PUBLIC RECORD

Dr Hosny has lodged an appeal against decisions of this Tribunal. Her registration remains suspended while the appeal is considered.

Dates: 15/09/2025 - 10/10/2025; 13/04/2026 - 23/04/2026

Doctor:	Dr Mona HOSNY
GMC reference number:	6137088
Primary medical qualification:	MB BCh 1991 Ain Shams University

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

Summary of outcome

Erasure
Immediate order imposed

Tribunal:

Legally Qualified Chair	Ms Chitra Karve
Lay Tribunal Member:	Ms Catherine Pease
Registrant Tribunal Member:	Dr Neil Smart

Tribunal Clerk:	Ms Keely Crabtree (15/09/2026 to 30/09/2025) Ms Hinna Safdar (01/10/2026 to 10/10/2025) Mrs Jennifer Ireland (13/04/2026 to 23/04/2026)

Attendance and Representation:

Doctor:	Present, not represented
Doctor's Representative:	N/A
GMC Representative:	Ms Harriet Tighe, Counsel

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 - 09/10/2025

Background

1. Dr Hosny qualified from Ain Shams University in 1991. At the time these concerns first arose, she was employed by Nottingham University Hospitals NHS Trust ('NUH'). She subsequently resigned from NUH on 19 May 2022, with her notice period ending on 19 June 2022. Dr Hosny underwent a GMC performance assessment while no longer employed by NUH.

2. The allegation that has led to Dr Hosny's hearing can be summarised as that, on or around 19 January 2022, Dr Hosny agreed to a voluntary restriction not to work in patient facing duties whilst subject to a Maintaining High Professional Standards ('MHPS') investigation at NUH.

3. It is alleged that Dr Hosny worked at other Trusts/hospitals between 4 February and 26 May 2022 without informing the Trusts, locum agencies or NUH that she was undertaking the work and that her actions were dishonest. It is also alleged that, on 20 May 2022 when interviewed for the investigation, Dr Hosny dishonestly stated that she had only worked locum shifts in February 2022 when she knew that she had undertaken work at other Trusts/hospitals between February and May 2022.

4. It is further alleged that, on 27 and 28 February 2023, Dr Hosny underwent an assessment of her professional performance which was assessed as '*Unacceptable*' in two categories namely *Maintaining professional performance* and *Clinical management* and a '*Cause for Concern*' in two other categories, namely *Assessment of Patients' Condition* and *Relationships with Patients*.

5. Formal concerns were raised with the GMC on 7 June 2022 by the Associate Medical Director for Professional Standards at NUH.

The Outcome of Applications Made during the Facts Stage

6. The Tribunal granted Dr Hosny's application, made pursuant to Rule 34(1) of the GMC (Fitness to Practise Rules) 2004 as amended ('the Rules'), for the admission of her four defence bundles (amounting to over 4000 pages). The bundles had been considered by the GMC and the application was not opposed. The Tribunal determined that, for these reasons, the bundles were relevant, and it was fair to admit them.

7. The Tribunal refused Dr Hosny's application to present her case first, prior to the opening of the GMC's case. The Tribunal's full decision on the application is included at Annex A.

8. The Tribunal granted Dr Hosny's application to attend the MPTS hearing remotely from 29 September 2025. The Tribunal's full decision on the application is included at Annex B.

9. The Tribunal granted the GMC's application, made pursuant to Rule 34(13) and (14) of the Rules', for Dr A to give his evidence via video link. The Tribunal's full decision on the application is included at Annex C.

10. The Tribunal refused Dr Hosny's application for Dr B to attend the MPTS hearing in person. The Tribunal's full decision on the application is included at Annex D.

11. The Tribunal refused Dr Hosny's application for two additional witnesses to attend the hearing at the facts stage. The Tribunal's full decision on the application is included at Annex E.

12. The Tribunal refused the GMC's application to exclude Professor C's witness statement from evidence. Further, it refused Dr Hosny's application to adjourn the hearing in order that the Professor could attend the hearing. The Tribunal's full decision on the applications is included at Annex F.

The Allegation and the Doctor's Response

13. The Allegation made against Dr Hosny is as follows:

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

1. On or around 19 January 2022, you indicated your agreement to a voluntary restriction on your practice to not work in patient facing duties ('the Restriction') whilst subject to a Maintaining High Professional Standards Investigation ('the Investigation') at Nottingham University Hospitals NHS Trust ('NUH'). To be determined

2. You knew that you should:
    a. not work in patient facing duties; To be determined

    b. inform NUH if you intended to work elsewhere as you knew:
        i. you were subject to the Investigation; To be determined
        ii. you continued to be paid by NUH on a full time basis;
        To be determined
        iii. options for redeployment were being considered;
        To be determined
        iv. on ~~2~~ 3 February 2022 you were sent a copy of the NUH Capability policy ('the Policy') which contained the paragraphs as set out in Schedule 1; Amended under Rule 17(6) To be determined
        v. on 9 February 2022, Dr D sent you an email which asked for, 'assurance that you are not seeking any further short term locum work in any other Trusts/ UK hospitals currently, because this would be inappropriate until this formal MHPS process has been completed'. To be determined
    c. inform potential employers of the Restriction as you knew:
        i. you were subject to the Investigation; To be determined
        ii. the terms of the Restriction; To be determined
        iii. on ~~2~~ 3 February 2022, were sent a copy of the Policy which contained the paragraph as set out in Schedule 2. Amended under Rule 17(6)
        To be determined

3. You worked on the dates and at the Trusts as set out in Schedule 3. Admitted and found proved except for any dates in April 2022.

4. You did not inform:
    a. the Trusts and/ or locum agencies (relevant to the work set out in Schedule 3) of the Restriction; To be determined

b. NUH that you were undertaking the work as set out in Schedule 3. To be determined

5. Your actions at paragraphs 3 and 4 were dishonest by reason of paragraph 2. To be determined

6. On 20 May 2022, you were formally interviewed for the Investigation and you stated that that you had worked some locum shifts in February 2022 but that the only other work you had undertaken was some research work abroad, or words to that effect. To be determined

7. You knew when you attended the interview that you had undertaken work at Sherwood Forest Hospitals NHS Trust as set out in Schedule 3.
Admitted and found proved except for any dates for April 2022.

8. Your actions at paragraph 6 were dishonest by reason of paragraph 7. To be determined

9. Between 27 – 28 February 2023 you underwent a General Medical Council assessment of the standard of your professional performance.
Admitted and found proved

10. Your professional performance was unacceptable in the following areas:
    a. Maintaining professional performance; To be determined
    b. Clinical management. To be determined

11. Your professional performance was a cause for concern in the following areas:
    a. Assessment of Patients' Condition; To be determined
    b. Relationships with Patients. To be determined

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

a. misconduct in respect of paragraphs 1 – 8; To be determined

b. deficient professional performance in respect of paragraphs 9 – 11. To be determined

The Admitted Facts

14. At the outset of these proceedings, Dr Hosny made admissions to some paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the Rules. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved. In relation to the April dates set out in Schedule 2, the Tribunal heard from Dr Hosny that she would not have worked during those dates as she was in Egypt for the month of April for Ramadan. The GMC have not provided any response to that assertion and the Tribunal accepts all the dates in Schedule 2 as presented except for the April 2022 dates.

Evidence

15. The Tribunal received evidence on behalf of the GMC from the following witnesses:

- Dr D, Head of Service for Theatres & Anaesthesia at NUH, in person;
- Dr A, Director of Postgraduate Medical Education at NUH/Consultant in Critical Care and Anaesthesia, by video link;
- Dr E, Consultant Anaesthetist and Associate Medical Director for Professional Standards at NUH, in person;
- Dr F, Responsible Officer (RO) of HOLT Agency, in person;
- Dr G, Chair of the Local Negotiating Committee (LNC), in person;
- Dr H, GMC Medical Assessor, by video link;
- Dr B, GMC Medical Assessor (Team Leader), by video link;
- Mr I, manager for the GMC's Performance Assessment Team, in person.

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

- Ms J; Head of Medical Workforce at Sherwood Hospitals NHS Trust;
- Mr M, Project Coordinator for the Ngage Group (owner of HOLT Agency).

17. Dr Hosny provided her own witness statement and also gave oral evidence at the hearing.

18. The Tribunal received evidence on behalf of Dr Hosny from Miss N, by video link.

19. The Tribunal also received evidence on behalf of Dr Hosny in the form of a witness statement, dated 22 July 2025, from Professor C, who was not called to give oral evidence.

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

- Email correspondence between locum agency and Dr D, dated 16 July 2021;
- NUH internal emails, dated October/November 2021;

- NUH internal emails re Dr Hosny, dated 27 October 2021;
- Dr D File note of meeting with Dr Hosny, dated 4 November 2021;
- Internal NUH emails re Dr Hosny, dated 10 November 2021;
- Emails between Dr D and Dr Hosny, dated 12 and 15 November 2021;
- Letter from Dr D to Dr Hosny re performance, dated 17 November 2021;
- Internal emails re Dr Hosny study leave, dated 30 November 2021;
- Letter from NHS Resolution to Dr E, dated 01 December 2021;
- Emails between Dr D and Dr Hosny re assessments, dated 16 December 2021;
- Internal NUH emails following ALMAT assessment, dated 21 December 2021;
- Internal NUH email re feedback on Dr Hosny, dated 30 December 2021, 4 January 2022 and 16 December 2021;
- Internal NUH emails re Dr Hosny, dated 7 January 2022;
- Letter from Dr E to Dr Hosny, dated 24 January 2022;
- Emails between Dr E and Dr Hosny, dated 26 January 2022;
- Email from Dr E to Dr Hosny with letter and Trust Conduct, Capability and Ill Health Policy, dated 3 February 2022;
- Emails between Dr D and Dr Hosny, dated 10 December 2021, 20 January 2022, 9 February 2022, 22 February 2022, 3 March 2022 and 21 August 2022;
- NUH witness statement of Dr D, dated 24 February 2022;
- NUH unsigned and not agreed draft 'witness statement' prepared by Dr A for Dr Hosny, dated 20 May 2022;
- Email from Dr E to Dr Hosny, dated 20 May 2022;
- Emails between Dr E and Dr F, dated 31 May 2022;
- Email between Dr E and GMC with payments made to Dr Hosny, dated 12 December 2023;
- NUH Referral to GMC, dated 7 June 2022;
- Correspondence between Holt Agency and Dr Hosny arranging placement at Doncaster, dated 3 February 2022;
- Correspondence from Holt Agency to Doncaster re Dr Hosny's placement, dated 3 February 2022;
- Correspondence between Holt Agency and Dr Hosny arranging further placement, dated 9 February 2022;
- Correspondence from Holt to Doncaster, dated 9 February 2022;
- Correspondence between Holt and Dr Hosny re placement at Leeds, dated 15 February 2022;
- Medical Practitioner Information Transfer Form from Dr E to Holt agency, dated 24 May 2022;

- Dr F's handwritten notes of call with Dr E, dated 31 May 2022;
- Holt Agency internal note, dated May 2022;
- NUH email to Dr F, dated 6 June 2022;
- Emails between Dr F and Dr Hosny, dated 9 June 2022, 15 July 2022, 19 July 2022 and 2 December 2022;
- Email with shifts worked by Dr Hosny at Sherwood, undated;
- Email with payment information made by Sherwood to Dr Hosny, undated;
- Dr Hosny timesheets for Sherwood, undated;
- Dr Hosny payslips from Doncaster and Leeds, dated February 2022
- Dr Hosny timesheets for Doncaster and Leeds, dated February 2022
- Dr Hosny Timesheet for Doncaster, dated 4 to 5 February 2022 and 11 to 14 February 2022;
- Dr Hosny Timesheet for Leeds, dated 24 to 25 February 2022;
- Email from Dr G to the GMC, dated 21 January 2025;
- Emails between the GMC and Dr Hosny re Performance Assessment, dated October 2022;
- Telephone note of call between Dr Hosny and GMC, dated 19 October 2022;
- Emails between GMC and Dr Hosny re Performance Assessment, dated October 2022 and November 2022;
- Telephone note of call between GMC and Dr Hosny, dated 03 November 2022;
- Email correspondence between the GMC and Dr Hosny, dated 19 October 2022, January 2023, February 2023, 2 March 2023, 8 March 2023, 16 March 2023, 31 March 2023, April 2023 and 4 April 2023;
- Email from GMC to Performance Assessors, dated 9 March 2023;
- Email from Dr Hosny to the GMC with comments on the Performance Assessment, dated 1 April 2023;
- GMC Performance Assessment Report, dated February 2023.

The Tribunal's Approach

21. In reaching its decision on facts, the Tribunal has borne in mind that the burden of proof rests on the GMC and it is for the GMC to prove the Allegation. Dr Hosny does not need to prove anything. The standard of proof is that applicable to civil proceedings, namely the balance of probabilities, i.e., whether it is more likely than not that the events occurred.

Dishonesty

22. In its approach to the allegation of dishonesty, the Tribunal should carefully consider all the evidence before it. The test for dishonesty is set out in the Supreme Court judgment in

the case of Ivey v Genting Casinos (UK) Limited [2017] UKSC 67, in which Lord Hughes stated, and paraphrased:

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

23. The LQC further advised that there are principles, derived from ongoing cases regarding dishonesty that may assist the Tribunal in its deliberations. These are that a Tribunal should give anxious consideration to whether the Doctor's conduct could be regarded as dishonest; that the Tribunal, having had the benefit of seeing and hearing from the Doctor and having read the evidence, must be careful in evaluating the evidence. A finding of dishonesty is serious and bears the possibility of a finding of impairment and a sanction.

Performance

24. With respect to allegations relating to the performance assessment, Dr Hosny has criticised the use of the performance assessment structure and the LQC advised that it would be useful to provide some guidance as to how the Tribunal might approach its deliberations of the evidence relating to that assessment.

25. The LQC did not seek to go into the background that led to the referral to the GMC in this advice, while acknowledging it is a key grievance for Dr Hosny. As the LQC indicated during proceedings, the investigation at the NUH and the appeal processes following that investigation are not before the Tribunal for consideration. The relevance of evidence from witnesses at the NUH that are before us relate to the allegations of dishonesty not performance.

26. The Tribunal should consider Dr Hosny's repeated assertions that the performance assessment was biased from the start because some history from the NUH in relation to capability concerns had been provided to the assessors. The tribunal can weigh this assertion with the responses that the assessors gave to questions of bias put to them by Dr Hosny.

27. With respect to the structure of the performance assessment. Dr Hosny has asserted that the performance structure was not appropriate for her because, in brief, she was a consultant level anaesthetist, and the kind of exercises appeared to be based on testing practitioners at a trainee level. This was put to the assessors, and their responses should be considered and weighed with her own evidence in relation to the exercises. What the LQC did not consider was whether the Tribunal needs to consider whether or not directing a performance assessment at all was appropriate in this case. Having checked the GMC's guidance on decision making in relation to directing a performance assessment the LQC advised that the direction was made following relevant procedures and according to the guidance. Performance assessments are a well established way in which capability is tested by the GMC.

28. However, the Tribunal can and should take into account the evidence, from the GMC witnesses and Dr Hosny's own evidence, in relation to her challenges to the structure of the assessment. She also has given evidence about the validity of the knowledge test, and tribunal will have to carry out a weighing exercise on these points before making a decision on the overall validity of the performance assessment.

29. There has also been comment about what information on CPD, testimonials etc were provided to the assessors, and some acknowledgement that they may not have received information that Dr Hosny provided to them. Dr B has responded to questions about this. Again, the evidence would need to be considered and weighted appropriately.

The Tribunal's Analysis of the Evidence and Findings

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

Dishonesty

Paragraph 1

31. The Tribunal noted Dr Hosny's admission that she was aware of the restriction placed upon her practice during the meeting on 19 January 2022 with Dr E.

32. The Tribunal accepted Dr E's evidence that the nature of the restriction as voluntary was explained to Dr Hosny during the meeting on 19 January at which she was informed of the commencement of an MHPS investigation. During that meeting, it was made explicit that she should "*step away from clinical practise"* and that the *"Trust could not allow her to work independently until the investigation had concluded".* These concerns about her clinical practise were reiterated in a follow-up letter dated 24 January 2022.

33. While the Tribunal acknowledged Dr Hosny's position that her agreement was not wholehearted—characterising it as a "resigned acceptance of the inevitable" due to her reluctance and unhappiness at stepping away from patient facing duties—it determined that her subsequent conduct demonstrated a practical agreement. This was evidenced by the fact that she ceased patient facing work at NUH and complied with the restriction by agreeing to undertake some alternative, non-patient facing duties offered to her.

34. The Tribunal concluded that, notwithstanding the absence of a written record and her personal reservations, Dr Hosny was aware of the restriction and, by her actions, indicated her agreement to it from 19 January 2022 onwards.

35. The Tribunal therefore found Paragraph 1 of the Allegation proved.

Paragraph 2(a)

36. The Tribunal found this paragraph to be a direct and necessary consequence of its finding on Paragraph 1 of the Allegation proved.

37. Having determined that Dr Hosny indicated her agreement to the voluntary restriction on 19 January 2022, the Tribunal concluded that the knowledge of this obligation was inherent. This was confirmed by Dr Hosny's own admission during the proceedings, where she explicitly accepted that she knew she should not work in patient facing duties at Nottingham University Hospitals NHS Trust (NUH).

38. The Tribunal therefore found, as a matter of fact, Dr Hosny was aware of her duty to refrain from patient facing work, and therefore found Paragraph 2(a) of the Allegation proved.

Paragraph 2(b)(i)

39. The Tribunal carefully considered what it determined to be the most contemporaneous evidence available, a letter from the Medical Director’s Office dated 24 January 2022.

40. The Tribunal noted that this letter did not contain any instruction or requirement for Dr Hosny to inform Nottingham University Hospitals NHS Trust (NUH) if she intended to work elsewhere.

41. Furthermore, the Tribunal observed that this obligation was not referenced in Dr E's witness statement or oral evidence.

42. The Tribunal concluded that while it might have been a sensible course of action for Dr Hosny to consider, the GMC's allegation required proof of a known duty, and the evidence presented did not establish that such a specific obligation had been communicated to her or was in force at the relevant time.

43. Therefore, the Tribunal found Paragraph 2(b)(i) of the Allegation not proved.

Paragraph 2(b)(ii)

44. While it was accepted that Dr Hosny was aware she was being paid by NUH on a full-time basis for 12 Programmed Activities, the Tribunal focused on the specific wording of this Paragraph of the Allegation, which required proof that this knowledge created a duty to inform NUH of any intention to work elsewhere.

45. The Tribunal noted that the evidence, including email correspondence, indicated that Dr Hosny was available for work at NUH and had engaged in discussions about undertaking alternative duties such as research. The central point of determination was whether her continued receipt of full-time pay, in and of itself, carried the specific obligation alleged.

46. The Tribunal concluded that the evidence did not establish that this particular duty had been communicated to Dr Hosny or was a formal condition of her pay arrangement.

47. Therefore, despite being paid by NUH from January until May while undertaking external work, the specific allegation that she *knew* this payment obligated her to inform NUH of her outside work was not found proved.

Paragraph 2(b)(iii)

48. The Tribunal accepted the factual premise that Dr Hosny was engaging in a redeployment process with NUH while simultaneously working elsewhere. However, the critical question was whether this ongoing engagement created a specific, known duty to inform NUH of her external work.

49. The Tribunal concluded that the evidence presented did not demonstrate that this particular obligation had been formally communicated to Dr Hosny or was an explicit condition of the redeployment considerations. The Tribunal noted that the situation might have presented a conflict if she had been given alternative work on a day she had accepted locum work. However, it considered that the GMC's allegation required proof of a known duty and this was not established by the evidence.

50. Therefore, Paragraph 2(b)(iii) of the Allegation was not found proved.

Paragraph 2(b)(iv)

51. It was an admitted fact that Dr Hosny received an email on 3 February 2022. It was maintained by the GMC that the Trust Conduct, Capability and Ill Health Policy ('the Policy') was attached to this email, which the Tribunal accepted, although Dr Hosny stated that she had not received this. The Tribunal placed significant weight on the context and presentation of this document. It noted that the covering email did not direct Dr Hosny's attention to any specific, relevant sections of the lengthy, 60-page policy, nor was there any follow-up to ensure she had read and understood its contents. There is additionally no evidence any sections were referenced during any meetings Dr Hosny had with Dr D or Dr E.

52. Dr Hosny maintained that, even if she had received the Policy, she would not have studied it and considered it was merely a policy under which the structure of the internal assessment/investigation was to be carried out and not relevant for her. The Tribunal considered that it was more likely than not that Dr Hosny did receive the policy as an attachment to a letter from Dr E. The Tribunal considers that since the NUH was embarking on a serious internal investigation, it should have done more to reassure itself that Dr Hosny had in fact received this policy, perhaps sending it in hard copy as well. NUH could have also asked for confirmation from Dr Hosny that she had seen the policy and read the relevant sections applicable to actions she was, according to the policy, under a duty to undertake. Furthermore, on reading the specific paragraphs of the Policy in Schedule 1 that forms part of the allegation, the Tribunal found them to be "vaguely worded." Dr E, when giving oral evidence, admitted that the policy was not very clear and that it had been re-written since then.

53. The Tribunal determined that the wording of these paragraphs of the policy, which appear to indicate what the doctor under investigation should and should not do, were not sufficiently clear or direct to have necessarily alerted Dr Hosny to a specific, personal duty to inform NUH if she intended to work elsewhere.

54. Therefore, the Tribunal concluded that the act of sending the Policy, under these circumstances, did not establish the knowledge alleged, and Paragraph 2(b)(iv) was found not proved.

Paragraph 2(b)(v)

55. The Tribunal accepted that the email from Dr D on 9 February 2022 was a critical piece of communication that established a clear and specific duty on Dr Hosny to inform the NUH if she was working elsewhere. While the Tribunal noted the email's wording was not an

explicit ban, it determined that the direct request for assurance—specifically asking Dr Hosny to confirm she was "not seeking any further short term locum work ... "—created an unambiguous obligation.

56. The Tribunal concluded that this request, coming from a senior individual in a management position to Dr Hosny and who was involved with the internal investigation, made it unequivocally clear to Dr Hosny that she was required to inform NUH of any external work or to confirm she was not engaged with any such work. Her failure to respond to this direct question was viewed by the Tribunal as strong evidence that she knew of the duty but chose not to comply with it.

57. Therefore, the Tribunal was satisfied that from 9 February 2022 onwards, Dr Hosny knew she should inform NUH if she intended to work elsewhere. Paragraph 2(b)(v) was found proved.

Paragraph 2(c)(i)

58. The Tribunal's decision on this Paragraph of the Allegation rested on the logical and necessary connection between the existence of the restriction and the purpose of the ongoing investigation.

59. The Tribunal reasoned that the fundamental purpose of a voluntary restriction, agreed upon within a formal MHPS process, is to mitigate risk and protect patients while concerns are being investigated. For this restriction to be effective, its terms must be communicated to any other organisation where the doctor seeks to practise.

60. The Tribunal concluded that Dr Hosny, as a registered medical professional, knew or ought to have known that the fact that her employers had expressed serious concerns about her practise, had restricted her to work that was not patient facing work, and was undertaking a formal investigation into the quality of her work should have given her sufficient notice that she had a duty to inform any potential employer of the accompanying restriction on her practice. The Tribunal reminded itself of the relevant paragraph in Good Medical Practice (2013 as amended in 2020) that was in use at the time of the allegation. Paragraph 76 states:

> *'if you are suspended by an organisation from a medical post, or have restrictions placed on your practice, you must, without delay, inform any other organisations you carry out medical work for and any patients you see independently.'*

61. In Dr E's letter dated 24 January to Dr Hosny, it was made very clear that there were serious concerns about patient safety. It is a fundamental requirement of doctors to have patient safety at the forefront of their mind, so the Tribunal considered that Dr Hosny should have been aware of her duty to inform any employers for whom she planned to undertake clinical work.

62. In evidence to the Tribunal, Dr Hosny admitted that she had not really read GMP, only skimmed it. She also had provided written and oral evidence to the Tribunal that in Egypt it was common practise for a doctor who had restrictions at one employment to work in another hospital without informing the second employer about any restriction. Professor C asserted the same in his witness statement. The Tribunal made no findings with respect to what happens in other jurisdictions. The matter before it related to medical practise in the jurisdiction of the MPTS. The Tribunal therefore found Paragraph 2(c)(i) of the Allegation proved.

Paragraph 2(c)(ii)

63. The Tribunal found that this Paragraph of the Allegation follows logically from the previous findings.

64. The Tribunal had already established that Dr Hosny knew she was subject to the Investigation (2(c)(i) and had agreed to the voluntary restriction not to undertake patient facing duties (Paragraph 1). The Tribunal reasoned that knowledge of the restriction's specific term—a prohibition on patient facing work—was integral to understanding its purpose and scope. It concluded that for the restriction to have any practical meaning or effect outside of her direct employment with NUH, it was a necessary and implicit obligation that its terms be communicated to any other potential employer.

Therefore, the Tribunal found Paragraph 2(c)(ii) proved.

Paragraph 2(c)(iii)

65. The Tribunal applied reasoning consistent with its earlier finding on Paragraph 2(b)(iv) of the Allegation.

66. While the Tribunal has found that the Policy was sent to Dr Hosny on 3 February 2022 attached to an email, the Tribunal again emphasised the context in which it was provided. The covering email did not direct her attention to the specific paragraph in Schedule 2, nor was there any follow-up to ensure she had read and understood its contents within the lengthy document.

67. The Tribunal also maintained its view that Dr Hosny's evidence that she did not read the policy was a significant factor. Crucially, the Tribunal determined that the mere act of sending the Policy, under these circumstances, did not establish that Dr Hosny had read, understood, and therefore *knew* the specific duty outlined within it.

68. Consequently, the Tribunal was not satisfied that the sending of the Policy, in itself, created the knowledge alleged. Paragraph 2(c)(iii) of the Allegation was found not proved.

Paragraph 4(a)

69. The Tribunal noted that Dr Hosny admitted in her own evidence that she did not inform the relevant Trusts or locum agencies about the Restriction. This factual position was corroborated by the evidence of Dr F, the Responsible Officer (RO) at Holt Locum Agency, who confirmed he had no knowledge of it.

70. The Tribunal therefore had no difficulty in finding this head of allegation proved for the vast majority of the shifts listed in Schedule 3. However, based on the evidence presented, the Tribunal made a specific finding that the work undertaken in April 2022 should be excluded from this determination. For all other dates specified in Schedule 3, the Tribunal found as a fact that Dr Hosny did not inform the relevant Trusts or agencies of the Restriction.

71. The Tribunal therefore found Paragraph 4(a) proved apart from those dates in April 2022.

Paragraph 4(b)

72. The Tribunal was of the view that there was evidence established that Dr Hosny did not inform Nottingham University Hospitals NHS Trust (NUH) about her external locum work *prior* to the formal interview on 20 May 2022.

73. Dr Hosny accepted that she hadn’t told NUH about external locum work prior to 20 May 2022.

74. The Tribunal therefore found Paragraph 4(b) of the Allegation proved.

Paragraph 5

75. The Tribunal applied the test for dishonesty set out in *Ivey v Genting Casinos*. The first stage of the test was satisfied as the Tribunal had already established the factual basis: Dr Hosny admitted to undertaking the work (paragraph 3) and the Tribunal found she had failed to inform the other Trusts and, in a limited way, NUH (paragraph 4), despite knowing from

the GMC's Good Medical Practice (GMP) and the specific email of 9 February that she had duties to do so (paragraph 2). In making this finding, the Tribunal considered carefully Dr Hosny's assertions on this issue. Dr Hosny has stated that a) she did not know that she had to disclose this other work to NUH, nor did she know that she had to disclose the restrictions to any other Trust for whom she wanted to undertake locum work, and b) that in any event she disagreed with the restrictions. She stated clearly in evidence that she was and continued to be a safe doctor and all she wanted to do was provide patient care. In her evidence, Dr Hosny stated that her decision to pursue employment elsewhere was intended to demonstrate to NUH her capability to undertake professional duties in an alternative setting without difficulty. In the Tribunal's view, Dr Hosny chose to accept or not accept any restrictions or duties as suited her.

76. Regarding the second stage—whether Dr Hosny's conduct was honest or dishonest according to the standards of ordinary decent people—the Tribunal found her actions were dishonest. By 9 February, having received the email from Dr D asking for her assurance that she was not working elsewhere, she was on full notice that she must disclose the information. The Tribunal concluded that her primary motivation for non-disclosure was to secure employment she knew would be denied if the full facts were revealed. While she subjectively sought to justify her actions by believing the investigation was unfair and that she was safe to practise, the Tribunal determined that such a personal rationale did not excuse the deliberate concealment of material facts from employers. Therefore, the Tribunal found that ordinary decent people would characterise this deliberate concealment as dishonest.

77. The Tribunal therefore found Paragraph 5 of the Allegation proved.

Paragraph 6

78. The Tribunal focused on the precise wording of this paragraph of the Allegation, which alleged that Dr Hosny had made a definitive statement that the *only* other work she had done was research.

79. The Tribunal heard evidence from Dr A, who conducted the interview on 20 May 2022. Dr A confirmed that Dr Hosny had mentioned working at two hospitals, Leeds and Doncaster, in addition to referring to research work. Critically, his evidence was that he did not ask her if she had worked at any other hospitals and instead *assumed* that the two named hospitals were the only ones.

80. In part of her evidence to the Tribunal, Dr Hosny indicated that when Dr A began to probe where she was working and on what dates, she was surprised as that was not the

reason for the meeting, and she felt that Dr A may be asking that question so as to 'damage her reputation with other hospitals'. She therefore stopped providing more specific information and ended by saying 'and some other locum work'.

81. The Tribunal could not be satisfied, to the required standard, that Dr Hosny made the specific, limiting statement alleged. The evidence indicated she disclosed some of her locum work.

82. Therefore, the allegation that she positively stated her *only* other work was research was not found proved.

Paragraph 8

83. The Tribunal based its assessment of this paragraph of the Allegation as a direct and necessary consequence of its prior finding on Allegation 6. Allegation 8 is contingent upon Allegation 6 being established, as it alleges that the *actions* described in paragraph 6 (making a misleading statement) were dishonest.

84. Since the Tribunal found that the GMC had not proved that Dr Hosny made the specific statement alleged in paragraph 6, there was no foundational action upon which to base an assessment of dishonesty. Consequently, Paragraph 8 of the Allegation could not be found proved and fell away.

Performance and clinical management

Paragraph 10

85. Before considering the paragraphs of the Allegation relating to performance and clinical management, the Tribunal considers it useful to provide its understanding of repeated assertions made by Dr Hosny about the validity of the assessment and its results. The assertions were of a lengthy and sometimes convoluted nature, and an attempt to summarise them is made here.

86. In her written and oral evidence, Dr Hosny asserted the following:

- That the whole assessment was flawed and biased.
- The flaw came from the fact that the exercises were not based on real patients but used mannequins, actors and scenarios.
- That she was not given enough time on each station before needing to move on
- That the assessors were not really her peers as she had been a consultant level anaesthetic practitioner for longer than they had been
- That they had not heard everything she had said during the scenarios

- That the Knowledge Test she had undertaken had not been re-administered to her when, days later, she stated she may have made a mistake in filling in the boxes
- That her portfolio which was supposed to contain evidence of continued development had not been properly passed on to the assessors by the GMC
- The bias was alleged because the decision to have a performance assessment stemmed from a referral to the GMC about concerns that NUH had about her practice, and the investigation into those concerns by the NUH was flawed.

87. In the following paragraphs, where relevant, these matters are considered. Where they are not referred to specifically, this is not because the Tribunal did not consider all these assertions but because they may not have been relevant to that particular paragraph of the Allegation.

88. The Tribunal considered Paragraph 10 of the Allegation in its entirety.

89. The Tribunal considered carefully the evidence of Dr Hosny relating to the performance assessment, and the answers that the experts gave to her questions during cross examination. Dr Hosny asserted that she consistently endeavoured to keep her knowledge and skills current, adhering to national guidelines; however, she acknowledged that she had not effectively implemented these guidelines in practice during the performance assessment. This was because she did not realise she had to show ‘ A to Z’ of what needed to be done.

90. Dr H noted that Dr Hosny's performance did not align with the vision of practice she had articulated, which raised concerns about her ability to translate theoretical knowledge into practical application. Dr B explained that weight was given to those exercises in the assessment that were important for patient safety. In evaluating Dr Hosny's evidence, the tribunal compared it against the conclusions drawn from the performance assessment and the insights provided by the performance assessors. Dr Hosny argued that the assessment was inappropriate for someone at the consultant level, claiming that it relied on simulated scenarios rather than real-life situations. She pointed out that the time allocated for each exercise was insufficient, and there was a possibility that the performance assessors did not fully capture everything she communicated during the scenarios. Dr Hosny maintained that her perspective should not be dismissed simply because it differed from that of two other consultants, emphasizing that variations in opinion among consultants do not necessarily indicate poor practice, and she believed her experience surpassed theirs.

91. The Tribunal considered the legal advice from the Legally Qualified Chair regarding the overall performance assessment process, which was validated as explained by Dr H and

Dr B. The scenarios used in the assessment were standardized, and when questioned about the consultant-level approach to the structure, Dr B clarified that while the test format remained consistent, the practice assessed was tailored to the level of the individual taking the test. Consequently, for Dr Hosny, the assessment was conducted at the consultant level, something she had in any event requested. This indicated that she was evaluated based on the expectations and competencies appropriate for her current professional standing.

92. The Tribunal acknowledged the testimonies of Dr B and Mr I, which indicated that conducting real-life testing scenarios was neither feasible nor practical, particularly when patient safety was at stake. Dr Hosny raised concerns regarding the limited time allocated per assessment station, suggesting that this constraint could impact the thoroughness of the evaluation. However, Dr B countered this by asserting that the time provided was adequate for assessors to gather essential information regarding a doctor's practice. While the tribunal recognized that the performance assessment was undoubtedly a stressful and challenging experience for any doctor, it did not find sufficient grounds to deem the assessment process as invalid. Dr Hosny further contended that the assessment process exhibited bias, claiming it was heavily influenced by information relayed to the assessors concerning concerns raised by Nottingham University Hospitals (NUH). She highlighted that she had appealed the findings of the investigation at the NUH, and that her appeal had been upheld.

93. The Tribunal noted that in the evidence before it, provided by Dr Hosny, the NUH appeal focused on procedural issues rather than making determinations about capability concerns. The appeal had been upheld because of a number of procedural flaws during the investigation process. This distinction is crucial, as it underscores that the validity of the concerns themselves were not addressed in the appeal process by the NUH. In response to inquiries about the fairness of the assessment, Dr B maintained that he approached the evaluation with an open mind, emphasising that this mindset was the most equitable and secure way to initiate the process. Dr H, in her testimony, conceded that the design of the Objective Structured Clinical Examinations (OSCEs) was influenced by the original concerns raised. Dr B made the point during evidence that no performance assessment could be directed without initial concerns in any event, so it was necessary for the assessors to have some background to those concerns.

94. The Tribunal accepted the evidence of Dr H and Dr B in relation to the overall approach of a performance assessment.

95. The Tribunal acknowledged that throughout the proceedings, Dr Hosny submitted a substantial amount of evidence demonstrating her engagement in professional development activities. This includes documentation of her attendance at various conferences,

participation in continuing professional development (CPD), peer feedback, and articles she has authored in multiple publications. It is likely that this information was also provided to the General Medical Council (GMC) prior to the performance assessment. In paragraph 3.2 of the performance assessment report, the Tribunal noted that, aside from a portfolio that was stated to contain limited information, Dr Hosny had also supplied a comprehensive curriculum vitae, a document showcasing positive feedback from colleagues in various formats, details regarding bookings and confirmations of absences or concerns, an additional reference, a certificate of attendance for an online webinar, and an operating theatre list for 15 sessions in which she participated. This suggests that the performance assessment team had access to some relevant materials that supported Dr Hosny's ongoing practice.

96. During the proceedings, Dr Hosny submitted a substantial volume of documentation including a bundle of 1,203 pages, focused specifically on the performance assessment process. As well as other documents, Dr Hosny asserted this contained evidence related to her continuing professional development, continuing medical education (CME), conferences she attended and spoke at, as well as journals and international publications. This bundle also included testimonials and feedback from her peers. Prior to providing their testimonies, Dr B and Dr H were given access to this extensive documentation. Dr B confirmed that he had thoroughly reviewed the bundle and absorbed its contents, noting that much of the information was new to him. However, he stated in his oral testimony that, despite having read the performance assessment bundle from Dr Hosny, his overall judgment remained unchanged. He recognized that Dr Hosny had engaged in numerous professional activities but expressed that he did not find evidence indicating that she had effectively integrated these experiences into her clinical practice.

97. The Tribunal meticulously evaluated the evidence concerning the Objective Structured Clinical Examinations (OSCEs), taking into account Dr Hosny's testimony and her responses during cross-examination by the GMC. Additionally, the Tribunal considered some concessions made by Dr B regarding a few minor points related to the OSCEs. The evidence presented during the OSCEs was deemed to provide a reasonable articulation of Dr Hosny's performance. This careful consideration of the evidence reflects the Tribunal's commitment to ensuring a fair assessment of Dr Hosny's professional capabilities and the impact of her past experiences on her current clinical practice.

98. The Tribunal reviewed the submission from Dr Hosny included in her performance assessment documentation, wherein she articulated her reflections on the evaluation of her performance and clinical management during the OSCE stations. This assessment was pivotal in understanding the context of her performance and the subsequent implications for her professional standing. The Tribunal also considered the testimony provided by Dr B, which

highlighted that the OSCE stations are not evaluated in isolation. A large amount of data was collected, and the assessors carried out an exercise where they connected themes from these assessments for their findings. It was accepted by the Tribunal that more weight would be placed on those assessments that related to patient safety.

99. Taking all the evidence into account, the Tribunal found that the results of the performance assessment were valid, and that it was as fair a process as could be achieved under the circumstances. The Tribunal noted Dr B's evidence that the assessors took into account the fact that these scenarios could be unfamiliar (i.e using actors and mannequins) to those undertaking it.

100. As a result of this evaluation, the Tribunal concluded that the Allegation outlined in Paragraph 10 was fully substantiated. The findings raised serious concerns that impacted on patient care and safety.

101. Therefore, the Tribunal was satisfied that Dr Hosny's professional performance was unacceptable in both maintaining professional performance and clinical management, and found the entirety of Paragraph 10 of the Allegation proved.

Paragraph 11(a)

102. The Tribunal assessed and accepted the detailed evidence of the performance assessors that Dr Hosny's approach to assessing patients was inconsistent and fell below the standard expected of a consultant. A central and significant concern identified was her assessment of a patient's airway, a fundamental component of anaesthetic practice, which was found to be lacking. The Tribunal noted that her history-taking was at times disorganised and included irrelevant information, demonstrating an inconsistent and unstructured methodology.

103. In its assessment, the Tribunal carefully considered Dr Hosny's defence, including her submission that evidence of her knowledge had been said in the performance assessment to be "unobjectionable" and that safe patient outcomes were more important than "rehearsed mnemonics." However, the Tribunal placed greater weight on the expert evidence of the assessors, who distinguished between the content of her knowledge and its application. It accepted their critique that her presentation of information was often delivered in a 'scattergun' fashion, jumping between points without the clear, orderly process of thought and planned action expected from an experienced consultant. Throughout the hearing, Dr Hosny had displayed the same scattergun and disordered thinking process, making it difficult for those listening to her to have any orderly understanding of her testimony. This approach was also consistently evidenced in her written submissions. The Tribunal agreed with Dr B's

evidence that the assessment required a demonstration of applied knowledge, not just an assertion of it.

104. Therefore, despite some acceptable elements, the overall inconsistency and lack of structure in her clinical assessment of patients constituted a legitimate cause for concern, and Paragraph 11 (a) of the Allegation was found proved.

Paragraph 11(b)

105. The Tribunal had regard to the specific and consistent evidence of the performance assessors. The Tribunal acknowledged and noted that there were no concerns regarding Dr Hosny's general caring attitude towards patients, a point confirmed by Dr B. However, the Tribunal accepted the assessors' findings that her communication with patients was a cause for concern. This was characterised by the occasional use of medical jargon and conversations that were, at times, delivered at a very fast pace and in an unstructured manner.

106. The Tribunal agreed with the expert evidence that such communication styles can hinder a patient's understanding and their ability to participate meaningfully in their own care plans. Therefore, despite her positive intent, these specific deficits in her communicative practice were found to impact the therapeutic relationship, constituting a legitimate cause for concern. Paragraph 11(b) of the Allegation was found proved.

The Tribunal's Overall Determination on the Facts

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

1. On or around 19 January 2022, you indicated your agreement to a voluntary restriction on your practice to not work in patient facing duties ('the Restriction') whilst subject to a Maintaining High Professional Standards Investigation ('the Investigation') at Nottingham University Hospitals NHS Trust ('NUH'). **Determined and found proved**

2. You knew that you should:
    a. not work in patient facing duties; **Determined and found proved**

    b. inform NUH if you intended to work elsewhere as you knew:
        i. you were subject to the Investigation; **Determined and found not proved**
        ii. you continued to be paid by NUH on a full time basis; **Determined and found not proved**

iii. options for redeployment were being considered; Determined and found not proved

iv. on ~~2~~ 3 February 2022 you were sent a copy of the NUH Capability policy ('the Policy') which contained the paragraphs as set out in Schedule 1; Amended under Rule 17(6) Determined and found not proved

v. on 9 February 2022, Dr D sent you an email which asked for, 'assurance that you are not seeking any further short term locum work in any other Trusts/ UK hospitals currently, because this would be inappropriate until this formal MHPS process has been completed'. Determined and found proved

c. inform potential employers of the Restriction as you knew:

i. you were subject to the Investigation; Determined and found proved

ii. the terms of the Restriction; Determined and found proved

iii. on ~~2~~ 3 February 2022, were sent a copy of the Policy which contained the paragraph as set out in Schedule 2. Amended under Rule 17(6)
Determined and found not proved

3. You worked on the dates and at the Trusts as set out in Schedule 3. Admitted and found proved

4. You did not inform:
   a. the Trusts and/ or locum agencies (relevant to the work set out in Schedule 3) of the Restriction; Determined and found proved
   b. NUH that you were undertaking the work as set out in Schedule 3. Determined and found proved

5. Your actions at paragraphs 3 and 4 were dishonest by reason of paragraph 2. Determined and found proved

6. On 20 May 2022, you were formally interviewed for the Investigation and you stated that that you had worked some locum shifts in February 2022 but that the only other work you had undertaken was some research work abroad, or words to that effect. Determined and found not proved

7. You knew when you attended the interview that you had undertaken work at Sherwood Forest Hospitals NHS Trust as set out in Schedule 3.

Admitted and found proved

8. Your actions at paragraph 6 were dishonest by reason of paragraph 7. Determined and found not proved

9. Between 27 – 28 February 2023 you underwent a General Medical Council assessment of the standard of your professional performance.
Admitted and found proved

10. Your professional performance was unacceptable in the following areas:
    a. Maintaining professional performance; Determined and found proved
    b. Clinical management. Determined and found proved

11. Your professional performance was a cause for concern in the following areas:
a. Assessment of Patients' Condition; Determined and found proved
b. Relationships with Patients. Determined and found proved

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

a. misconduct in respect of paragraphs 1 – 8; To be determined

b. deficient professional performance in respect of paragraphs 9 – 11. To be determined

Determination on Impairment - 15/04/2026

108. 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 Hosny's fitness to practise is impaired by reason of misconduct and/or deficient professional performance.

The Evidence

109. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary. In addition, the Tribunal received further evidence as follows.

110. Dr Hosny provided five reflective statements - two in advance of the hearing reconvening, and a further three after the GMC had made submissions on impairment.

111. The Tribunal also received further documentation that included but was not limited to:

- Egyptian Medical Syndicate Certificate of Good Standing, dated 4 April 2026; and
- Continuing Professional Development ('CPD') certificates.

112. Prior to taking submissions on impairment, the Legally Qualified Chair informed Dr Hosny that the Tribunal, having read the submissions she had provided in writing for this stage, had noted that where the Tribunal had made findings of fact, the submissions had significantly focused on how Dr Hosny disagreed with the Tribunal's findings, and where she thought the Tribunal had been wrong in its approach, providing reasons for her disagreement. The LQC informed Dr Hosny that the Tribunal was now here to consider the next stage, impairment. It would not be going behind its decisions on facts. Dr Hosny stated that she understood, and she had not intended to criticise or question the Tribunal's findings of fact. When asked, she stated that she had read the guidance for this stage of the proceedings. She also apologised to the Tribunal that her earlier submissions (in Stage 1) had, she acknowledged, been disorganised, and that she had tried to ensure organised submissions this time. The Tribunal acknowledged that she had made this attempt.

Submissions

113. On behalf of the GMC, Ms Tighe submitted that Dr Hosny's fitness to practise is currently impaired by both misconduct and deficient professional performance. Throughout her submissions, Ms Tighe referred the Tribunal to relevant authorities and paragraphs of Good Medical Practice (2013) ('GMP').

114. Beginning with misconduct, Ms Tighe stated that Dr Hosny's actions amounted to serious misconduct for two reasons: firstly, she reminded the Tribunal that Dr Hosny deliberately concealed a restriction which had been put in place to mitigate risk and protect patients while concerns were being investigated. Secondly, she stated that the Tribunal had found Dr Hosny's primary motivation was to secure employment she knew would not be offered if the full facts were revealed.

115. Ms Tighe submitted that Dr Hosny's fitness to practice history was relevant in this case. She reminded the Tribunal of the chronology of events which led to her previous erasure for two separate Tribunal hearings involving dishonest conduct, with the second incident occurring within two months of the end of the previous hearing. She stated that Dr Hosny had been restored to the Medical Register in March 2020, on her second application for restoration. She submitted that Dr Hosny's fitness to practice history shows repeated findings of dishonesty, involving failures to disclose which notably centre around Dr Hosny

obtaining employment, which the Tribunal determined was Dr Hosny's primary motivation in the present dishonesty.

116. Ms Tighe submitted that Dr Hosny has had the benefit of a gap of time between the facts and impairment stages of the hearing to digest and reflect upon the facts determination. She stated that Dr Hosny does not accept the Tribunal's findings in her reflections documents and continues to rehearse the same arguments she made throughout the facts stage. She stated that Dr Hosny continues to characterise her actions as a misunderstanding or confusion regarding disclosure requirements. She submitted that Dr Hosny continues to justify her behaviour and deny dishonesty on the basis that because the restriction was unfounded it was not something requiring disclosure. She submitted that Dr Hosny has a fundamentally flawed approach to responding to concerns raised around patient safety and has repeatedly put her own interests above patient safety. She stated that it was concerning that Dr Hosny continued to rationalise that, because there was no evidence of patient harm, the concern was unjustified and there was no risk.

117. Ms Tighe submitted that Dr Hosny contends that in future she will seek for matters to be made in writing and seek clarification to ensure '*misunderstandings*' do not recur. She submitted that the issues leading to the dishonesty were not due to a lack of clarity, but deliberate concealment by Dr Hosny, as even when matters were put in writing, Dr Hosny still attempted to create a workaround.

118. Ms Tighe referred the Tribunal to the documents submitted by Dr Hosny and stated that the purpose of the majority of the documents was to demonstrate why the Tribunal was wrong in its determination at the facts stage. She submitted that testimonials had been submitted, many of which were historic. She stated that there are no recent testimonials or references which discuss the findings of the Tribunal. She submitted that there was limited evidence of CPD, despite Dr Hosny's assertions. She submitted that Dr Hosny lacks insight and has provided excuses in attempts to justify her behaviour. She stated that Dr Hosny does not express remorse for the misconduct, instead offering superficial apologies. Given the absence of insight, remorse and remediation, Ms Tighe submitted there remains a risk of repetition of the misconduct.

119. In respect to deficient professional performance, Ms Tighe referred the Tribunal to the findings of the performance assessment, as well as its own conclusions at the facts stage. She submitted that Dr Hosny purports to accept the findings of the Tribunal. She submitted that this acceptance is not genuine as Dr Hosny then goes on to dispute the basis of the findings and concerns by both the performance assessors and by the Tribunal. She stated that Dr Hosny continues to repeat her issues with the assessment, stating that the

assessment was unfair and not reflective of her true standard of practice. Overall, Ms Tighe submitted that Dr Hosny is unwilling to accept any criticism on her practice and lacks insight into her deficient professional performance and it has not been remediated.

120. Ms Tighe submitted that all of the limbs of the overarching objective would be undermined if a finding of impairment was not made. She submitted that a finding of impairment is necessary in order to maintain health, safety and wellbeing of the public, to maintain public confidence in the profession and to uphold professional standards.

121. Dr Hosny submitted that she was not here to challenge the Tribunal's findings, or to argue or criticise the previous decisions. She stated that she accepted the Tribunal's role and the conclusions reached. She said that her purpose today was to demonstrate clearly and sincerely her insight, reflection and the steps she has taken to ensure that there is no repetition.

122. Dr Hosny apologised for the situation that had brought her before the Tribunal, saying that she regretted fully her actions, even if they were not intended in the way they have been interpreted. She submitted that, with the benefit of hindsight, she could see that she should have acted more cautiously and sought clearer guidance to ensure that there was no room for any kind of misunderstanding. She stated that her genuine belief was that she was acting appropriately and she did not appreciate that her actions would be seen as they have been. She stated that it was her responsibility to ensure absolute clarity and compliance at all times with the standards expected in GMP.

123. Dr Hosny told the Tribunal that she had spent a lot of time reflecting on what had happened and considering the Tribunal's findings. She submitted that she had realised and recognised the importance of communicating openly and clarifying matters formally. She referred the Tribunal to her reflections documents, which she said addressed each of the raised concerns, explained what she had learned and set out the practical steps she would take in the future to ensure there was no repetition. She submitted that she was committed to transparency, openness, effective communication and adherence to all regulatory and professional expectations, to maintain her safe practice. She stated that the newer reflection documents submitted that morning were designed to demonstrate how her reflection and insight had developed over time, beginning with her earlier perspectives and then showing how they were now.

124. Dr Hosny referred the Tribunal to the other documents she submitted to demonstrate her insight and remediation, such as her CPD certificates and her attendance at conferences, both as an observer and a speaker. She stated that throughout her career, patient safety had

been her highest priority. She stated that there has been no suggestion that any patient had been harmed as a result of her practice. She also directed the Tribunal to the testimonials that had been provided. She told the Tribunal that she had struggled to get more recent UK testimonials due to the IOT conditions.

125. Dr Hosny recognised that insight was not simply about words, but about understanding and changing. She stated that that she hoped her reflections would demonstrate her insight, remediation and commitment to safe practice to the Tribunal, and asked for this to be considered when assessing impairment. Dr Hosny stated that she understood that the Tribunal must consider the wider public interest, including maintaining confidence in the profession and the proper professional standards required.

126. Dr Hosny submitted that this process had been a significant learning experience, and that she had now developed a clear understanding of the expectations and responsibilities on her, as set out in GMP. She assured the Tribunal that there would be no future repetition, as she would approach a similar situation differently by actively seeking guidance and ensuring full clarity before taking any action.

127. Dr Hosny told the Tribunal that she had been practising under restrictions for four years, and had been careful to disclose her regulatory position whenever was offered potential posts in the UK, although her conditions had cost her employment opportunities. She stated that this has reinforced for the importance of transparency, professional integrity, and compliance with regulatory conditions.

128. In respect to her regulatory history, Dr Hosny stated that she did not seek to minimise or dispute those historical findings, acknowledging that those Tribunals had found misconduct and dishonesty. However, she stated that it was important to recall that this history had already been carefully considered in subsequent proceedings, and she was restored to the Medical Register in 2020, with that Tribunal having concluded that she had developed genuine insight into her past behaviour and that she was a fit and proper person to be restored. She submitted that those matters should not be seen as a part of this process as she has already developed deep insight into those issues, and the focus should be on her insight and reflection into the matters before this Tribunal.

The Relevant Legal Principles

129. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision of impairment is a matter for the Tribunal's judgement alone.

130. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts found proved amounted to misconduct that was serious, and then whether the finding of that misconduct which was serious, could lead to a finding of impairment.

131. Further, the Tribunal must adopt the same two-stage approach when considering the performance concerns: first whether the facts as found proved amounted to deficient professional performance, and then whether the finding of that deficient professional performance could lead to a finding of impairment.

132. The Tribunal was reminded that it must determine whether Dr Hosny's fitness to practise is impaired today, taking into account her conduct and her performance at the time of the events and any relevant factors since then such as any development of insight, whether the matters are remediable, have been remedied and any likelihood of repetition.

133. The Tribunal reminded itself of the statutory overarching objective 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 the profession.

134. In relation to misconduct, the Tribunal reminded itself that misconduct is not defined in section 35C of the Medical Act 1983 but that there was helpful guidance in Roylance v GMC (No. 2) [2000] 1 AC 331 where Lord Clyde said that misconduct is:

> *'a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. 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. The misconduct is qualified in two respects. First, it is qualified by the word "professional" which links the misconduct to the profession of medicine. Secondly, the misconduct is qualified by the word "serious." It is not any professional misconduct which will qualify. The professional misconduct must be serious.'*

135. 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 the case of *Council for Healthcare Regulatory Excellence v NMC and Grant* [2011] EWHC 927. In particular, the Tribunal considered whether its findings of fact show that Dr Hosny's fitness to practise is impaired in the sense that she:

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 liable to act dishonestly in the future.

136. The Legally Qualified Chair also referred to Dr Hosny's submissions that the Tribunal should not consider the findings of earlier fitness to practise proceedings, as a Tribunal in 2020 had reinstated her. The LQC stated that while this was a relevant submission to make, earlier proceedings before the regulator could be taken into account especially where the proceedings and any findings of those earlier Tribunals had similar findings to those before the Tribunal today. Where those earlier proceedings were taken into account, the Tribunal should explain why it had done so.

The Tribunal's Determination on Impairment

Misconduct

137. In determining whether Dr Hosny's fitness to practise is impaired by reason of misconduct, the Tribunal first considered whether the facts found proved amount to misconduct.

138. The Tribunal had regard to paragraph 76 of GMP, which provides:

> *'76 If you are suspended by an organisation from a medical post, or have restrictions placed on your practice, you must, without delay, inform any other organisations you carry out medical work for and any patients you see independently.'*

139. The Tribunal was satisfied that Dr Hosny's actions in each of the paragraphs and sub-paragraphs of the Allegation found proved, individually amounted to misconduct. In particular, dishonestly working shifts at other trusts without informing them that she was under restrictions at NUH was conduct that fell short of the behaviour required of a doctor and was a clear breach of the standards articulated in GMP. Whilst dishonesty can occur in a variety of ways, in the Tribunal's view, Dr Hosny's misconduct was serious. In reaching this

conclusion, the Tribunal considered that her dishonest conduct occurred over several months, and involved multiple shifts at three different Trusts.

140. The Tribunal was satisfied that fellow practitioners would be shocked to learn what Dr Hosny had done and would agree that her conduct was unacceptable. The Tribunal was satisfied that Dr Hosny's conduct was in direct breach of the paragraph of GMP set out above, because it involved serious dishonesty and so breached the trust the public places in its doctors.

141. Taking into account all of the evidence before it, the Tribunal concluded that Dr Hosny's conduct fell so far short of the standards of conduct reasonably to be expected of a doctor that it amounted to serious misconduct.

Impairment by reason of misconduct

142. The Tribunal, having found that the facts found proved amounted to misconduct, which was serious, went on to consider whether Dr Hosny's fitness to practise is currently impaired by reason of her misconduct.

143. In determining impairment, the Tribunal considered whether the misconduct could be remedied while noting that matters of dishonesty are difficult to remediate. It looked for evidence of insight, remediation and the likelihood of repetition and balanced those against the three limbs of the statutory overarching objective.

144. In considering Dr Hosny's conduct against the test as set out in *Grant*, the Tribunal concluded that Dr Hosny had not, on the facts of this case, put a patient at risk, given there is no suggestion of harm caused. However, it was satisfied that there was a risk to patient safety in her actions, by virtue of continuing to work without informing her employers that she had been placed under restriction due to performance concerns. The Tribunal also determined that Dr Hosny's conduct had brought the medical profession into disrepute and breached a fundamental tenet of the profession, namely, to act with honesty and integrity. Further, the Tribunal has found that Dr Hosny had acted dishonestly.

145. Having made findings in relation to *Grant* on how Dr Hosny acted in the past, the Tribunal moved to consider whether she is liable do so in the future by repeating her conduct. In doing so, it took into account any evidence of insight or remediation before the Tribunal.

146. The Tribunal determined from the evidence provided, that Dr Hosny has some insight into her behaviour. However, it found that her insight was very limited. In her most recent

reflections, submitted after the GMC made its submissions on impairment, Dr Hosny stated that she accepted the findings of the Tribunal. However, the Tribunal also took into consideration the two reflective statements she submitted in advance of this hearing, which were received approximately one week before the hearing reconvened. In those reflections, Dr Hosny maintained that:

> *'My conduct was based on misunderstanding, not concealment, and therefore cannot be considered dishonest under the Ivey test.'*
>
> *'I note that the Tribunal found paragraph 2C(i) proved on the basis that, as a registered medical professional, I "knew or ought to have known" that I had a duty to inform any potential employer of the restriction placed on my practice at Nottingham University Hospitals (NUH). While I fully accept the principle in Good Medical Practice (2013, para 76) that doctors must be open about restrictions where patient safety is at issue, I respectfully disagree that this obligation applied to me in the way the Tribunal described or that my conduct reflected dishonesty.'*

147. The Tribunal then took into consideration the three reflective documents that Dr Hosny had submitted on the first day of the hearing, which were written and provided after the GMC made submissions on impairment. In those reflections Dr Hosny stated:

> *'I now fully understand that when a restriction is placed, whether voluntary or formal, it applies to all clinical work, not just to the employing Trust. At the time, I genuinely believed that the voluntary restriction applied only to Nottingham University Hospitals, as no one explicitly told me it extended elsewhere. Because of that misunderstanding, I continued to work elsewhere in good faith, believing that I was not breaching any condition.'*
>
> *'At the time, my understanding of the situation was different, and I did not appreciate that what I was doing could be interpreted in the way it was. However, with the benefit of hindsight, I now recognize that the responsibility was on me to ensure absolute clarity about my professional obligations.'*
>
> *'I fully respect and accept the tribunal's findings and I have reflected carefully on them.'*

148. The Tribunal was concerned that these reflections were reactive to the submissions of the GMC and the preliminary comments made by the LQC to Dr Hosny (see paragraph 5 above) and did not represent full and genuine insight. There had been approximately a week

between the first reflections being submitted and the hearing reconvening, and the Tribunal was concerned that the apparent progression in her insight was not genuine in such a short time. The Tribunal also noted that, even in her oral submissions, Dr Hosny told the Tribunal that she regretted her actions '*in the way that they were interpreted*'. This raised further concerns that Dr Hosny had not developed sufficient insight into the serious matters found by the Tribunal at Stage 1.

149. The Tribunal was of the opinion that the two earlier reflective documents gave a more accurate picture of Dr Hosny's current level of insight. They were provided only a few days prior to the hearing. The Tribunal noted that while Dr Hosny, dealing with each finding, might start her submission indicating that she accepted the findings of fact by the Tribunal, she then would significantly retreat from this apparent acceptance, either defending, justifying or minimising the deficit. On that basis, the Tribunal formed the view that Dr Hosny still lacks genuine insight into her conduct and continues to characterise her actions as a misunderstanding or miscommunication. The Tribunal found, for example, no real insight into the impact on patients of the concerns that had been raised in regard to her clinical work and little understanding of the impact on the confidence of the public and the wider profession, who are entitled to expect that a doctor is being honest about their circumstances when concerns have been raised about their performance, and that they are acting appropriately and in line with patient safety.

150. Some summarised examples of her difficulties in accepting the findings of dishonesty made by the Tribunal, as provided in her Stage 2 submissions, are as follows:

151. Dr Hosny's continuing reliance on saying she had '*misunderstandings*' rather than accepting her own decisions. Where she had received an email from her then employers seeking an assurance from her that she was not seeking any work in any other UK or NHS hospital as that would be inappropriate when she was under investigation (and she also knew that her employers had restricted her work from patient facing duties), she repeated her earlier explanations that while she had not responded to that email, she had misunderstood it because the words in the email were not explicit or clear enough. She therefore felt that she could seek work in other NHS and UK hospitals where she carried out patient facing work. Her only offer of remediation was to suggest that she should in future ensure that she asked questions where things were not clear and keep a record of what was said so that there could be no misunderstanding. She disagreed with the Tribunal's finding that the email was sufficiently clear to indicate to Dr Hosny that she should not have continued, after receipt of that email, to seek and undertake further work in the UK. She suggested that her understanding was that the email was framed as '*advice*' not as a directive. Her submissions on this point are extensive and give rise to concern not only of her denial of her conduct, but

of her failure to recognise the potential impact on patients and patient safety. This attitude made it difficult for the Tribunal to find points of positive reflection and remediation, although it acknowledges that she stated she would seek clarity in the future to reduce misunderstanding.

152. In relation to the Tribunal's finding that Dr Hosny knew or should have known, once restricted in practice while undergoing an internal investigation at her employers, that she should have informed other employers of this restriction and the investigation, again while appearing to accept this finding, Dr Hosny's Stage 2 submissions then indicate that she was not aware of the GMP (she stated GMC) requirements in this respect as she was more familiar with practices in Egypt. She had already told the Tribunal at Stage 1 that her understanding was that restrictions in one hospital need not be disclosed to any other as that is the practice in Egypt. She repeated this in her Stage 2 submissions and also stated that she had not been aware of the detail in GMP. The Tribunal took into account the fact that she had on more than one occasion been before the MPT in fitness to practice proceedings and considered that, during those proceedings, she would have been alerted to the requirements of a registrant in GMP in relation to honesty and disclosure. Her reflections, therefore, were more of an excuse to her actions rather than a genuine understanding of what she did wrong and the possible impact of these actions, and her offer of being more careful in the future, while perhaps genuine, is not reassuring given the pattern of previously disregarding GMP. She also suggested, again, that her failure to understand what she had a duty to do was a misunderstanding. A telling paragraph in her evidence of reflection and insight was:

> *'Through this process I have come to understand that the perception of restriction is as important as its substance. Even if I believed the restriction unjustified, I now recognize that transparency is essential in maintaining public trust and that the duty to inform others applies irrespective of my personal belief in the fairness of the underlying decision'.*

153. Another example of her difficulties in relation to the findings of dishonesty in her reflections are her repeated assertions of her disagreement of the Tribunal's findings in relation to her dishonesty. Dr Hosny indicates strongly that the Tribunal was wrong in making its findings, that it applied the test for dishonesty wrongly, and revisited, in her Stage 2 submissions, the arguments before the Tribunal during Stage 1 for her reasons for disagreeing with the Tribunal's decision. In her remediation, she offers again to make more certain what any requirements are on her so that any misunderstandings can be clarified and that she had undertaken a review of GMP and other guidance.

154. The Tribunal then considered the risk of repetition. The Tribunal could not be satisfied that Dr Hosny has sufficient insight or has undertaken sufficient remediation to demonstrate that the risk of repetition is low. Further, it took into consideration Dr Hosny's regulatory history. The Tribunal took into account that Dr Hosny had previously been erased from the Medical Register for two previous instances of dishonest conduct, where the conduct was similar. In 2020, Dr Hosny was successful in her application for restoration to the Medical Register at an MPT Tribunal. Dr Hosny was of the view that the earlier conduct had been considered in 2020, had been fully remediated, and that it should not be taken into account by this Tribunal.

155. The Tribunal accepted that the Tribunal in 2020 found that Dr Hosny had evidenced good insight and reflection into her earlier dishonesty, for which she had been erased, and restored her to the Medical Register. However, it was of the view that, as two previous Tribunals had made findings of dishonesty, it provided relevant context in relation to the matters before this Tribunal. Additionally, this Tribunal has evidence before it of further dishonest conduct, which the Tribunal in 2020 did not have. It was satisfied that this history, coupled with the findings of this Tribunal, constituted a pattern of dishonest behaviour. Therefore, the Tribunal concluded at this stage that the risk of repetition was high.

156. The Tribunal further considered that Dr Hosny's proven dishonesty would damage public confidence in the profession if a finding of impairment was not made, particularly whilst the risk of repetition remains. The Tribunal was satisfied that a member of the public with full knowledge of the facts of this case would be concerned to learn of a doctor acting in the way she did. The Tribunal determined that in view of its findings of fact and serious misconduct, a finding of impaired fitness to practise was necessary to protect members of the public and promote and maintain public confidence in the medical profession. The Tribunal was also satisfied that a finding of impaired fitness to practise was required to promote and maintain proper standards of conduct for members of the medical profession.

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

Deficient professional performance

158. The Tribunal considered that Dr Hosny, like all doctors in the UK, was subject to important regulatory obligations under GMP to ensure and maintain her professional knowledge and skills. In the light of this, the Tribunal had regard to the conclusions set out in the performance assessment report, dated February 2023, and the facts as found proved.

159. The Tribunal was satisfied that the assessment had been appropriately constructed, fairly and appropriately conducted, and was applicable to the level of knowledge and skill that Dr Hosny should have had in the position she was employed at. It noted Dr Hosny's objections to the process, which it has already considered at the facts stage. With this in mind, the Tribunal accepted the findings of the assessors as set out in their report.

160. Dr Hosny's performance was a '*cause for concern*' in the area of *Assessment of Patients' Condition* and *Relationships with Patients*. The report also identified that Dr Hosny's performance was *'unacceptable'* in the area of *Maintaining professional performance* and *Clinical management*.

161. The Tribunal concluded that Dr Hosny's performance, in relation to these areas, fell short of the standards of performance reasonably to be expected of a doctor and therefore should be considered as deficient professional performance.

Impairment by reason of deficient professional performance

162. The Tribunal, having found that the facts found proved amounted to deficient professional performance, went on to consider whether, as a result of that deficiency Dr Hosny's fitness to practise is currently impaired.

163. In determining impairment, the Tribunal considered the extent of Dr Hosny's insight into her performance and the extent to which the deficiencies were remediable and had been remedied. It also assessed the likelihood of repetition and balanced all of these factors against the three limbs of the statutory overarching objective.

164. Dr Hosny has had difficulty in accepting these findings. Her Stage 2 submissions substantially rehearse her arguments and submissions against the findings of the expert assessors during Stage 1. Again, she starts her Stage 2 submissions by acknowledging the Tribunal's findings, but then almost immediately afterwards indicates '*However, I remain deeply concerned that the Tribunal's assessment did not adequately take into account my consistent and well-documented explanations regarding the limitations, individual unsuitability, and procedural irregularities of the GMC's performance assessment process as it was applied in my case'*. Dr Hosny then provides detailed submissions to support her concerns. All these matters were already raised extensively during the Stage 1 proceedings. This attitude makes it difficult for the Tribunal to find genuine evidence of insight and remediation. Her statements in relation to remediation, for example, are focused on being more open about her concerns of the assessment process (which she had had at the time), and to ensure that the assessors had receipt of more information about her reputation in Cairo, where she was, and still is, practising. On balance, the Tribunal was not satisfied that

Dr Hosny had genuine insight into her performance deficiencies. It was of the view that there has been very little progression in her thinking since the previous stage of the hearing.

165. The Tribunal also reviewed the documents submitted by Dr Hosny as remediation towards the performance issues, which included CPD certificates, her certificate of good standing for her work in Egypt, and evidence of her attendance at conferences. The Tribunal noted that the conferences were generally in her area of specialism but were not targeted to the specific concerns raised in the performance assessment. Having had careful regard to all of the evidence, the Tribunal could see no or very little evidence before it to demonstrate that she has taken steps to address the specific deficiencies identified in the performance assessment.

166. The Tribunal was of the view that until Dr Hosny addresses the specific concerns raised in the performance assessment, there continues to be a risk of repetition. Until those concerns are addressed, allowing Dr Hosny to return to unrestricted practise would not meet the statutory overarching objective 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 the profession.

167. The Tribunal has therefore determined that Dr Hosny's fitness to practise is impaired by reason of deficient professional performance.

Determination on Sanction - 23/04/2026

168. Parts of this hearing were heard in private in accordance with Rule 41 of the Rules. This determination will be handed down in private due to the confidential nature of matters heard as evidence. However, as this case concerns Dr Hosny's misconduct and deficient professional performance, a redacted version will be published at the close of the hearing.

169. Having determined that Dr Hosny's fitness to practise is impaired by reason of misconduct and deficient professional performance, 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 Outcome of Applications Made during the Sanction Stage

170. Having gone into camera to consider its decision on sanction, the Tribunal was informed that Dr Hosny wished to provide further written submissions to the Tribunal.

171. The GMC was sent a copy of the submissions and objected to them being provided to the Tribunal. The GMC submitted that the submissions were a repeat of what had already been provided by Dr Hosny, and it would not be appropriate to receive them, given the Tribunal had already gone into camera.

172. The Tribunal considered Dr Hosny's application to accept these further submissions. It reminded itself that the LQC was clear before and after she gave her legal advice about the process that was to be followed, and that no more submissions would be accepted.

173. The Tribunal decided not to accept Dr Hosny's further submissions. In making this decision, the Tribunal took into consideration that Dr Hosny is not represented. Throughout the hearing, the Tribunal had granted Dr Hosny the ability to make numerous further submissions, both written and oral, sometimes after very brief adjournments in proceedings, but noted that these submissions have been repetitive. It did not therefore consider that, in making this decision, it was disadvantaging Dr Hosny, who had been allowed to give very extensive submissions at the Sanctions stage.

The Evidence

174. The Tribunal has taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

175. The Tribunal received further evidence on behalf of Dr Hosny, including:

- Several written submissions provided at different times during the stage;
- Screenshot of a testimonial by a colleague and patient (2022);
- An offer from the European Society of Medicine in April 2026 to collaborate on an article;
- Response to the GMC submissions on sanction; and
- Written evidence of remediation which included exhibits.

Submissions

176. On behalf of the GMC, Ms Tighe submitted that the appropriate and proportionate sanction in this case was one of erasure. She directed the Tribunal to relevant sections of the Sanctions Guidance (2024) ('the SG') and the Tribunal's previous determinations. Ms Tighe reminded the Tribunal that the purpose of sanction was to protect the public, uphold the statutory overarching objective, and applying the principle of proportionality.

177. Ms Tighe submitted that the Tribunal should take into account aggravating and mitigating factors, directing the Tribunal to the relevant paragraphs of the SG. In respect to mitigating features, she submitted that the only factor that applied was lapse of time. In

terms of aggravating factors, she submitted that the applicable features were lack of insight and a previous finding of impairment.

178. Ms Tighe submitted that there are no exceptional circumstances in this case which would justify taking no action and the public interest would not be met by taking no further action. Further she submitted that conditions are not appropriate or workable in this case. She submitted that, whilst this case involves issues around Dr Hosny's performance, it also involves misconduct, and that conditions would not be proportionate given the serious nature of the misconduct.

179. Ms Tighe submitted that Dr Hosny's conduct is fundamentally incompatible with continued registration and that a sanction of suspension would be insufficient to protect the public or maintain public confidence in the profession. She stated that a sanction of erasure is appropriate as Dr Hosny presents a risk to patient safety and action is required to maintain public confidence in the profession. She stated that Dr Hosny's dishonesty was persistent in nature, and her misconduct breached a fundamental tenet of the profession. Further, she stated that Dr Hosny's actions were a clear and deliberate breach of paragraph 76 of GMP, and that she would have been reminded of her disclosure and honesty requirements at her previous Tribunal hearings.

180. Ms Tighe reminded the Tribunal that Dr Hosny had ignored and concealed a safeguard which had been put in place to mitigate risk and protect patients while concerns were being investigated. Ms Tighe submitted that, in doing so, Dr Hosny put her own interests before those of her patients and there was a patient safety risk.

181. Ms Tighe submitted that Dr Hosny has had time since the findings at Stage 1 to digest the Tribunal's findings, develop insight and make efforts to remediate. She submitted that Dr Hosny has not done so, and her reflections amounted to a rehearsal of the issues raised at Stage 1 and a challenge to the legal and factual basis of the Tribunal's findings. She submitted that later reflections were reactionary and amounted to a superficial acceptance of the Tribunal's findings. She stated that Dr Hosny has shown a persistent lack of insight into the seriousness or consequences of her actions.

182. Ms Tighe submitted that, in all of the circumstances, the sanction of erasure is necessary to meet the overarching objective.

183. Dr Hosny submitted that she was not seeking to challenge, reopen, criticise, or dispute the Tribunal's findings at either the factual stage or the impairment stage. She stated that she fully accepted the Tribunal's findings and responsibility for her actions. She told the

Tribunal that her earlier reflections were written shortly after the facts stage, and were an attempt to put on paper what she had been thinking at the time of the events and why her understanding at that time was wrong. She stated that they were never intended to be an argument against the Tribunal's conclusions, a criticism of the GMC, or an attempt to justify her conduct. She submitted that the reflections were not written to deny wrongdoing or to show lack of insight, but were simply reflections of her state of mind at that earlier point. She stated that her understanding now is very different, and it was not her intention for those reflections to demonstrate that she was resisting or arguing the conclusions of the Tribunal.

184. Dr Hosny submitted that she fully accepted the factual findings and the finding of impairment. Further, she fully accepted that her actions fell below the standards expected of a doctor, and the seriousness of that finding. She stated that she understood the importance of disclosure, transparency and insight, and that trust, once questioned, must be rebuilt through actions, not words.

185. Dr Hosny asked the Tribunal to believe that her acceptance is real, her remorse genuine, and her commitment to safe and honest professional practice absolute. She stated that she fully accepted that viewed objectively, and through the standards expected of a doctor practising in the UK, her actions were dishonest and fell below the standards required by the profession. However, she stated that the Tribunal should consider and understand the distinction between how her actions appeared objectively, and what her understanding was at the time.

186. Dr Hosny acknowledged that she had breached paragraph 76 of GMP. She stated that she now understood that clearly, and that she also understood why her actions were viewed as a serious matter of honesty, transparency, and patient protection. She stated that, at the time of the events, she did not appreciate or properly understand that regulatory obligation. She stated that this obligation did not exist in other countries she has worked in, as it does in the UK. She submitted that this did not make her actions right, but it did explain her state of mind at the time.

187. Dr Hosny told the Tribunal that her misunderstanding was also reinforced by circumstances around her. She stated that, although a senior colleague was aware of the restriction, that colleague did not advise her that she could not work elsewhere, or that doing so would place her in breach of GMC obligations. She further stated that, when the agency contacted that colleague for reference purposes, the colleague did not inform the agency that she was subject to restriction. She stated that responsibility remained solely on her, but this demonstrates that her actions at the time did not arise from deliberate concealment or calculated dishonesty. She stated that her understanding was influenced by the fact that

someone senior within the same system did not alert her that she was doing something fundamentally wrong. She stated that had she been clearly told about her obligations or appreciated that the word '*inappropriate*' in Dr D's email reflected a serious regulatory obligation, then she would have acted differently.

188. XXX

189. Dr Hosny accepted that her previous regulatory history was relevant, but submitted the nature of the previous dishonesty was fundamentally different from the present matter. She stated that she knew what she had done previously was wrong, and that her failure was not ignorance of the act itself, but her inability to admit it openly. She stated that she was deeply ashamed and struggled for many years to say plainly that she had acted dishonestly. She submitted that difficulties in articulating her shame had appeared to the past Tribunal as denial and lack of insight, and it had taken until March 2020 before she was able to speak honestly and directly about it, which resulted in her restoration. She submitted that this case was different, as it was not a concealment of something she knew was wrong, but rather her failure to understand a specific professional rule that she should have known. She stated that this did not remove responsibility, but it makes the nature of the conduct very different. She submitted that the past matters should not be treated as evidence of the same repeated character flaw.

190. Dr Hosny submitted that this process has been professionally and personally difficult but stated that she had tried to respond with responsibility rather than resentment. She submitted that she had remained compliant, reflective, and committed to improving herself and maintaining the standards expected of her profession. She submitted that she did not wish to be defined only by her past mistakes, but by how she had responded to them to ensure they are never repeated.

191. Turning to the performance concerns, Dr Hosny submitted that she had worked as a consultant anaesthetist for more than 25 years, and there had been no previous findings by any Tribunal suggesting that she was fundamentally unsafe, incapable, or unable to practise medicine to the standard expected of a doctor. She submitted that she had continued to receive positive professional feedback and strong support from colleagues and patients.

192. Dr Hosny submitted that she fully accepted the performance assessors' findings and observations, because she understood that assessment is an opportunity to improve, not something to resist. She submitted that she had compiled her evidence (of remediation) in order to demonstrate that she had addressed every area identified as a concern. She directed the Tribunal to the evidence she had provided, including reflections, appraisals, courses and

conferences, testimonials, supervisor feedback, consultant references, and evidence of CPD. She referred the Tribunal to the testimonials before it, highlighting one received from a UK based consultant colleague who had worked with Dr Hosny professionally and had experienced her care as a patient. She stated that this colleague had provided a reflection on her practice that was positive and described confidence in her professional ability, conduct, and her care for patients. She stated that there are testimonials from colleagues, trainees, and others who have worked directly with her, all reflecting a consistent picture of someone committed to safe practice, patient care, education, and professional standards. She submitted that this does not reflect someone unwilling or unable to remediate.

193. Dr Hosny submitted that medicine was not simply her profession but was her life. She stated that serving patients is not just an obligation, but a privilege, and the greatest satisfaction. She told the Tribunal that she genuinely loves her work and was asking for the opportunity to serve.

194. Dr Hosny told the Tribunal that she had maintained her UK licence to practise throughout the investigation period, which had required a significant amount of effort as it requires active engagement with appraisal, revalidation expectations, continuing education, and ongoing professional responsibility. She stated that this had required substantial effort and commitment, particularly as she was working overseas due to restrictions on her practice. She submitted that she had been under restriction for four years, and that throughout that time she had been fully compliant. She stated that her transparency with those restrictions had cost her opportunities for work, but she had not tried to conceal them or work around them.

195. Turning to the matter of what sanction would be appropriate, Dr Hosny stated that she understood that the Tribunal must place public confidence and the reputation of the profession above the interests of any individual doctor. She stated that, in her case, suspension may appear to be appropriate, but in practical terms it would not achieve more than carefully structured conditions would. She stated that a suspension may prevent the remediation the Tribunal wishes to see. She stated that removing her ability to work would mean that she could not provide the Tribunal with evidence of remediation through current UK-based evidence of safe practice, colleague feedback, patient feedback, employer references, supervised professional conduct, and real-time demonstration of trustworthiness. She stated that suspension freezes progress.

196. Dr Hosny submitted that conditions would permit her to return to practice in an appropriately supervised and structured role, allowing a future Tribunal with something meaningful to assess. She stated that she was willing to work at a lesser grade than

consultant level, as she was seeking the opportunity to practise safely, demonstrate learning, and rebuild trust. She stated that a lesser role would come with a degree of natural supervision, and she would willingly provide regular appraisals, colleague feedback, mentor reports, patient feedback, and employer references to the GMC and to any future reviewing Tribunal. She stated that conditions would create real evidence that would allow the next Tribunal to assess progress based on practical proof, not simply reflection documents. She stated that this would be far more constructive than suspension.

197. Dr Hosny asked the Tribunal to consider the practical reality of conditions, and reminded that they must be workable. She stated if conditions are imposed in a way that makes employment impossible—as had happened previously—then they become suspension in everything but name, and this did not assist remediation. She submitted that, if the Tribunal considers conditions appropriate, then she would ask that they be framed in a practical and realistic way that allows actual employment and actual supervision, so that meaningful progress can be demonstrated. She stated that she accepted that the Tribunal was here to consider the reputation of the profession as a whole, but submitted that what she sought was fairness, proportionality, and the opportunity to demonstrate that she had learned, changed, and remained worthy of continuing to serve patients.

198. Dr Hosny submitted that the risk of repetition of her misconduct was extremely low. She had failed to appreciate the requirements of GMP, in particular of paragraph 76, and that was the main problem. She asked the Tribunal to judge risk, not only with respect to the level of dishonesty, but also by the evidence of her compliance with four years of conditions.

199. In relation to the sanction of erasure, Dr Hosny submitted that public protection did not require removal from the Medical Register, and this would not be a proportionate sanction. There had never been any complaints about her work. She further submitted that she had not deliberately concealed anything, and a distinction should be made between what was dishonest and what her understanding was at that time.

200. Dr Hosny submitted that she had worked in different parts of the UK, at different grades, for many years. This had not been easy, she had had to adapt herself to different work conditions, and this would not have been possible unless she had been capable. She had a long history of safe practice. There was no harm to any patient, and that should be a factor in relation to the Tribunals consideration. Lastly, she refuted the GMC assertion that her actions had been for personal gain.

The Relevant Legal Principles

201. The Tribunal reminded itself that the decision as to the appropriate sanction to impose, if any, was a matter for it alone, exercising its own judgment. In reaching its decision on sanction, the Tribunal had regard to the SG, reminding itself that it was guidance and could be departed from provided there was a good reason to do so. It bore in mind that the purpose of a sanction was not to be punitive, but to protect patients and the wider public interest, although it noted that any sanction imposed may have a punitive effect. It reminded itself that in deciding what sanction, if any, to impose, it should consider the sanctions available, starting with the least restrictive.

202. Throughout its deliberations, the Tribunal had regard to the overarching objective, which includes the protection of the public, the maintenance of public confidence in the profession, and the promotion and maintenance of proper professional standards and conduct for members of the profession. It applied the principle of proportionality, balancing Dr Hosny's interests with the public interest.

203. The LQC also provided advice on two specific points. The first related to a paragraph in one of the written submissions made by Dr Hosny in one of the documents she provided at the sanctions stage.

204. Dr Hosny raised in this paragraph that her state of mind was relevant at the time of the dishonesty, in that she was distressed and stressed by the NUH investigation. XXX. This evidence had been taken into account by the Tribunal at the facts stage.

205. Ms Tighe was requested by the LQC to make submissions on this matter. Ms Tighe submitted, in summary, that Dr Hosny had raised during Stage 1 that she had felt stressed at the time of the investigation. Ms Tighe submitted that this was understandable. XXX. She submitted that Dr Hosny had not raised until the sanctions stage any assertion that at the time of the misconduct her judgement was affected (as an explanation of that conduct). The Tribunal had made its findings on dishonesty and had taken into account her state of mind during its deliberations at Stage 1. Ms Tighe submitted that this was another attempt by Dr Hosny to ask the Tribunal to revisit its Stage 1 findings under the guise of giving context to her state of mind at the time.

206. Dr Hosny in response indicated that there was evidence in the bundle about how she had been affected by the investigation by the hospital. She then submitted that the reason that she had not provided this evidence orally at Stage 1 or referred to it in any way was XXX. She therefore understood that the evidence should be provided in writing and not articulated. She further submitted that this state of that mind was limited in duration and not ongoing. However, her distress was evidenced in the dossier.

207. The LQC then indicated that Dr Hosny had confirmed that she was not asking the Tribunal to revisit its findings of fact or of impairment but to '*clarify her state of mind*' at that time, and give context.

208. The LQC advised the Tribunal that it had taken into account all the evidence before it during stages one and two and that at any time during this very lengthy process, had Dr Hosny wished to do so, she could have provided other explanations for her actions. The LQC accepted Ms Tighe's submission that any Doctor going through an investigation process such as that Dr Hosny went through would experience distress and stress.

209. The second point the LQC referred to in her advice was in relation to Testimonial evidence.

210. Dr Hosny has submitted that she relies on a number of documents provided throughout the process and more recently. These are references, testimonials and feedback from colleagues and patients. Ms Tighe, in responding to Dr Hosny's submissions in relation to this body of evidence, stated that these testimonials had not been verified by the GMC, as during the pre-hearing process Dr Hosny did not wish the GMC to undertake the verification process.

211. In reply to Ms Tighe's submission, Dr Hosny objected to any suggestion that the material provided was false. Ms Tighe made it clear that is not what was being suggested. However, the fact was that they were not verified. It could not therefore be stated that her colleagues who provided testimonials about Dr Hosny were in full knowledge of the allegations or that there had been findings of fact if the testimonials were provided newly at the sanctions stage.

212. The LQC advised the Tribunal that the material had been provided by Dr Hosny, it had been accepted by the Tribunal into evidence and should therefore be considered. What weight the Tribunal placed on the relevant material would be for the Tribunal to decide, and it will need to explain this in its decision

The Tribunal's Determination on Sanction

213. The Tribunal first identified what it considered to be the aggravating and mitigating factors in this case.

<u>Aggravating factors</u>

214. The Tribunal considered that Dr Hosny's conduct represented a significant departure from and disregard for the principles set out in GMP. It involved intentional dishonesty in working at three different Trusts over several months, was for personal gain, in the exercise of her work, and after she had been told it would be inappropriate for her to seek work outside NUH. The Tribunal concluded that the dishonesty was deliberate and sustained.

215. The Tribunal concluded that Dr Hosny's dishonesty constituted a breach of fundamental tenets of the profession, namely honesty and integrity. The Tribunal was of the view that honesty and integrity are an integral part of the medical profession and Dr Hosny's actions represented a fundamental breach of those principles.

216. The Tribunal noted that Dr Hosny continues to maintain that her actions were as a result of a misunderstanding and were not dishonest. The Tribunal has already considered and found that Dr Hosny was aware that she should not be working at other Trusts without informing them of her restriction at NUH. It noted that Dr Hosny maintains that she did not know it was a requirement set out in GMP, but the Tribunal did not accept this, as it was of the view that Dr Hosny, as a doctor who had previously been erased for similar dishonest conduct, should have been more aware of the requirements upon her. In circumstances where there continued to be a lack of acceptance of the dishonest conduct, the Tribunal concluded that there was a persistent lack of insight into the dishonesty which represented an aggravating factor in the case.

217. The Tribunal was of the view that, by circumventing a restriction that had been placed upon her in the way she did, Dr Hosny abused the trust placed in her by her employers.

218. The Tribunal also took into consideration Dr Hosny's regulatory history. Dr Hosny was previously erased from the Medical Register for a number of incidents of similar dishonest conduct. Having considered the circumstances of that past conduct, the Tribunal was satisfied that there is a pattern of dishonest conduct.

Mitigating factors

219. The Tribunal had regard to the fact that Dr Hosny has provided numerous reflective statements since the handing down of the facts determination. The Tribunal determined that the reflective statements were inconsistent, sought to excuse her behaviour as a misunderstanding and failed to adequately address the seriousness of her actions. Whilst there has been some development in her insight since the handing down of the facts, and indeed impairment, the Tribunal was not satisfied that this learning has been properly embedded. Accordingly, the Tribunal determined that the reflections provided limited evidence of insight.

220. The Tribunal noted that Dr Hosny has apologised repeatedly since the start of the impairment stage. However, the Tribunal was of the view that her apology was limited by her current level of insight.

221. The Tribunal took into account that Dr Hosny is keen to evidence that she is changed and has learnt from these proceedings. It noted that there were references to remediation including attending courses and conferences and reflecting on the principles in GMP. The Tribunal balanced this against the fact that while there was some evidence of remediation in relation to clinical matters, there was little focus on the issues raised in this hearing relating to dishonesty. In relation to clinical deficits, there was limited information on what she had learnt from her attendance at the conferences and no information on how she intended to apply the learning to prevent future recurrence. The Tribunal was satisfied that Dr Hosny has started to take appropriate steps to remediate the performance concerns but was concerned about the lack of remediation in relation to her dishonest conduct. For example, she stated that in the future she would seek clarity and confirmation in relation to any instruction or requirement from her hospital so that there would be no misunderstanding, where the Tribunal found that there was no misunderstanding, but a dishonest act.

222. The Tribunal also took into account that Dr Hosny raised matters of workplace stress and a breakdown in communication with Dr D. XXX However, the Tribunal was of the view that it cannot accept this as a mitigating factor for her conduct.

223. The Tribunal considered the testimonials and feedback forms provided by Dr Hosny, all of which it has read, which were positive and supportive. The Tribunal noted that Dr Hosny is in good stead with some colleagues in Egypt. It also noted that there is nothing recent for her work in the UK as she not been practicing in the UK. Dr Hosny had submitted that the restrictions of her conditions meant that she could not find work in the UK.

224. The Tribunal accepted that more than three years have passed since the conduct occurred, and there is no evidence before it of repetition in that time. The Tribunal accepted that there is no evidence of breach of conditions.

225. The Tribunal also accepted that there was no evidence that any patients were harmed as a result of Dr Hosny's actions.

226. The Tribunal took into consideration Dr Hosny's submissions on culture. It acknowledged that she comes from Egypt, where she has worked for a considerable time, including at the time of this hearing. However, it noted that she has also worked in the UK for

many years prior to her erasure, and has worked here since her restoration, where she was deemed fit to return to UK practice. It also took into account that, although English is not Dr Hosny's first language, she was articulate and a very able user of the English language, and that it was clear that she understood what was being said in the hearing.

227. The Tribunal balanced the aggravating and mitigating factors throughout its deliberations and went on to consider each sanction, referring to the relevant factors set out in the SG. The Tribunal considered the sanctions in ascending order of severity, starting with the least restrictive.

No action

228. The Tribunal first considered whether to conclude the case by taking no action. It noted the indication in the SG that to take no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances.

229. The Tribunal was satisfied that there were no exceptional circumstances in Dr Hosny's case which could justify it taking no action. Further, the Tribunal considered that given the seriousness of the misconduct and its finding of impaired fitness to practise, taking no action would be insufficient to protect the public interest and would not mark the seriousness of Dr Hosny's dishonest conduct.

Conditions

230. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Hosny's registration. The Tribunal noted that conditions were usually appropriate in cases involving a doctor's health, where there was evidence of shortcomings in a specific area of a doctor's practice or where a doctor lacked the necessary English language skills. The Tribunal noted Dr Hosny's submissions that an order of conditions would allow her the oversight and structure to practice and remediate.

231. In relation to performance concerns, the Tribunal noted that conditions of practice may be appropriate and could adequately address the risks to patient safety. If this was a case solely involving performance matters, then the Tribunal could be satisfied that this was an appropriate sanction. However, the Tribunal noted that conditions are not generally appropriate for matters involving dishonesty, particularly where a pattern of behaviour has been identified, which are more difficult to remedy.

232. The Tribunal accepted that conditions need to be workable and measurable. It concluded that no measurable or workable conditions could be formulated in Dr Hosny's case, especially given her limited insight into her dishonesty. Further it determined that

given the seriousness of the misconduct and the proven dishonesty, the imposition of conditions would not address the seriousness of the misconduct and would be insufficient to maintain public confidence in the profession.

Suspension

233. The Tribunal determined that, in light of the seriousness of Dr Hosny's misconduct, action must be taken to maintain public confidence in the profession and to uphold proper standards for its members. In considering whether to impose a period of suspension on Dr Hosny's registration, the Tribunal had regard to paragraphs 91, 92 and 93 of the SG which provide:

> *'91 Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor. Suspension from the medical register also has a punitive effect, in that it prevents the doctor from practising (and therefore from earning a living as a doctor) during the suspension, although this is not its intention.*
>
> *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)'*

234. The Tribunal also considered the SG at paragraphs 97(a), (e), (f) and (g), which it considered to be of particular relevance in this case:

> *'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.

g The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour.'

235. The Tribunal considered that factors (e) and (f) were applicable, albeit in respect of (e), it has noted that the conduct in question is difficult to remedy. However, the Tribunal did not consider that factors (a) and (g) were applicable in Dr Hosny's case. The Tribunal had regard to its findings that Dr Hosny's conduct constituted serious breaches of GMP. The Tribunal had concluded that her actions breached a fundamental tenet of the profession.

236. The Tribunal had regard to its findings in respect of Dr Hosny's insight at the impairment stage and its view that it was limited. It also had regard to its finding that there has been some progression since that decision, although her insight remained limited. Finally, the Tribunal noted that whilst Dr Hosny has, during her submissions on sanction, continually stated that she accepted responsibility for her conduct, she would then effectively continue to deny the dishonesty, stating that her actions were as a result of a misunderstanding. In circumstances where Dr Hosny did not fully and openly accept acting dishonestly, the Tribunal concluded that the risk of repetition remained high.

237. The Tribunal also considered the context that her conduct has been repeated. It considered her previous fitness to practice history, which involved similar conduct and two separate findings of dishonesty. It noted that the conduct being considered by this Tribunal had occurred within two years of her restoration to the Medical Register, and very shortly after she had returned to the UK for work. Considering this, the Tribunal could have no confidence that her actions would not be repeated in the future.

238. The Tribunal was of the view that, because of the established pattern of dishonest conduct, it could not conclude that suspension was the appropriate sanction. It was concluded that suspension would not protect the public interest, nor would suspension meet the statutory overarching objective, in respect of maintaining public confidence or promoting and maintaining professional standards.

Erasure

239. Having determined that a sanction of suspension would be insufficient to protect the public interest or satisfy the statutory overarching objective, the Tribunal went on to consider the sanction of erasure. It had regard to paragraphs 108, 109(a), (b), (d), (h), and (j) of the SG and considered they were particularly relevant in Dr Hosny's case:

> *'108 Erasure may be appropriate even where the doctor does not present a risk 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.*
>
> *109 Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive).*
>
> *a A particularly serious departure from the principles set out in Good medical practice where the behaviour is difficult to remediate.*
>
> *b A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety*
>
> *…*
>
> *d Abuse of position/trust (see Good medical practice, paragraph 81: 'You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession').*
>
> *…*
>
> *h Dishonesty, especially where persistent and/or covered up (see guidance below at paragraphs 120–128).*

…

j Persistent lack of insight into the seriousness of their actions or the consequences.'

240. The Tribunal considered whether Dr Hosny's conduct was fundamentally incompatible with continued registration. It reminded itself of its findings that Dr Hosny's actions breached the principles set out in GMP, fundamental tenets of the profession and that her dishonesty was persistent, sustained and repeated. The Tribunal also had regard to the fact that Dr Hosny's actions placed patients at an unwarranted risk of harm, placed her needs above the needs of patients, acted for personal gain and that her actions took place in the context of her work. The Tribunal took into account the limited remediation, the limited insight and the assessed risk of repetition. The Tribunal was satisfied that Dr Hosny's actions engaged each of the sub paragraphs of paragraph 109 set out above.

241. The Tribunal determined that Dr Hosny's dishonest conduct was not, of itself, fundamentally incompatible with continued registration. However, the Tribunal noted that this was coupled with her limited insight, the high risk of repetition and her previous serious regulatory history for similar dishonest conduct. As a result, the Tribunal concluded Dr Hosny's actions were fundamentally incompatible with continued registration.

242. Having determined that Dr Hosny's conduct was fundamentally incompatible with continued registration, the Tribunal considered that erasure was the only appropriate and proportionate sanction to protect the public interest, mark the seriousness of her misconduct and protect public confidence in the profession. The Tribunal also concluded that a sanction of erasure was necessary to uphold proper standards for members of the medical profession. The Tribunal determined that a sanction of erasure would send a message to the profession that Dr Hosny's conduct was wholly unacceptable and fell far short of the conduct and standards of behaviour expected of a registered doctor.

243. The Tribunal acknowledged that erasure from the medical register will undoubtedly have a profound impact upon Dr Hosny, both professionally and personally. However, the Tribunal concluded that public confidence in the medical profession would be seriously undermined if a sanction less than erasure was imposed in this case. The Tribunal concluded that the need to uphold the overarching objective in the Medical Act took precedence over Dr Hosny's interests.

244. The Tribunal therefore determined to erase Dr Hosny's name from the medical register.

Determination on Immediate Order - 23/04/2026

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

The Outcome of Applications Made during this Stage

246. The Tribunal granted an application, made pursuant to Rule 31 of the Rules, to proceed with the case in Dr Hosny's absence following the handing down of the sanction determination. The Tribunal's full decision on this application is included at Annex H.

Submissions

247. On behalf of the GMC, Ms Tighe submitted that an immediate order is necessary and appropriate in this case. She referred the Tribunal to the relevant paragraphs of the SG and its previous determinations. She submitted that it would not be appropriate for Dr Hosny to continue in unrestricted practise before the substantive order takes effect. She stated that the wider public interest requires an immediate order and it was necessary to protect public confidence in the profession.

The Tribunal's Determination

248. In reaching its decision, the Tribunal considered the relevant paragraphs of the SG and exercised its own independent judgment. In particular, it took account of paragraphs 172, 173 and 178:

> '*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. …*
>
> *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.'

249. The Tribunal determined that an immediate order was necessary to protect members of the public and is otherwise in the public interest. Further, it was necessary in order to uphold proper professional standards. The Tribunal was of the view that public confidence would be undermined if Dr Hosny was permitted to practise unrestricted, given its finding that her conduct was incompatible with continued registration, the serious nature of her misconduct, the ongoing performance concerns, and the assessed risk of repetition. The Tribunal concluded that the medical profession would also be shocked if Dr Hosny was permitted to practise unrestricted in light of its findings.

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

251. The interim order will be revoked when the immediate order takes effect.

252. That concludes this case.

ANNEX A – 09/10/2025
Dr Hosny's application to open her case first

253. On 15 September 2025, Dr Hosny made an application to open her case first before any GMC opening. She proposed to give an oral chronological statement setting out the full sequence of events and highlighting the key evidence so the Tribunal could follow the complex issues as witnesses are heard. Dr Hosny said that the Tribunal could then read her bundle in its own time.

Submissions

254. On behalf of the GMC, Ms Tighe referred the Tribunal to Rule 17 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), she submitted that Rule 17(2) sets out the order that should be followed by the Tribunal.

255. Ms Tighe submitted that in terms of dealing with preliminary matters, the GMC makes submissions, and Dr Hosny then has the opportunity to respond to those submissions. However, once that process is finalised and the steps have been taken in terms of dealing with any amendments to the Allegation, it is then for the GMC to open its case and to call its witnesses. Further, once that process is finished, subject to any halftime application, it is then the turn of Dr Hosny to open her case and to rely on evidence.

256. Ms Tighe submitted that there was no reason to depart from the fitness to practise rules in terms of the order and that it would not be in the interests of justice to make any changes to how this Tribunal operates subject to those rules.

257. Dr Hosny said that she was accepting of Rule 17 of the Rules if '*everything had gone normal with her case*'. However, she said that for the Tribunal to read the GMC's bundle prior to the hearing and not read her defence bundle was '*an unusual situation*' and '*unique*'. Dr Hosny said this was why she wanted to put her case to the Tribunal first before the GMC as it was in the interests of justice to do so.

258. Dr Hosny said that if the Tribunal had received both bundles prior to the hearing she would have no issue with the GMC putting its case first.

259. Dr Hosny said that the Tribunal needed to know her side of the story, at least orally before reading her bundle, otherwise it would be impossible to read a huge bundle full of information in a in very limited time in between hearing witnesses.

260. In response to Dr Hosny, Ms Tighe said that Dr Hosny's bundles were not agreed by the GMC. The GMC reviewed the bundles provided by Dr Hosny on 8 September 2025. It informed Dr Hosny of the main issues with the bundle on 10 September namely:

- there are numerous duplications of documents across the bundles
- there is inclusion of material which had been removed and/or redacted from the GMC bundle
- there is inclusion of material within Dr Hosny's bundle which could be considered prejudicial.
- there are documents within the bundle which the GMC objected to in advance such as matters that were before the preliminary tribunal including the doctor's various skeleton arguments.

261. Ms Tighe said that the GMC have gone further to highlight the issues within the bundles, namely:

- References to Dr Hosny's FTP history;
- References to there being no clinical concerns at other Trusts;
- Inclusion of selected ALMATs from NUH;
- References to the NUH Appeal Panel outcome;
- Timing of referral and reasoning to the GMC;
- GMC documents amended by Dr Hosny;
- Inclusion of material before the preliminary tribunal;
- Annotations to documents made by Dr Hosny which can be seen on the pdf version

262. Ms Tighe said that Dr Hosny confirmed that she sought to rely upon the defence bundles and that no redactions should be made to them. The GMC did not want to delay the hearing further by protracted argument about the content of Dr Hosny's bundle. Therefore, the bundles were provided to MPTS to be provided to the Tribunal. However, an issue arose in terms of personal details. Dr Hosny's bundles contained a large amount of personal email addresses and mobile numbers. The GMC took the view that as a professional Tribunal the details could remain within the bundle for the Tribunal. However, they would need to be redacted for any witnesses.

The Relevant Legal Principles

263. The Tribunal had regard to Rule 17 of the Rules. It noted that the case management process had been progressing with Dr Hosny's engagement and that she had repeatedly been

asked when her own bundle would be made available. However it appeared that only on or around 8th September 2025 a 4000+ page bundle had been provided.

264. The LQC reminded the Tribunal of the overall statutory objectives as well as the need to ensure that the proceedings were fair to both parties.

The Tribunal's Decision

265. The Tribunal has already determined it was fair and relevant to the case that Dr Hosny's bundles be adduced as evidence for the Tribunal. Further, time will be made available for the Tribunal to read Dr Hosny's bundle in full.

266. The Tribunal was satisfied that Dr Hosny will have the opportunity to put her case to it once the GMC closes its case.

267. The Tribunal was unable to find a reason to depart from the usual process followed in a MPTS hearing. It therefore refused Dr Hosny's application for her to present her case first, prior to the opening of the GMC's case.

ANNEX B – 09/10/2025
Application for Dr Hosny to attend the hearing remotely

268. On 16 September 2025, Dr Hosny made an application to attend the hearing and give her evidence remotely from 29 September 2025 due to both financial constraints and overseas commitments. She said that she had repeatedly stated during case management discussions and email correspondence with the GMC that it was her intention to return home to Cairo on 27 September 2025 and had been given assurances that this would be acceptable.

269. Dr Hosny said that given the GMC witness schedule, it was her belief that all witnesses would have been heard and that she would have given her evidence in chief by the 27 September 2025. However, due to the changes in witness scheduling this would no longer be possible.

270. Dr Hosny said it had come as a surprise that she had to make an application at this stage in proceedings to the Tribunal. Further, she said that initially she had been told that the whole hearing could take place remotely but that it was her who had objected as she felt it was important to be physically present for the Tribunal and to cross examine the GMC

witnesses in person. However now she was no longer financially able to support herself in Manchester.

271. Ms Tighe submitted that the GMC's position was neutral on Dr Hosny's application to give her evidence in chief remotely and it was for the Tribunal's own independent judgement.

272. Ms Tighe said that it had not been possible to review all of the correspondence from Dr Hosny in the last few months due to the volume of e-mail's and attachments she had sent. However, she said that the GMC could not find any reference to the GMC making any assurance to Dr Hosny that the GMC witnesses would be finished by 27 September 2025. Ms Tighe stated that it was highly unlikely that the GMC would have made these guarantees as it was not its place to do so. She said that the GMC agreed a timetable of when it was hoped that witness evidence would have been concluded.

273. Ms Tighe stated that an e-mail was sent from the GMC to Dr Hosny on 9 September 2025. This was based on the current timetable and asked that Dr Hosny's defence witnesses would be required to be available week commencing 22 September 2025 and estimated that that they would be required for one to two hours each. In addition, the GMC would agree to their remote attendance.

274. Ms Tighe said that a response was received from Dr Hosny stating that she could not remain in the UK beyond the 27 September 2025 due to both financial constraints and overseas commitments and it was therefore essential that all GMC witness evidence and her own evidence be completed within this time frame.

275. Further to that, Ms Tighe said that there had been a preliminary hearing meeting on 2 July 2025, between the MPTS, the GMC and Dr Hosny and it was established that the hearing had been allocated as an in-person hearing. During this meeting Dr Hosny indicated that she may apply at later stages for the hearing to be heard remotely, as she may choose to travel back home following her cross examination of witnesses and the conclusion of the factual stages.

276. Ms Tighe stated that Dr Hosny had independently chosen to book her flight on the 27 September from the UK back to Cairo.

The Relevant Legal Principles

277. The Legally Qualified Chair (LQC) stated that when considering any application, the Tribunal must ensure that the right to a fair trial is maintained and that the proceedings must be fair to both parties in reaching its decision.

278. The LQC said that the Tribunal must have regard to all three limbs of the statutory overarching objective of the GMC as set out in Section 1(1B) of the Medical Act 1983 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.'*

279. The LQC then read out the relevant paragraphs of the MPTS guidance on remote hearings and witnesses giving evidence remotely. In particular she focused on a section relevant to the registrant giving evidence in chief remotely. The guidance suggested that this should only be done in exceptional circumstances, and that financial hardships would not generally be an exceptional circumstance.

280. The LQC also stated that there were notes in the case management meetings prior to the hearing that indicated that there had been discussions about this entire hearing being remote, and that the Tribunal should take this and any other relevant case management notes into account, along with the discussions at the preliminary hearing referred to by the GMC.

281. The LQC indicated that it was in the power of the Tribunal, taking all the relevant issues into account, to grant the application should it decide to do so in the interests of justice.

The Tribunal's Decision

282. The Tribunal acknowledged that Dr Hosny only has limited funds available to her and accepted that staying longer than she anticipated in the UK would be difficult and cause financial distress.

283. The Tribunal was satisfied that Dr Hosny was not being deliberately obstructive. It also accepted that Dr Hosny was genuine when she told the Tribunal that she had wanted to give her evidence in chief to the Tribunal in person.

284. The Tribunal noted that prior to the listing of this substantive hearing Dr Hosny had been given the option for her hearing to be held entirely remote.

285. The Tribunal accepted that Dr Hosny had told the GMC on more than one occasion through email correspondence and case management meetings of her intention to return home to Cairo on 27 September 2025. It also accepted it had been Dr Hosny's expectation, given the GMC witness schedule, that all GMC witnesses would have completed their evidence, and she would have had the opportunity to give her evidence in chief by 27 September 2025.

286. The Tribunal was not satisfied that Dr Hosny had been firmly told by the GMC that there could be an issue with her attending the hearing remotely at some stage during these proceedings and that the Tribunal could refuse any application made in regard to this.

287. The Tribunal was of the view that given the above, it was Dr Hosny's reasonable belief that she thought she would be able to make a successful application after the facts stage to attend the remainder of the hearing remotely.

288. The Tribunal accepted that the GMC would not have been aware prior to the hearing commencing that its witnesses would have to be rescheduled and that Dr Hosny's evidence in chief would have to be heard well after the date she had stated that she intended to return home to Cairo.

289. In all the circumstances, the Tribunal concluded that it was fair and proportionate to grant Dr Hosny's application to attend the hearing and give her evidence remotely from 29 September 2025.

290. The Tribunal determined that when participating in the hearing remotely, Dr Hosny must continue to cooperate with the Tribunal and the Chair in regard to the flow of proceedings and to keep disruptions to a minimum. The Tribunal will not be making any adjustments to any time difference and will continue to sit 09:30 to 17:00 UK time, subject to any logistic changes on a day-to-day basis.

ANNEX C – 09/10/2025
Application to give evidence via video link

291. On 19 September, Ms Tighe made an application pursuant to Rule 34(13) and (14) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules') for Dr A to give his evidence via video link.

292. Ms Tighe said that Dr A notified the GMC on 18 September 2025 that there had been a change in his circumstances. Dr A was no longer on holiday this week and XXX. Therefore, Dr A indicated to the GMC that he would not be able to attend the hearing in person due to those commitments.

293. Ms Tighe submitted that in the circumstances it would be in the interests of justice for Dr A to give evidence remotely given his XXX commitments.

294. Dr Hosny said that Dr A had always been determined to appear virtually whether she liked it or not.

295. Dr Hosny expressed that she would find cross-examining a witness appearing virtually very uncomfortable. However, she said if that was the only way Dr A could attend then this would be acceptable.

The Relevant Legal Principles

296. The Legally Qualified Chair (LQC) referred the Tribunal to Rule 34(13) and Rule 34(14), which states:

> *'13 A party may, at any time during a hearing, make an application to the Committee or Tribunal for the oral evidence of a witness to be given by means of a video link or a telephone link.*
>
> *14 When considering whether to grant an application by a party under paragraph (13), the Committee or Tribunal must—*
>
> *(a) give the other party an opportunity to make representations;*
>
> *(b) have regard to—*
>
> *(i) any agreement between the parties, or*
>
> *(ii) in the case of a Tribunal hearing, any relevant direction given by a Case Manager; and*

(c) only grant the application if the Committee or Tribunal consider that it is in the interests of justice to do so.'

297. In reaching its decision, the Tribunal should have regard to the MPTS guidance in respect of hearing evidence by a video or telephone link. The Tribunal should consider whether receiving evidence by a video link will be more likely to be beneficial to the fair and just disposal of the case. The guidance sets out that there may be a strong argument in favour of receiving video link evidence from a professional, which includes expert witnesses.

The Tribunal's Decision

298. The Tribunal considered all the circumstances, which included Dr A's commitments and him being away from home.

299. The Tribunal has considered the just disposal of the case, which includes the listing; the need to be expeditious and the efficient use of the Tribunal's time. In order to be able to deal with these proceedings, hearing a witness via video link is an option that is available within the current timescales.

300. The Tribunal was satisfied that Dr Hosny will be given the opportunity to cross examine the witnesses and provide documents if needed, albeit they will be remote. All evidence will be submitted to Dr A prior to him giving his evidence, and it will be confirmed that he has access to all relevant information.

301. The Tribunal concluded that it was in the interest of justice to enable and allow the witness to give their evidence remotely. It therefore determined to allow the application by the GMC for Dr A to give his evidence via video link.

ANNEX D – 09/10/2025

Application for witness to attend the hearing in person

302. On 23 September 2025, Dr Hosny made a renewed application for Dr B to attend the MPTS hearing in person. Dr B was previously listed to give his evidence remotely on 16 September 2025. However, the date has now been changed to the 26 September 2025.

Submissions

303. Ms Tighe submitted that the renewed application for Dr B to give his evidence in person was opposed by GMC. She said that at a preliminary hearing a Tribunal granted the

GMC's application for both Performance Assessors to attend the hearing remotely. In regard to Dr B, the basis of the application was due to his clinical commitments.

304. Ms Tighe said that prior to the preliminary hearing Dr B also raised that XXX. She said it was submitted at that stage that XXX should be made to permit Dr B to give evidence remotely. Ms Tighe gave details of Dr B's current working schedule in that in order to make himself available on this second date to the Tribunal he would be sandwiching it between two different work commitments. XXX

305. Ms Tighe said that the issue of Dr Hosny feeling uncomfortable about cross examining witnesses remotely had been raised at the preliminary hearing. However, the preliminary Tribunal was satisfied that Dr B giving his evidence remotely would not change how his evidence was obtained and that a cross examination by video link remains live evidence. Further, it was also satisfied that Dr Hosny would be given the opportunity to cross examine the witness, albeit remotely.

306. Ms Tighe said that the Preliminary Tribunal concluded that this situation, where professional and expert witnesses seek to attend and provide evidence remotely, is provided for in MPTS guidance. It had also determined that there was a strong argument for receiving the evidence via video link and it was not unusual for a Tribunal to do so.

307. Ms Tighe said that in all the circumstances, the Preliminary Tribunal concluded that it was in the interests of justice to enable and allow the witness to give evidence remotely.

308. Ms Tighe submitted that there must be a material change in circumstances, or it be otherwise in the interests of justice for the decision of the Preliminary Tribunal to be overturned. She submitted that a change to the date of which Dr B was giving his evidence was not a material change in circumstance.

309. Ms Tighe said that Dr B was contacted last week by the GMC to ask if he was able to attend in person on 26 September 2025. She said that Dr B had replied to say that he had to work at Furness General Hospital in Barrow on Thursday 25 September and was unsure what time he would finish. He also said that he was working again at this hospital from 07:45 on 27 September 2025.

310. Ms Tighe stated that Dr B said that for the XXX reasons he had previously discussed, the short time between shifts and the extra stress of him now having to rearrange his clinical work after the 19 September 2025 was cancelled, it would be difficult for him to attend the MPTS hearing in person. He also expressed concerns that if he had to attend in person, he

may not give his best evidence under the circumstances and would appreciate the Tribunal approving the adjustment of him taking part remotely.

311. Ms Tighe submitted that it would not be in the interest of justice to direct Dr B to attend in person.

312. Dr Hosny said that she would struggle to cross examine Dr B if he was not physically in front of her and would feel uncomfortable doing this remotely. She also stated that while Dr B was asking for adjustments to suit him and his welfare, she was prevented from working and facing serious allegations.

313. Dr Hosny said this was not justice and it was unfair to her, a doctor who has come from overseas at her own expense and who is representing herself. She reminded the Tribunal that Dr B had known about the Tribunal dates 6 months ago.

The Relevant Legal Principles

314. The Legally Qualified Chair (LQC) referred the Tribunal to Rule 34(13) and Rule 34(14), which states:

> *'13 A party may, at any time during a hearing, make an application to the Committee or Tribunal for the oral evidence of a witness to be given by means of a video link or a telephone link.*
>
> *14 When considering whether to grant an application by a party under paragraph (13), the Committee or Tribunal must—*
>
> *(a) give the other party an opportunity to make representations;*
>
> *(b) have regard to—*
>
> *(i) any agreement between the parties, or*
>
> *(ii) in the case of a Tribunal hearing, any relevant direction given by a Case Manager; and*
>
> *(c) only grant the application if the Committee or Tribunal consider that it is in the interests of justice to do so.'*

315. In reaching its decision, the Tribunal should have regard to the MPTS guidance in respect of hearing evidence by a video or telephone link. The Tribunal should consider whether receiving evidence by a video link will be more likely to be beneficial to the fair and just disposal of the case. The guidance sets out that there may be a strong argument in favour of receiving video link evidence from a professional, which includes expert witnesses.

316. The decision to be made are for the Tribunal's independent judgement alone.

The Tribunal's Decision

317. The Tribunal noted that the Preliminary Tribunal had previously granted an application made by the GMC for Dr B to attend the hearing and give his evidence remotely. The change of date for giving this evidence was not anything to do with Dr B but the result of other timetabling difficulties.

318. The Tribunal considered Dr B's circumstances, which included his availability, his professional commitments, his travel and XXX. The Tribunal was of the view that there had been no material change since the preliminary Tribunal's decision other than Dr B being flexible by making himself available to attend the hearing on a day other than that which he had been originally scheduled for at the request of the GMC.

319. The Tribunal noted that Dr Hosny would prefer Dr B's evidence to be in person and would feel more comfortable during his cross examination. However, the Tribunal was satisfied that Dr B giving his evidence remotely will not change how his evidence is obtained and that a cross-examination via video link remains live evidence.

320. The Tribunal considered the just disposal of the case, which included the listing; the need to be expeditious and the efficient use of the Tribunal's time. In order to be able to deal with these proceedings, hearing Dr B via video link is an option that is available within the current timescales.

321. The Tribunal concluded that this situation where professional and expert witnesses seek to attend and provide evidence remotely, is exactly what is outlined in the guidance. The Tribunal determined that there is a strong argument for receiving that evidence via video link and it is not unusual for a Tribunal to do so.

322. In all the circumstances, the Tribunal concluded that it was in the interest of justice to enable and allow Dr B to give his evidence remotely via video link. It therefore determined to refuse Dr Hosny's application.

ANNEX E – 09/10/2025
Application for two additional witnesses

323. On 23 September 2025, Dr Hosny made an application for two factual witnesses to attend the hearing, Mr O and Ms P.

324. Dr Hosny said that in the course of the GMC investigation, specific factual steps and decisions taken personally by Mr O and Ms P were material to the issues the Tribunal must decide. In particular, their actions include many aspects reflected upon in her bundles. She said that these were factual matters, not legal arguments, and their evidence was required to clarify the process and accuracy of the GMC's investigation.

Submissions

325. Ms Tighe said that the GMC had taken witness evidence from individuals considered relevant to proving the Allegation in this case. She said that the GMC had no intention at this stage unless directed to take witness statements from these individuals, nor to call them as individuals, as part of the GMC case.

326. Ms Tighe said that Mr O who was the GMC investigations officer at the time of the investigation does not provide relevant evidence. Furthermore, Mr O has subsequently retired from the GMC. Ms Tighe said it was not the case that there was an allegation relating to, for example, dishonesty of a doctor during the investigation process or a doctor being in breach of an interim order. She said these were examples of when an investigations officer may provide a witness statement for the purpose of an MPTS hearing.

327. Ms Tighe said that Ms P appeared in a number of emails that were duplicated across Dr Hosny's bundles. She said that the GMC could not identify the relevance to the present Allegations or in fact, what evidence Ms P could provide.

328. Ms Tighe said that the scope of this Tribunal was not to make fact finding decisions on the GMC investigation itself, a matter which this Tribunal has highlighted to Dr Hosny on a number of occasions since this hearing has begun. She said that the basis for the application appeared to be that there had been GMC flaws in the investigation.

329. Dr Hosny reiterated that there had been flaws and inconsistencies in the GMC investigation and that she had reflected upon this in her exhibits. Further, she said that one of her exhibits also showed that the GMC investigation had been slow from the outset.

330. Dr Hosny said that these individuals were the only persons who could give direct evidence about core matters in these proceedings. She said that their testimony was necessary to ensure that the Tribunal had a complete, balanced record of how the Allegation was prepared and pursued.

331. Dr Hosny said that she sought to ask limited factual questions only, strictly confined to the investigative and procedural actions personally undertaken by Mr O and Ms P. She said that she did not seek to examine them on privileged legal advice or advocacy strategy.

332. Dr Hosny asked the Tribunal to direct that Mr O and Ms P be called as witnesses, or alternatively, order that they provide written witness statements addressing the factual matters.

The Tribunal's Decision

333. The Tribunal considered it unusual for a party to ask for additional witnesses during the facts stage after having gone through the case management process prior to the hearing. The Tribunal noted that Dr Hosny did not ask for these individuals to attend the hearing during this process.

334. The Tribunal noted that Dr Hosny sought to challenge the nature of the GMC investigation prior to it coming before the Tribunal. In doing so Dr Hosny sought to adduce evidence to support her claim that the GMC investigation was flawed.

335. The Tribunal also noted that from the outset of this hearing Dr Hosny has continually stated that she feels that the GMC investigation was flawed and will be making submissions to that point at a later stage. However, the Tribunal has to consider its decision on the Allegations before it and the evidence which has been adduced by the GMC and rebutted where relevant by Dr Hosny in relation to the Allegations. It is not the Tribunal's role to make findings on the process by which the Allegation was arrived at. It is understood by the Tribunal that both Mr O and Ms P may have been involved with the original GMC investigation. However, it could not identify the relevance of these individuals to the present Allegations.

336. The Tribunal noted from the extensive bundle Dr Hosny provided, that she had already been communicating her concerns with the GMC about its investigation and how the GMC referral was made. It is not for the Tribunal to go behind decisions made by the GMC. What is relevant is for the Tribunal to look at the Allegation before it.

337. The Tribunal noted that there was no allegation relating to, for example, dishonesty of a doctor during the investigation process or a doctor being in breach of an interim order which are examples of when an investigations officer may provide a witness statement for the purpose of an MPTS hearing.

338. On the basis that, Dr Hosny's application relates to her concerns that there are flaws within the GMC investigation, this is not something that the Tribunal is required to look at. The Tribunal therefore refuses Dr Hosny's application.

ANNEX F – 09/10/2025
Excluding witness evidence and Application to Adjourn

Excluding witness evidence

339. On Wednesday 1 October, Ms Harriet Tighe made an application to the Tribunal to exclude the witness statement of Professor C from evidence, under Rule 34(1) of the Rules.

GMC submissions

340. Ms Tighe submitted that, in terms of the status of the witness testimonial provided, the GMC was extremely concerned about the provenance of the witness statement and the admissions made.

341. Ms Tighe referred to the explanation provided by Dr Hosny that she wrote some, if not all of it, or assisted in writing it. Ms Tighe submitted that the GMC was concerned that Dr Hosny did so in order for matters to be to be put in the way that Dr Hosny wished them to be.

342. Ms Tighe submitted that it was the GMC's position that weight given to Professor C's statement and evidence is ultimately a matter for this Tribunal to determine but it would be in the GMC's submissions that very limited weight be attached.

343. Ms Tighe accepted that she may be in a position to cross-examine this witness regarding some of the circumstances surrounding how the statement was prepared if he is able to give oral evidence. However, it is unknown whether that would be a remedy to how this statement has been drafted.

344. Ms Tighe added that the GMC accepted that Professor C appears to have signed and dated the witness statement and that there was a declaration that it was a truthful statement.

Dr Hosny submissions

345. Dr Hosny submitted that she did not write the witness statement for Professor C. She stated that there were many linguistic mistakes, verbal mistakes, spelling mistakes and she did not believe it would be professional to present it in such a state, so she rectified those. However, Professor C knew the contents of the witness statement very well. The contents of the witness statement were the opinions he has maintained, and he signed the witness statement himself.

346. Dr Hosny submitted that Professor C could have provided his witness statement in Arabic easily, but obviously this would not have been accepted. Therefore, there was no other option than for Dr Hosny to revise what he had written. Dr Hosny added that she would not have been able to tell him what to say in any case as he is a professional, a senior consultant, and her mentor. He is the one who dictates to her what to do.

347. Dr Hosny submitted that Professor C's evidence should be given significant weight because he is her medical colleague, unlike her other witness, Ms N, who is not. She added that Professor C is her only medical colleague giving his evidence as a witness in this hearing, so his testimony is very important.

Application to adjourn

348. Dr Hosny made an application for the Tribunal to adjourn the heairng until Tuesday 7 October. Professor C had informed Dr Hosny that he would be unable to give evidence on Wednesday October 2 2025 as scheduled, as XXX.

Dr Hosny submissions

349. Dr Hosny submitted that hearing evidence from Professor C would be of the upmost importance for her case. Again, she stressed that Professor C is a senior consultant anaesthetist, and his witness statement is factual.

350. Dr Hosny added that he was available for when he was originally scheduled, however, due to scheduling conflicts out of her control, he was not able to give evidence at that time. She submitted that the Tribunal should take this into account when making its decision.

GMC submissions

351. Ms Tighe submitted that the application for the adjournment was opposed by the GMC. The information provided by Professor C has not been verified.

352. She added that Dr Hosny is not in a position to specify when Professor C will become available, despite her saying Tuesday, 7 October 2025 during the proceedings, because in

email correspondence just before she made oral submissions she had not specified any future date. This date had been suggested at the commencement of considering this application by Dr Hosny.

353. In terms of timetable, Ms Tighe submitted that Stage 1 was due to be completed by the end of the four-week slot, which had initially been allocated for the entire hearing process if that process was to get to the further stages. Therefore, Ms Tighe submitted, it would not be in the interest of justice for a further adjournment to be permitted.

354. Ms Tighe submitted that if Professor C was allowed to give evidence at a future date, it would impact upon the Tribunal being able to make a determination on stage 1 within the time frame allocated. She added if the Tribunal accepted the witness statement as evidence in chief but did not agree to an adjournment in order for Professor C to attend to give evidence, the GMC would not be able to ask any questions as to how the statement was prepared. Therefore, the Tribunal might find it difficult to assess the credibility of the witness statement and what weight to apply to it, and the GMC would be deprived of the opportunity to test any of the evidence in that statement.

The Tribunal's Decision

355. The Tribunal accepted the advice of the Legally Qualified Chair and approached the issue of admissibility as follows.

356. The Tribunal acknowledged that it had a wide discretion to admit evidence. It reminded itself of Rule 34 of the rules which provides that:

> '*The Committee or a Tribunal may admit any evidence they consider fair and relevant to the case before them, whether or not such evidence would be admissible in a court of law.'*

357. The Tribunal considered submissions of both parties and the evidence before it.

358. The Tribunal considered both applications together. These were firstly whether to admit Professor C's witness statement as evidence. Secondly, if the witness statement was accepted, whether to adjourn the hearing in order for Professor C to provide oral evidence at the hearing.

359. The Tribunal was concerned about the provenance about the witness statement. The Tribunal noted that the proposed witness was stated to be a senior colleague of Dr Hosny in Cairo. it accepted Dr Hosny's submissions that she had assisted in the drafting of the

statement. The Tribunal would put what weight it considered appropriate on the contents of the statement.

360. The Tribunal agreed to admit Professor C's witness statement in evidence.

361. The Tribunal then considered Dr Hosny's application for an adjournment. It noted that Dr Hosny had submitted that she had only learned the evening before of Professor C's being unable to attend on the scheduled day, and that there was uncertainty about when he could attend. The next date suggested was 7 October 2025. If the Tribunal agreed that he could attend, it would definitely impact on its ability to make a decision on facts by 10 October 2025.

362. The Tribunal considered that it was not in the interest of justice for a delay which could be lengthy. It is in Dr Hosny's own interest to have a decision on facts as promptly as possible given the delays in this case. The Tribunal noted the relevant witness statement supported, in particular, Dr Hosny's account of the differing practice in Cairo relating to working in hospitals even when restricted in others. The Tribunal was able to weigh this and other evidence in the witness statement as relevant in its deliberations.

363. The Tribunal therefore determined to refuse the application for an adjournment.

ANNEX G – 10/10/2025
XXX

364. XXX

365. XXX

Submissions
On behalf of the GMC
366. XXX

367. XXX

368. XXX

369. XXX

XXX

370. XXX

371. XXX

372. XXX

373. XXX

374. XXX

Proceeding in absence

375. Following these submissions, Dr Hosny indicated that she no longer wished to engage for the remainder of this day.

376. The Tribunal put this to the GMC.

Submissions on behalf of the GMC

377. In light of the circumstances surrounding Dr Hosny's absence, Ms Tighe submitted that the GMC was of the view that it would be appropriate to proceed with the hearing on a limited basis. She stated that should there be any further issues that necessitate Dr Hosny's input, it may be necessary to pause for further consideration. However, Ms Tighe submitted that if the matters to be addressed today are confined to the specified aspects, it was important to note that Dr Hosny has voluntarily chosen to be absent and has indicated her desire for the hearing to continue in her absence.

378. Given these circumstances, Ms Tighe submitted that it would be reasonable to proceed with the hearing this afternoon without Dr Hosny present. Dr Hosny's expressed wish for the proceedings to move forward supports the decision to do so. Ms Tighe submitted that this approach ensures that the Tribunal can fulfil its obligations while respecting Dr Hosny's preferences and the procedural requirements at hand. Therefore, Ms Tighe submitted that this hearing can advance effectively, focusing on the relevant issues at hand while accommodating the current situation.

The Tribunal's Decision

379. The Tribunal reminded itself that it had the power to proceed in absence of the doctor under Rule 31 of the Fitness to Practise Rules ('the Rules').

380. In light of Dr Hosny's own wishes, that the Tribunal continue in her absence on this day and the GMC's submissions, it agreed to proceed in her absence.

XXX

381. XXX

382. XXX

383. XXX

The Tribunal's Decision

384. XXX

385. XXX

386. XXX

387. XXX

388. XXX

389. XXX

390. XXX

391. XXX

ANNEX H – 23/04/2026

Proceeding in Absence

392. After announcing its determination on sanction, the Tribunal granted a short adjournment of 30 minutes to allow parties to read the Tribunal's decision before reconvening to hear submissions on an immediate order.

393. During the adjournment, Dr Hosny indicated to the Tribunal Clerk that she did not want to return to the hearing. After discussion with the Tribunal Clerk, Dr Hosny decided to withdraw voluntarily from the hearing.

Submissions

394. Ms Tighe submitted that the Tribunal has now reached the final stage of the hearing, having announced its determination on sanction, which is for parties to make submissions on

an immediate order. She stated that Dr Hosny was notified by the GMC on 11 March that the GMC would be seeking an immediate order, subject to the findings of the Tribunal. She submitted that the confirmed position has been communicated to Dr Hosny by the Tribunal Clerk. She submitted that Dr Hosny has indicated that she does not wish to participate in this final stage and does not wish to receive written submissions from the GMC.

395. Ms Tighe submitted that Dr Hosny had been offered further time to see if she would be prepared to return to the hearing but has declined. She submitted that further time today would not change the position, and that the Tribunal could not compel Dr Hosny to engage. She submitted that, in the circumstances, and to conclude the hearing, it would be appropriate and just to proceed to the final stage in the absence of Dr Hosny.

The Tribunal's Determination

396. In making its determination the Tribunal noted that the decision as to whether the hearing should proceed in Dr Hosny's absence was a matter for its discretion and that such discretion was to be exercised with the utmost care and caution.

397. The Tribunal had regard to the legal authority of *R v Hayward, Jones & Purvis* [2001] QB 862 CA, which states that a defendant has a right to be present at a trial and a right to be legally represented but that those rights can be waived where a defendant voluntarily absents themselves from a trial. Furthermore, the Tribunal had regard to the case of *GMC v Adeogba* [2016] EWCA Civ 162, which expanded upon those principles in a regulatory context.

398. The Tribunal noted that Dr Hosny had been present at the hearing up until this stage but had become distressed following the handing down of the sanction stage. The Tribunal Clerk had discussed options with Dr Hosny to best support her continued attendance, but she decided that, XXX, she would prefer to withdraw. The Tribunal concluded, considering the information before it, that Dr Hosny had voluntarily absented herself from this hearing.

399. The Tribunal considered whether an adjournment would result in Dr Hosny attending the hearing. Considering the stage of proceedings, the Tribunal could see no useful purpose in adjourning the hearing, and that in the circumstances, this may cause further distress to Dr Hosny.

400. Therefore, in accordance with Rule 31, the Tribunal determined to proceed in Dr Hosny's absence.

SCHEDULE 1

6.5 When serious concerns are raised about a practitioner the Trust will urgently consider whether it is necessary to place temporary restrictions on their practice. This might be to amend or restrict their clinical duties, obtain undertakings or provide for the exclusion of the practitioner from the workplace. The impact of any restriction or exclusion will be taken into account. Part 3 of this document sets out the procedures for this action.

7.1.2 When serious concerns are raised about a practitioner, the Medical Director will urgently consider whether it is necessary to place temporary restrictions on their practice. Options may include:

• Amend or restrict clinical duties, including Medical or Divisional Director/Head of Service supervision of normal clinical duties or restriction to certain forms of clinical duties

• Restrict activities to administrative, research/audit or educational duties – by mutual agreement this might include formal retraining or re-skilling.

7.6.1 As exclusion under this framework should usually be on full pay, the practitioner must remain available for work with their employer during their normal contracted hours. The practitioner must inform the case manager of any other organisation(s) with whom they undertake either voluntary or paid work and seek their case manager's consent to continuing to undertake such work or to take annual leave or study leave. The practitioner should be reminded of these contractual obligations but would be given 24 hours' notice to return to work. In exceptional circumstances the case manager may decide that payment is not justified because the practitioner is no longer available for work (e.g. abroad without agreement).

7.7.1 In cases where there is a serious concern, the Trust has an obligation to inform other organisations where the doctor may work. The doctor has a duty to inform the Case Manager of any other organisations (NHS and non-NHS) for whom they undertake voluntary or paid work.

SCHEDULE 2

7.7.3 Where a restriction has been placed on the doctor's practice, they shall agree not to undertake any work in that area of practice whether on an employed basis or otherwise and whether in the private or public sectors unless the other organisation has confirmed they are aware of the exclusion and are content the practitioner continues to work with them. There should be written confirmation from another organisation informing the NUH Medical Director that an employee is due to undertake private work.

SCHEDULE 3

Trust	Date
Doncaster Royal Infirmary	4 – 5/02/2022

	11 – 14/02/2022
Leeds General Infirmary	24 – 25 February 2022
Sherwood Forest Hospitals NHS Trust	02/03/2022
	03/03/2022
	04/03/2022
	05/03/2022
	06/03/2022
	07/03/2022
	08/03/2022
	10/03/2022
	11/03/2022
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	16/03/2022
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	21/03/2022
	23/03/2022
	24/03/2022
	25/03/2022
	28/03 – 01/04 2022
	04/04 – 08/04/2022
	11/04 – 15/04/2022
	18/04 – 22/04/2022
	25/04 – 29/04/2022
	02/05 – 06/05/2022
	09/05/2022
	11/05/2022
	13/05/2022
	16/05/2022
	17/05/2022
	18/05/2022
	19/05/2022

25/05/2022

26/05/2022