public will be reassured that he has been restricted from practice for a significant period of time, during which he can develop the insight to prevent a repetition of his misconduct; and
- f. promote and maintain proper professional standards and conduct for members of the profession, in that Dr Aljallabi will be prevented from practising to reflect his serious breaches of GMP, which will have a deterrent effect on him and on other members of the profession.

73. Each of the three strands of the overarching objective can be met by a period of suspension for twelve months. The Tribunal considered that this is the proportionate and appropriate sanction to impose, and that – in the circumstances of this case – erasure from the medical register is not necessary.

#### Review Directed

74. The Tribunal determined to direct a review of Dr Aljallabi's case. A review hearing will convene shortly before the end of the period of suspension. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Aljallabi to demonstrate how he has remediated and developed insight into his dishonest actions. It therefore may assist the reviewing Tribunal if Dr Aljallabi provides the following:

- Evidence of demonstrating further insight and remediation;

- A full and detailed reflective statement: Dr Aljallabi may wish to reflect on his past actions, his dishonesty, and the impact upon public confidence in the medical profession and wider scientific process as well as on his colleagues;
- Evidence of the plagiarised article being successfully withdrawn;
- Evidence of using his experience to educate others as to the risks, consequences and impact of similar dishonest conduct;
- Evidence that he has kept his clinical knowledge up to date during his period of suspension;
- Evidence of any relevant training, mentoring or Continuing Professional Development courses undertaken;
- Any other information which Dr Aljallabi considers would assist the reviewing Tribunal.

#### Determination on Immediate Order - 09/05/2024

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

#### Submissions

76. On behalf of the GMC, Mr Hamlet submitted that an immediate order is not necessary in this case. He referred the Tribunal to the relevant paragraphs of the SG and its determination on impairment and sanction. He noted that the Tribunal did not identify any direct or immediate risk to the public as a result of Dr Aljallabi's misconduct. Therefore, Mr Hamlet submitted that he has not identified, from the Tribunal's determination, anything that might be deemed imperative to impose an immediate order in the public interest or the doctor's own interest.
77. On behalf of Dr Aljallabi, Ms Maudsley concurred with the submissions of the GMC that an immediate order is not necessary in this case. She also referred the Tribunal to the relevant paragraphs of the SG and its determination on impairment and sanction. She said that Dr Aljallabi does not have a license to practise in the UK, currently resides in Dubai and has not made any plans to come to the UK. Therefore, Ms Maudsley submitted that the immediate risk of Dr Aljallabi being able to practise medicine in the UK is highly unlikely. She said that this reduces the risk of harm to any patient in the UK. Given the circumstances, Ms Maudsley submitted that there is no requirement to

impose an immediate order in this case and that the public interest would not be undermined by not imposing such order. She said that the sanction of a 12-month suspension will suffice.

### The Tribunal's Determination

78. In reaching its decision, the Tribunal has exercised its own judgement, and has taken account of the principle of proportionality. The Tribunal has borne in mind that it may impose an immediate order where it is satisfied that it is necessary for the protection of members of the public or otherwise in the public interest or is in the best interests of the practitioner. It has also borne in mind the guidance given in paragraphs 172, 173, and 178 of the SG, which states:

*172 The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. The interests of the doctor<sup>39</sup> include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order.*

*173 An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor's special position of trust, or where immediate action must be taken to protect public confidence in the medical profession.*

*178 Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect.*

79. The Tribunal bore in mind the above paragraphs of the SG and took account of the specific basis upon which the Tribunal reached its determination on impairment and sanction. It considered the seriousness of its findings and that its decision on sanction was finely balanced between erasure and suspension. Therefore, the Tribunal considered it necessary to impose an immediate order of suspension 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.

80. This means that Dr Aljallabi'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.

81. There is no interim order to revoke.

82. That concludes the case.