PUBLIC RECORD

Dates: 01/09/2026 - 09/09/2026

Doctor:	Dr Muhammad KHALIL
GMC reference number:	7499689
Primary medical qualification:	MB BCh 2001 Cairo University

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

Summary of outcome

Suspension, 9 months.
Review hearing directed
Immediate order imposed

Tribunal:

Legally Qualified Chair	Mr Malcolm Dodds
Lay Tribunal Member:	Ms Catherine Pease
Registrant Tribunal Member:	Dr Jullian Williams

Tribunal Clerk:	Mr Michael Murphy

Attendance and Representation:

Doctor:	Present, not represented (attended hearing on 01/09/2026 only)
GMC Representative:	Ms Colette Renton, 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.

Protecting the Public

Throughout the decision making process the tribunal has borne in mind the statutory duty as set out in s1(1) of the Medical Act 1983 (the 1983 Act) to protect the public. The tribunal has considered the relevance and impact on each of the three distinct parts of public protection to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Facts - 07/09/2026

1. This determination was handed down in public. However, the Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration were confidential.

Background

2. Dr Khalil qualified in Egypt in 2001 and worked in Egypt as a vascular surgery trainee before moving to the UK in 2015. Prior to the events which are the subject of the hearing, Dr Khalil had worked in London at the Royal Free Hospital and at Guy's & St Thomas' NHS Foundation Trust. At the time of the events in the Allegation, Dr Khalil was practising as a senior clinical fellow of Vascular surgery at Aintree University Hospital, a part of the Royal Liverpool University Hospitals NHS Trust (the Trust).

3. The allegations that have led to Dr Khalil's hearing relate to posts he made on Instagram. The GMC alleged that some of Dr Khalil's posts were objectively antisemitic, seriously offensive, supportive of violence and motivated by hostility towards and prejudice against Jews

4. The initial concerns were raised with the GMC, on 20 October 2023, by UK Lawyers for Israel (UKLI). They made a complaint about the behaviour of Dr Khalil in that he had been posting antisemitic and hateful posts on Instagram which brought the profession of doctors into disrepute, brought himself into disrepute and that no Jewish or Israeli patient would feel safe under his care. UKLI also reported Dr Khalil to the police. The police investigated and decided to take no action.

The outcome of applications made during the facts stage

5. The Tribunal refused Dr Khalil's application, made pursuant to Rule 29 of the GMC (Fitness to Practise Rules) 2004 as amended (the Rules), to adjourn the proceedings. The Tribunal's full decision on the application is included at Annex A.

6. The Tribunal granted Dr Khalil's application to admit additional evidence with agreed redactions. The Tribunal's full decision on the application is included at Annex B.

7. The Tribunal granted the GMC's application, made pursuant to Rule 31 of the Rules, to proceed in Dr Khalil's absence. The Tribunal's full decision on the application is included at Annex C.

The Allegation and the doctor's response

8. The Allegation made against Khalil is as follows:

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

1. In or around October 2023 you held the Instagram account @XXX. To be determined

2. In or around October 2023 you posted on Instagram the image as set out in Schedule 1. To be determined

3. Your image, as set out in Schedule 1 was:

    a. objectively antisemitic; To be determined

    b. seriously offensive. To be determined

4. In or around October 2023 you posted on Instagram as set out in Schedule 2. To be determined

5. Your post, as set out in Schedule 2 was:

a. objectively antisemitic, in relation to the phrase 'This's not strange from people who are addicted to stealing everything; land, resources, heritage and the history of others and claim all of that to them'; To be determined

b. seriously offensive; To be determined

c. objectively supportive of violence. To be determined

6. In or around October 2023 you posted on Instagram as set out in Schedule 3. To be determined

7. Your post, as set out in Schedule 3 was objectively antisemitic. To be determined

8. In or around October 2023 you posted on Instagram as set out in Schedule 4 a quote that was attributed to Gamal Abdel Nasser which included the following:

a. '…we are fighting this battle of fate against Israel and our goal is the complete eradication of Israel…' To be determined

b. '…As the real defeat will be if Israel continues to exist even as a tiny symbol in a small village. The real victory for us then will be the complete annihilation and eradication of Israel". To be determined

9. Your post, as described in paragraph 8 above, set out in context in Schedule 4 was:

a. objectively antisemitic; To be determined
b. seriously offensive; To be determined
c. motivated (in whole or in part) by hostility towards and/or prejudice against Jews. To be determined

10. In or around October 2023 you posted on Instagram as set out in Schedule 5. To be determined

11. Your post, as set out in Schedule 5 was:

a. objectively:

    i. antisemitic; To be determined

    ii. in support of violence; To be determined

b. seriously offensive; To be determined

c. motivated (in whole or in part) by hostility towards and/or prejudice against Jews; To be determined

d. intended to be supportive of violence. To be determined

Documentary evidence

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

- Colleague feedback reports dated 1 March 2023 and 17 June 2024;
- Interview notes of Dr Khalil from the Trusts investigation report, dated 11 December 2023;
- Statement by Dr Khalil from the Trusts investigation report;
- Merseyside Police disclosure, dated 8 July 2024;
- Transcript of Police interview of Dr Khalil;
- Various screenshots from Instagram.

10. The Tribunal admitted the two bundles of documents provided by Dr Khalil summarised in its Annex B determination admitting the bundles.

The Tribunal's approach

11. In reaching its decision on the facts, the Tribunal applied the civil standard of proof namely whether the Allegation is proved on the balance of probabilities or (in other words) whether it is more likely than not that the matters occurred as alleged. The burden of proof rests with the GMC. It for the GMC to prove the case that it is presenting against the doctor. There is no burden on the doctor to prove or disprove anything. The Tribunal may draw inferences from the evidence but should only do so if it can safely exclude other possibilities.

12. The Tribunal reminded itself that Dr Khalil was of previous good character so is less likely to have behaved in the way alleged. However good character of itself does not amount to a defence to any particulars of the Allegation.

13. The Tribunal reminded itself of Article 9 European Convention on Human Rights (ECHR) (the right to freedom of thought conscience and religion) and Article 10 ECHR (freedom of expression) but that both rights are subject to limitations. The Tribunal followed decided cases which recognised the lawful interference with Article 9 and Article 10 rights in the interests of the proper regulation of the profession. The Tribunal had regard to the high bar before a regulator or tribunal can interfere with a the Article 9 and/or Article 10 rights of a professional. The Tribunal recognised that comments should be seriously offensive and/or seriously inappropriate to justify adverse findings that interfered with Article 9 and 10 rights. The Tribunal should ask whether Dr Khalil's posts overstepped the boundaries of legitimate free speech and legitimate criticism of Israel. The Tribunal was required to consider context and take into account the style, medium and environment in which the posts were made.

14. In terms of the part of the Allegation that referred to antisemitism the Tribunal applied the test whether a reasonable person with all the relevant information would consider the words to be antisemitic: The 'reasonable person' is someone who is in possession of all the facts and knows the context; someone with no particular characteristics. This reasonable person would know what a Zionist is and how that is defined; would know the IHRA definition of anti- Semitism and its associated guidance; and would know the dictionary definition of "antisemitism" etc. This reasonable person would have no strong views on the Israel/Palestinian question; would not otherwise be unduly sensitive; would be open-minded, balancing what they had heard and seen before reaching a conclusion. This is an objective test. The subjective intention of Dr Khalil in making the posts is not relevant to the test of whether his posts were antisemitic.

15. In terms of how antisemitism should be defined the Tribunal applied the International Holocaust Remembrance Alliance (IHRA) definition:

> *Antisemitism is a certain perception of Jews, which may be expressed as hatred toward Jews. Rhetorical and physical manifestations of antisemitism are directed toward Jewish or non-Jewish individuals and/or their property, toward Jewish community institutions and religious facilities.*

16. The Tribunal noted the IHRA set out the following examples to serve as illustrations:

> *'Manifestations might include the targeting of the state of Israel, conceived as a Jewish collectivity. However, criticism of Israel similar to that levelled against any other country cannot be regarded as antisemitic. Antisemitism frequently charges Jews with conspiring to harm humanity, and it is often used to blame Jews for "why things go wrong." It is expressed in speech, writing, visual forms and action, and employs sinister stereotypes and negative character traits'*

17. The Tribunal had regard to the eleven examples set out by the IHRA which the High Court has described as both unobjectionable and useful and serve to illustrate some of the ways in which hatred or hostility towards Jews has been historically expressed.

18. The Tribunal also had regard to the Oxford English Definition of antisemitism which is 'hatred of and hostility to Jews'.

19. The Tribunal also had regard to High Court guidance that the word 'Zionist' can be used as a cover for the word 'Jew' and, depending on the context, may reflect antisemitic attitudes.

20. The Tribunal also had regard to guidance that it should consider each post individually and a determination made as to if its meaning was antisemitic and/or offensive and then stand back to look at the context of the posts as a whole to determine whether that undermines or supports the Tribunal's initial conclusion.

The Tribunal's analysis of the evidence and findings

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

Paragraph 1 of the Allegation

22. The Tribunal considered if Dr Khalil, in or around October 2023, held the Instagram account @XXX. It had regard to a screenshot of a social media profile showing various tiles that included photographs of Dr Khalil (including what the Tribunal inferred was him in medical scrubs) with the account name displayed above and below Dr Khalil's circled photograph as @XXX. The social media profile records the name Muhammad Abdelmoez

Allam. Though a number of variations of Dr Khalil's names have been presented in the written evidence there is in the Tribunal's judgement sufficient similarity with the various names to make it more likely than not that the name Muhammad Abdelmoez Allam refers to Dr Khalil. On the basis of this evidence the Tribunal found it more likely than not that Dr Khalil held the Instagram account @XXX.

23. Accordingly the Tribunal found paragraph 1 of the Allegation proved.

Paragraph 2 of the Allegation

24. The Tribunal considered if Dr Khalil, in or around October 2023, posted on Instagram the image as set out in Schedule 1:

> *'The star of David in the centre of the flag of Israel with "Death to Israel" written along the top of the flag.'*

25. The Tribunal noted that the image was contained in a tile that was part of the screenshot referred to in paragraph 14 above and was part of a series of tiles that included photographs of Dr Khalil.

26. The Tribunal noted that the originating complaint on 23 October 2023 from the UK Lawyers for Israel identified this post and the other posts set out in the Allegation as posts on social media and were able to identify Dr Khalil as the person making those posts.

27. The Tribunal noted the following admissions made by Dr Khalil. On 13 December 2023 the notes of an interview involving Liverpool University Hospitals and Dr Khalil records Dr Khalil being asked: *with hindsight would you post this again?* and Dr Khalil replying: *No. I never done anything like this even when I was younger. I was an activist in Egypt. I have never done anything like this is my life, I was emotional, and I made a mistake*. When asked: *Do you believe this post would impact upon patient confidence?* he replied*: there maybe individual cases, [Dr A] mentioned this, but I didn't know the specifics*. When asked: *Do you understand how this post could have a negative impact upon the Trust?* he replied: *Yes, that is why I removed it. We all have different aspects of our life. The link to my job on social media can cause damage to the Trust. Even before comments started from friends*. When asked: *By posting this content what do you feel the implications are for the public given the sensitive nature?* he replied: *I can't reflect on the public. My account was public, it is not now. Someone on my account took a screen shot and sent it to an organisation called "stop Anti-Semitics",*

the Police told me. I don't know the magnitude of the post or the impact, if it did, I am completely apologetic. I would do anything to improve. I had removed the post before l met with [Dr A].

28. In an undated statement in the bundle the Tribunal has read Dr Khalil wrote after referring to reports of what was happening Gaza: *It was then when I got very emotional beyond rationalism when I posted the photo on social media*. He went on to write: *I wish to unreservedly apologise for my actions and for any damage that may have been caused to the Trust. At the time, I did apologise for my actions and immediately removed the photo that came out of an extremely unprecedented emotional situation*. He went on to write: *I fully regret my actions and I recognise the error of my ways. I will learn from this and moving forward, I will not be engaging in any further social media posts*.

29. On 13 April 2024 there was a telephone call between Dr Khalil and the GMC in which the note of the call records that Dr Khalil expressed remorse for the social media posts and advised that they had been made in the heat of the moment, following the death of some close friends. He advised that he had in fact deleted them before the Trust or Police contacted him about them.

30. In an email dated 17 June 2024 sent to Coventry Hospital and the GMC he wrote '*It was then when I got very emotional beyond rationalism when I posted the photo on social media'.* He went on to write: *but it does happen that sometimes one's composure fails you at a moment when a bad judgement or an offensive statement comes out that does not reflect the overall good nature of the person.* He then wrote: *I highlighted the emotional state I was in. I also stressed that I removed any posts that may have been misunderstood way before the trust contacted me for any discussion, and I apologised for any potential disrepute that might have unintentionally happened*.

31. On the basis of the general and repeated admissions made by Dr Khalil and the identifying details in this post the Tribunal finds it more likely than not that Dr Khalil posted on Instagram the image described in the Allegation.

32. Accordingly, the Tribunal found paragraph 2 of the Allegation proved.

<u>Paragraph 3(a) of the Allegation</u>

33. The Tribunal considered if the image, as set out in Schedule 1, was objectively antisemitic. It had regard to a screenshot of Dr Khalil's social media account and noted a picture of the star of David in the centre of the flag of Israel with "Death to Israel" written along the top of the flag and a black cross across the flag. Applying the IHRA definition of antisemitism the Tribunal found that the phrase 'death to Israel' expressed a hatred to Israel which is known as the Jewish state and whose majority population is Jewish and this was objectively antisemitic. The Tribunal considered the first example in the IHRA definition, the calling for the killing of Jews, and considered that the phrase 'death to Israel' fell within that example given that the majority population of Israel were Jews and Israel was often referred to as the Jewish state. The Tribunal's view was supported by the image containing the Star of David which is associated with Jews. The Tribunal also noted that the flag image was crossed out by a black cross which supported that the objective interpretation of the image as a whole was a call for the eradication of the Jewish state. The Tribunal was satisfied that the image and words fell outside the bounds of legitimate debate or legitimate criticism of Israel.

34. Accordingly, the Tribunal found paragraph 3(a) of the Allegation proved.

Paragraph 3(b) of the Allegation

35. The Tribunal considered if the image, as set out in Schedule 1, was seriously offensive. It took the view that it was seriously offensive since from an objective view a reasonable person looking at the image and reading the words 'death to Israel' would consider it such. The Tribunal was also supported by its findings in relation to paragraph 3(a) of the Allegation. The Tribunal agreed with Ms Renton's submission that, by analogy, to place a cross though the Union Jack and apply the words "death to the UK" in a similar manner would also be seriously offensive.

36. Accordingly, the Tribunal found paragraph 3(b) of the Allegation proved.

Paragraph 4 of the Allegation

37. The Tribunal considered if Dr Khalil, in or around October 2023, posted on Instagram as set out in Schedule 2:

> *'The Israeli and western fabrication of news that started on 7/10 is shameless and unprecedented.*

The Palestinian resistance succeeded in humiliating Israel in less than 6 hours, targeting military infrastructure and capturing military officials.
The Israeli and western propaganda started to demonise what happened and spread pathetic lies about killing and raping children and women to justify a severely atrocious attack on Gaza later on.
The Israelis and western media lied in a disgusting way without any proof. And to make it even more satirical, when they tried to show evidence, they used footage of pictures of Palestinian victims killed in previous conflicts before and showed them as Israelis. Those pictures were found to be existing on the internet from before the current escalation of events.
This's not strange from people who are addicted to stealing everything; land, resources, heritage and the history of others and claim all of that to them.'

38. The Tribunal adopted the same reasons as set above in relation to Allegation 2 and found it more likely than not that Dr Khalil posted on Instagram as set out in Schedule 2.

39. Accordingly, the Tribunal found paragraph 4 of the Allegation proved.

Paragraph 5(a) of the Allegation

40. The Tribunal considered if Dr Khalil's post, as set out in Schedule 2, was objectively antisemitic, in relation to the phrase *'This's not strange from people who are addicted to stealing everything; land, resources, heritage and the history of others and claim all of that to them'.*

41. The Tribunal had regard to the post and considered it to meet the threshold of being antisemitic as per the IHRA definition and the example about making mendacious or stereotypical allegations about Jews. The Tribunal considered this post to clearly refer to the historic trope of Jews being dishonest and/or thieves. The Tribunal considered that the post was not part of any legitimate debate about or criticism of Israel. The Tribunal found that the post was objectively antisemitic.

42. Accordingly, the Tribunal found paragraph 5(a) of the Allegation proved.

Paragraph 5(b) of the Allegation

43. The Tribunal found the initial part of Dr Khalil's post, as set out in Schedule 2, referred to an allegation that the news about the Hamas attack on Isreal on 7 October 2023 was being fabricated by Israel and the West. The post described the news surrounding the Hamas attack using the words: *'the Palestinian resistance succeeded in humiliating Israel'* and that Israeli and Western propaganda *'then started to demonise what happened and spread pathetic lies'* to justify Israel's response in launching an assault on Gaza. The post asserted that Israeli and Western media used images in a misleading way. While some would take offence at these assertions the Tribunal was not satisfied that they fell out of the scope of legitimate (albeit controversial) debate about the media response to the Hamas attack and the Israeli Government's response. However the assertion that in effect Jews are 'addicted to stealing everything', as the Tribunal found in paragraph 28 above, was not part of any legitimate debate about or criticism of Israel. In addition to be objectively antisemitic the Tribunal found that these comments were also seriously offensive because they amounted to a seriously unacceptable, upsetting and hurtful assertion that all Jews were thieves and/or dishonest.

44. Accordingly, the Tribunal found paragraph 5(b) of the Allegation proved.

Paragraph 5(c) of the Allegation

45. The Tribunal considered if Dr Khalil's post, as set out in Schedule 2, was objectively supportive of violence. It was satisfied that there was no suggestion in the post of Dr Khalil inciting anyone to commit violence and considered the post to describe Dr Khalil's point of view with regard to biased reporting as set out above. The Tribunal interpreted the phrase that the Palestinian resistance *'succeeded in humiliating Israel…targeting military infrastructure and capturing military officials'* as a commentary on what initially happened on 7 October 2023. The targeting of buildings and the capture of individuals does not amount to violence. While controversial and upsetting the Tribunal was not satisfied that this amount to an objective support of violence. Nor was the Tribunal so satisfied looking at the post as a whole.

46. Accordingly, the Tribunal found paragraph 5(c) of the Allegation not proved.

Paragraph 6 of the Allegation

47. The Tribunal considered if Dr Khalil, in or around October 2023, posted on Instagram as set out in Schedule 3:

'The whole Meta scandal is going on … Multi-billion social media platforms that support the Zionists with audacity and still terrified from and annoyed by our individual posts that try to show the real truth."
Image underneath the post shows a screenshot from Instagram notifying the doctor that Instagram have noticed unusual activity from the account and ask the doctor to follow the verification steps to help Instagram remove the restrictions on the account.'

48. The Tribunal adopted its findings its findings in relation to paragraph 2 of the Allegation and was satisfied that it was more likely than not that Dr Khalil posted as set out in Schedule 3.

49. Accordingly, the Tribunal found paragraph 6 of the Allegation proved.

Paragraph 7 of the Allegation

50. The Tribunal considered if Dr Khalil's post, as set out in Schedule 3, was objectively antisemitic. The Tribunal considered the IHRA definition and the example of making mendacious and/or stereotypical allegations about Jews including the power of Jews and the myth about Jews controlling the media. Dr Khalil's post referred to Meta founded by Mark Zuckerberg who is widely known to be of Jewish heritage. The Tribunal was satisfied that from an objective view this post implied that Meta and multi-billion dollar social media platforms were controlled by or adversely influenced by Jews whereby the 'real truth' was not being reported. The post asserted that those who disclose the 'real truth' are being prevented from doing so by Meta and other social media platforms because of Jewish control or influence. These comments rehearsed the trope of Jews controlling and/or adversely influencing the media. The Tribunal considered that these assertions fell outside legitimate debate and criticism of Israel and its supporters and were objectively antisemitic.

51. Accordingly, the Tribunal found paragraph 7 of the Allegation proved.

Paragraph 8(a) of the Allegation

52. The Tribunal considered if Dr Khalil, in or around October 2023, posted on Instagram as set out in Schedule 4 a quote that was attributed to Gamal Abdel Nasser which included '…we are fighting this battle of fate against Israel and our goal is the complete eradication of Israel…'. Schedule 4 reads as follows:

'We are not fighting Israel for some land behind or in front of the truce line. We are not fighting Israel to capture some cities and deserts. We are not fighting Israel for some territorial benefits… we are fighting this battle of fate against Israel and our goal is the complete eradication of Israel.
During that, we can lose some territories and capture some. We might retreat sometimes and advance other times. In that context, the retreat will not be considered defeat, and the advancement will not be considered victory.
As the real defeat will be if Israel continues to exist even as a tiny symbol in a small village. The real victory for us then will be the complete annihilation and eradication of Israel.
Our all-time leader president Gamal Abdel Nasser.'

53. The Tribunal was satisfied that Dr Khalil posted the above for the same reasons it found in relation to paragraph 2 of the Allegation.

54. Accordingly, the Tribunal found paragraph 8(a) of the Allegation proved.

Paragraph 8(b) of the Allegation

55. The Tribunal considered if Dr Khalil, in or around October 2023, posted on Instagram as set out in Schedule 4 a quote that was attributed to Gamal Abdel Nasser which included *'…As the real defeat will be if Israel continues to exist even as a tiny symbol in a small village. The real victory for us then will be the complete annihilation and eradication of Israel*". For the same reasons as set out in the above paragraphs the Tribunal was satisfied that Dr Khalil posted the above.

56. Accordingly, the Tribunal found paragraph 8(b) of the Allegation proved.

57. The Tribunal applied the IHRA definition of antisemitism and the example of calling for the killing of Jews and the example of denying the Jewish people of their right to self-determination. The Tribunal was satisfied that by quoting from the late President Nasser Dr Khalil was adopting and supporting what the late President Nasser said. The overall post and in particular the calling for the complete annihilation and eradication of Israel was, in the Tribunal's view, objectively antisemitic and fell outside legitimate debate and/or criticism of Israel.

58. Accordingly, the Tribunal found paragraph 8(b) of the Allegation proved.

Paragraph 9(a) of the Allegation

59. The Tribunal considered if Dr Khalil's post, as described in paragraph 8 above, set out in context in Schedule 4 was objectively antisemitic. It had regard to the phrase 'complete annihilation and eradication of Israel' in the post. The Tribunal applied the IHRA definition of antisemitism and the example of calling for the killing of Jews and the example of denying the Jewish people of their right to self-determination. The Tribunal was satisfied that by quoting from the late President Nasser Dr Khalil was adopting and supporting what the late President Nasser said. The overall post and in particular the calling for the complete annihilation and eradication of Israel was, in the Tribunal's view, objectively antisemitic and fell outside legitimate debate and/or criticism of Israel.

60. Accordingly, the Tribunal found paragraph 9(a) of the Allegation proved.

Paragraph 9(b) of the Allegation

61. The Tribunal considered if Dr Khalil's post, as described in paragraph 8 above, set out in context in Schedule 4 was seriously offensive. It took the view that this was supported by its findings in relation to paragraph 9(a) of the Allegation as the complete annihilation and eradication of any people would be seen both as antisemitic and as seriously offensive. The Tribunal accepted the submission made by Ms Renton on behalf of the GMC that Dr Khalil chose this quote to be seriously offensive, knowing that it was inflammatory and lacked moderation and that the "annihilation and eradication" of Israel was seriously inflammatory language

62. Accordingly, the Tribunal found paragraph 9 (b) of the Allegation proved.

Paragraph 9(c) of the Allegation

63. The Tribunal considered if Dr Khalil's post, as described in paragraph 8 above, set out in context in Schedule 4 was motivated by hostility towards and/or prejudice against Jews. It took the view that this was supported by its findings in relation to paragraph 9(a) of the Allegation. The Tribunal was satisfied that if flowed from the finding in relation to paragraph 9(a) that Dr Khalil was motivated in whole or in part by hostility towards and/or prejudice against Jews. This reflected the Oxford English Dictionary definition of antisemitism.

64. Accordingly, the Tribunal found paragraph 9(c) of the Allegation proved.

Paragraph 10 of the Allegation

65. The Tribunal considered if Dr Khalil, in or around October 2023, posted on Instagram as set out in Schedule 5:

> *'This's an average Israeli Zionist idiot! We, the Arabs, are going to wipe you completely from the face of the earth! You can shove your Torah, your Talmud, your Moses and all your prophets up your stinky ass." Original shared post: video and image of an elderly person with the writing overlaid "Erase the memory of them".'*

66. The Tribunal was satisfied Dr Khalil posted the above for the same reasons as its findings in relation to paragraph 2 of the Allegation.

67. Accordingly, the Tribunal found paragraph 10 of the Allegation proved.

Paragraph 11(a)(i) of the Allegation

68. The Tribunal considered if Dr Khalil's post, as set out in Schedule 5, was objectively antisemitic. It was satisfied that the post was referring to Jews in its referral to Israeli Zionists. The Tribunal considered the IHRA definition and the example of calling for the killing or harming of Jews. The Tribunal found that the phrases *'We, the Arabs, are going to wipe you completely from the face of the earth!'* amounted to antisemitism in accordance with that definition and example. In addition displaying a photograph of what could be reasonably inferred to be an elderly Jew (given the reference to the image as 'this's an average Israeli Zionist idiot') with the phrase 'erase the memory of them' also came within the same definition and example from the IHRA. The Tribunal reminded itself that the term Israeli or Zionist could be reasonably interpreted as a reference to a Jew or Jews generally. The Tribunal was satisfied that the words: *'You can shove your Torah, your Talmud, your Moses and all your prophets up your stinky ass'* were particularly offensive and upsetting. The words referred offensively to the Jewish holy book and a key figure for Jews, Moses, as well as Jewish prophets generally. The Tribunal was satisfied that these words were objectively antisemitic. The Tribunal found the words used in Dr Khalil's post were not part of legitimate debate about or criticism of Israel.

69. Accordingly, the Tribunal found paragraph 11(a)(i) of the Allegation proved.

Paragraph 11(a)(ii) of the Allegation

70. The Tribunal considered if Dr Khalil's post, as set out in Schedule 5, was objectively in support of violence. It took the view that this was supported by its findings in relation to paragraph 11(a)(i) of the Allegation. In particular the Tribunal noted the call to 'wipe' Israeli Zionists (which the Tribunal interpreted as encompassing Jews) 'from the face of the earth' as a call to violence. The same applied to the phrase 'erase the memory of them' referring to the photograph of what the Tribunal has already reasonably inferred to refer to an elderly Jewish person. The Tribunal is satisfied that this also would objectively be seen as a call to violence against Jews.

71. Accordingly, the Tribunal found paragraph 11(a)(ii) of the Allegation proved.

Paragraph 11(b) of the Allegation

72. The Tribunal considered if Dr Khalil's post, as set out in Schedule 5, was seriously offensive. It took the view that this was supported by its findings in relation to paragraph 11(a)(i) of the Allegation. The Tribunal was satisfied that 'to shove your Torah, your Talmud, your Moses and all your prophets up your stinky arse' was gratuitously offensive referring to the Jewish Holy Book (the Torah) and the book of Jewish religious law (the Talmud) as well as to a key prophet for Jews (Moses) and Jewish prophets generally. Comments like this about any religion would be regarded by any reasonable person as seriously offensive.

73. Accordingly, the Tribunal found paragraph 11(b) of the Allegation proved.

Paragraph 11(c) of the Allegation

74. The Tribunal considered if Dr Khalil's post, as set out in Schedule 5, was motivated by hostility towards and/or prejudice against Jews. It took the view that this was supported by its findings in relation to paragraph 11(a)(i) of the Allegation. Allegation 11(c) reflected the Oxford English Dictionary definition of antisemitism so the finding in paragraph 11(a)(i) of the Allegation satisfied the Tribunal that paragraph 11(c) was also satisfied.

75. Accordingly, the Tribunal found paragraph 11(c) of the Allegation proved.

Paragraph 11(d) of the Allegation

76. The Tribunal considered if Dr Khalil's post, as set out in Schedule 5, was intended to be supportive of violence. It took the view that this was supported by its findings in relation to paragraph 11(a)(i) of the Allegation. The phrases 'we, the Arabs, are going to wipe you completely from the face of the earth' and 'erase the memory of them' would be viewed by any reasonable person as supportive of violence to bring about the wiping out of and the erasing the memory of Jews.

77. Accordingly, the Tribunal found paragraph 11(d) of the Allegation proved.

78. The Tribunal (having found all but one aspect of the Allegation proved) then stood back to look at the context of Dr Khalil's posts as a whole. The Tribunal noted that Dr Khalil's posts were on one forum, were more likely than not made within a short period of a few days and could therefore be reasonably viewed as a single course of events posted by Dr Khalil when (in his words) he was in a heightened emotional state. This context, in the Tribunal's view, fortified the Tribunal's findings as to each individual post.

The Tribunal's overall determination on the facts

79. The Tribunal has determined the facts as follows:

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

1. In or around October 2023 you held the Instagram account @XXX. **Determined and found proved**

2. In or around October 2023 you posted on Instagram the image as set out in Schedule 1. **Determined and found proved**

3. Your image, as set out in Schedule 1 was:

    a. objectively antisemitic; **Determined and found proved**

    b. seriously offensive. **Determined and found proved**

4. In or around October 2023 you posted on Instagram as set out in Schedule 2. **Determined and found proved**

5. Your post, as set out in Schedule 2 was:

    a. objectively antisemitic, in relation to the phrase 'This's not strange from people who are addicted to stealing everything; land, resources, heritage and the history of others and claim all of that to them'; Determined and found proved

    b. seriously offensive; Determined and found proved

    c. objectively supportive of violence. Not proved

6. In or around October 2023 you posted on Instagram as set out in Schedule 3. Determined and found proved

7. Your post, as set out in Schedule 3 was objectively antisemitic. Determined and found proved

8. In or around October 2023 you posted on Instagram as set out in Schedule 4 a quote that was attributed to Gamal Abdel Nasser which included the following:

    a. '…we are fighting this battle of fate against Israel and our goal is the complete eradication of Israel…' Determined and found proved

    b. '…As the real defeat will be if Israel continues to exist even as a tiny symbol in a small village. The real victory for us then will be the complete annihilation and eradication of Israel". Determined and found proved

9. Your post, as described in paragraph 8 above, set out in context in Schedule 4 was:

    a. objectively antisemitic; Determined and found proved
    b. seriously offensive; Determined and found proved
    c. motivated (in whole or in part) by hostility towards and/or prejudice against Jews. Determined and found proved

10. In or around October 2023 you posted on Instagram as set out in Schedule 5.
Determined and found proved

11. Your post, as set out in Schedule 5 was:

    a. objectively:

        i. antisemitic; **Determined and found proved**

        ii. in support of violence; **Determined and found proved**

    b. seriously offensive; **Determined and found proved**

    c. motivated (in whole or in part) by hostility towards and/or prejudice against Jews; **Determined and found proved**

    d. intended to be supportive of violence. **Determined and found proved**

Determination on Impairment - 08/09/2026

80. 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, Dr Khalil's fitness to practise is impaired by reason of misconduct.

The evidence

81. The Tribunal has reviewed its findings of fact and received no further evidence at this stage.

Submissions

82. Ms Renton submitted that each of the allegations are not merely trivial or inconsequential and that they were not a temporary lapse or something excusable or forgivable. She highlighted that all the of posts are at a minimum within the same month and were seen by the general public with Dr Khalil clearly identifiable as a surgeon. She also highlighted that some of the posts were very serious one of which supported violence. She

accepted that Dr Khalil made the posts private and deleted them before the GMC investigation commenced.

83. Ms Renton submitted that Dr Khalil's actions compromised the following paragraphs of Good Medical Practice (2024):

> *'19 You must treat patients fairly. You must not discriminate against them or allow your personal views to affect your relationship with them, or the treatment you provide or arrange. You must not refuse or delay treatment because you believe that a patient's actions or choices contributed to their condition.*
>
> *52 You must help to create a culture that is respectful, fair, supportive, and compassionate by role modelling behaviours consistent with these values.*
>
> *53 You should be aware of how your behaviour may influence others within and outside the team.*
>
> *54 You should be aware of the risk of bias, and consider how your own life experience, culture and beliefs influence your interactions with others, and may impact on your decisions and actions.*
>
> *55 You must show respect for, and sensitivity towards, others' life experience, cultures and beliefs.*
>
> *56 You must not abuse, discriminate against, bully, or harass anyone based on their personal characteristics, or for any other reason. By 'personal characteristics' we mean someone's appearance, lifestyle, culture, their social or economic status, or any of the characteristics protected by legislation – age, disability, gender reassignment, race, marriage and civil partnership, pregnancy and maternity, religion or belief, sex and sexual orientation.*
>
> *81 You must make sure that your conduct justifies patients' trust in you and the public's trust in your profession.*
>
> *91 You must follow our more detailed guidance on Using social media as a medical professional.'*

84. Ms Renton also referred to the GMC guidance entiled *'Using social media as a medical professional'* as follows:

> *'7 How you behave when using social media matters. Medical professionals, like everyone else, have rights to freedom of belief, privacy, and expression. But exercising these rights when using social media as a medical professional has to be balanced with the possible impact on other people's rights and interests.*
>
> *8 It is important that your content includes appropriate context, so that people who access what you say about health and healthcare have information that supports their understanding and helps them to verify your claims and expertise. If you're commenting on health or healthcare issues you should usually say who you are.*
>
> *14 You must not use social media to abuse, discriminate against, bully, harass or deliberately target any individual or group.'*

85. As such, Ms Renton submitted that Dr Khalil's actions are a serious departure from the standards expected of him and that there is a legal basis for considering impairment.

86. Ms Renton went on to submit that Dr Khalil's misconduct is of a serious nature which falls short of what is expected and referred the Tribunal to the *'Sanctions Guidance for MPTS Tribunals Section three: MPT hearings'* (the Guidance). She noted his explanation that he was *'emotional beyond rationalisation'* at the time of making the social media posts due to the recent deaths of colleagues in the conflict. Ms Renton acknowledged that, at this time, there is still open military conflict in the Middle East and submitted that the risk of repetition remains high as the circumstances in which Dr Khalil posted on social media have not significantly progressed to the extent that the risk of repetition is reduced.

87. Ms Renton submitted that Dr Khalil's insight is extremely limited, in that he has always maintained that his online conduct was not antisemitic, nor supportive of violence. She stated that he lacks true and valuable insight into the seriousness of his remarks and their ability to affect public confidence. She reminded the Tribunal that Dr Khalil has not engaged with regulatory proceedings and has instead alleged he is being persecuted by the nature of the GMC investigation. As such, Ms Renton submitted that without meaningful, real insight Dr Khalil has not remediated and that the risk of repetition in the current circumstances remains high.

88. Ms Renton submitted that the allegation in this case is remediable but that it has not been remedied. She stated that there is no evidence of attempts to remediate by Dr Khalil. There had been qualified apologies with the intention of securing a new work post. As such, she submitted that the allegation is likely to be repeated.

89. Ms Renton submitted that Dr Khalil's actions brought the medical profession into disrepute and that his actions would be considered deplorable by fellow practitioners. She submitted that Dr Khalil's social media use in a public forum is shocking and demonstrates unacceptable levels of discrimination and hostility to Jews, going so far as to support violence. She stated the public expect that when they are treated by a doctor in the UK, they will be met by someone who will treat them equally without any reference to their race or religion and that Dr Khalil's social media posts have seriously undermined confidence the public hold in the medical profession.

90. Ms Renton also submitted that Dr Khalil's actions are a strong reminder to the profession that any form of racism and discrimination, even via the use of social media is unacceptable. She stated that the GMC has clear guidance on the standards expected of doctors and that Dr Khalil's case is a salutary reminder of the impact of falling foul of that. As such, Ms Renton submitted that Dr Khalil represents a high risk to public protection.

The relevant legal principles

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

92. The Tribunal followed the staged approach set out in the Guidance.

Misconduct

93. Fitness to practice must relate to one of the five factors set out in s35C(2) Medical Act 1983. The Tribunal is satisfied based on its determination of the facts that the relevant factor is misconduct.

The Tribunal's determination on impairment

94. In accordance with the staged approach stage 2a Guidance asks if the proven facts engage one or more of the grounds for impairment? The Tribunal is satisfied that the proven facts amount to serious misconduct in that Dr Khalil's misconduct was a serious departure from the professional standards, as set out in Good Medical Practice (2013) (GMP). Dr Khalil's posts were antisemitic and seriously offensive posts and in one post supportive of violence. His first post clearly identified him as a doctor. The posts were seen by members of the public.

95. The Tribunal identified that the relevant GMP at the time of the Allegation in October 2023 was the 2013 edition of GMP rather than the 2024 edition (which came into force in January 2024) that the GMC submissions related to. As a result the Tribunal applied the 2013 GMP in terms of breaches of GMP. The Tribunal identified the following serious breaches of the 2013 GMP.

96. The Tribunal was satisfied that Dr Khalil's posts breached para 36 and 37 GMP which required him to treat colleagues fairly and with respect and be aware of how his behaviour may influence others within and outside the team. Any Jewish colleague and reasonably minded non-Jewish colleagues who read or whose attention was drawn to Dr Khalil's posts would have found them seriously offensive, demonstrating a serious lack of respect and that such behaviour could influence others within and outside the team in a malign way.

97. The Tribunal was satisfied that Dr Khalil's posts breached para 46 GMP which required him to be polite and considerate with patients. Any Jewish patients and reasonably minded non-Jewish patients who read or whose attention was drawn to Dr Khalil's posts would have found them seriously offensive.

98. The Tribunal was satisfied that Dr Khalil's post breached para 54 GMP which required him not to express his personal beliefs (including political, religious and moral beliefs) to patients in ways that exploit their vulnerability or are likely to cause them distress. As stated above any Jewish patients and reasonably minded non-Jewish patients who read or whose attention was drawn to Dr Khalil's posts would have found them seriously offensive.

99. The Tribunal was satisfied that Dr Khalil's posts breached para 59 GMP whereby he must not unfairly discriminate against patients or colleagues by allowing his personal views to affect his professional relationships or the treatment he provided or arranged. His antisemitic and seriously offensive posts expressing his personal views when read by colleagues or patients would raise serious concerns that Dr Khalil might treat Jewish colleagues and patients differently.

100. The Tribunal was satisfied that Dr Khalil's posts breached para 65 GMP which required Dr Khalil to make sure that his conduct justifies his patients' trust in him and the public's trust in the profession. The Tribunal was satisfied that such antisemitic, seriously offensive and in the case of one post expressing support for violence seriously undermined the public's trust in the profession.

101. The Tribunal found that the proven facts amounted to serious misconduct which involved conduct of a morally culpable or otherwise disgraceful kind which brought disgrace upon the doctor and thereby prejudices the reputation of the profession. The Tribunal also was satisfied that Dr Khalil's misconduct would be regarded as deplorable by fellow practitioners.

102. The Tribunal then turned to deciding whether Dr Khalil poses any current and ongoing risk to public protection. Stage 2b of the Guidance requires the Tribunal to identify the starting point for assessing seriousness: high, medium or low. The Tribunal looked at factors which might increase seriousness. These include whether the misconduct was persistent or whether it occurred over a short period of time. In Dr Khalil's case the posts were made over a short period of time, in all likelihood over a period of days rather than weeks or months. A factor increasing seriousness is whether the misconduct was premeditated behaviour. Did Dr Khalil act intentionally and with planning? In Dr Khalil's case he appears to have acted in the heat of the moment, over a relatively short period of time and removed the posts when concerns were raised with him. Prior to these posts he had an unblemished record. However this is not a case of a doctor adopting or forwarding someone else's post. He consciously created each of his five posts. For example he consciously adopted the quote from the late President Nasser. He consciously created images in his posts. Another factor is the harm to those who looked at the posts and to the reputation of the profession. In the Guidance one factor indicating high seriousness are allegations relate to "unlawfully discriminating in relation to characteristics protected by law" – namely race and religion. As set out in the determination the posts were antisemitic, seriously offensive and in one instance supportive

of violence so the degree of actual and/or potential harm was high. Another aggravating factor is reckless disregard for professional standards. Dr Khalil, being a clinical fellow, ought to have known it was not appropriate to use social media in the racist and discriminatory way he did, including the support of violence and open prejudice to Jews. Balancing all the above factors the Tribunal has determined that the starting point for seriousness in Dr Khalil's case is high.

103. Stage 2c of the Guidance asks the Tribunal to identify if there is any relevant context - working environment, role and experience or personal context and consider whether it directly or indirectly affected the doctor's behaviour. If so, is it appropriate to take that context into account? In Dr Khalil's case the Tribunal could not identify any relevant working context to consider save that he was at the time a senior clinical fellow and a vascular surgeon. Given his experience and seniority he should have known of the requirements of GMP and followed them. The Tribunal noted that Dr Khalil's post resulted from the Hamas attack of 7 October 2023, the Israeli response, the killing of people close to him, the media coverage of the attack and the response and Meta's response to his posts. None of these factors justified the content and nature of Dr Khalil's posts.

104. The Tribunal then went to step 2d of the Guidance and considered what evidence there is relating to insight and to assess if insight is genuine. The Tribunal is satisfied that the misconduct is remediable since a doctor can gain insight into antisemitism to avoid making future antisemitic and offensive posts. The Tribunal noted that Dr Khalil had partially remedied his misconduct by removing the posts after concerns were raised with him. He had repeatedly apologised for his actions. As set out in the Tribunal's determination on the facts on 13 December 2023 the notes of an interview involving Liverpool University Hospitals and Dr Khalil records Dr Khalil stating:

> '*Yes, I apologise unreservedly. I am willing to engage with anything, training, seminars, forums*. When asked: *with hindsight would you post this again?* Dr Khalil replied: *No. I never done anything like this even when I was younger. I was an activist in Egypt. I have never done anything like this is my life, I was emotional, and I made a mistake*. When asked: *Do you believe this post would impact upon patient confidence?* he replied*: there maybe individual cases, Dr A mentioned this, but I didn't know the specifics*. When asked: *Do you understand how this post could have a negative impact upon the Trust?* he replied: *Yes, that is why I removed it. We all have different aspects of our life. The link to my job on social media can cause damage to the Trust. Even before comments started from friends*. When asked: *By posting this content what do*

you feel the implications are for the public given the sensitive nature? he replied: *I can't reflect on the public. My account was public, it is not now. Someone on my account took a screen shot and sent it to an organisation called "stop Anti-Semitics", the Police told me. I don't know the magnitude of the post or the impact, if it did, I am completely apologetic. I would do anything to improve. I had removed the post before I met with Dr A*.'

105. In an undated statement in the bundle the Tribunal has read Dr Khalil wrote after referring to reports of what was happening in Gaza:

'*It was then when I got very emotional beyond rationalism when I posted the photo on social media*. He went on to write: *I wish to unreservedly apologise for my actions and for any damage that may have been caused to the Trust. At the time, I did apologise for my actions and immediately removed the photo that came out of an extremely unprecedented emotional situation*. He went on to write: *I fully regret my actions and I recognise the error of my ways. I will learn from this and moving forward, I will not be engaging in any further social media posts*.'

106. On 13 April 2024 there was a telephone call between Dr Khalil and the GMC in which the note of the call records that Dr Khalil expressed remorse for the social media posts and advised that they had been made in the heat of the moment, following the death of some close friends. He advised that he had in fact deleted them before the Trust or Police contacted him about them.

107. In an email dated 17 June 2024 sent to Coventry Hospital and the GMC he wrote '*It was then when I got very emotional beyond rationalism when I posted the photo on social media'.* He went on to write:

'*but it does happen that sometimes one's composure fails you at a moment when a bad judgement or an offensive statement comes out that does not reflect the overall good nature of the person.* He then wrote: *I highlighted the emotional state I was in. I also stressed that I removed any posts that may have been misunderstood way before the trust contacted me for any discussion, and I apologised for any potential disrepute that might have unintentionally happened*.'

108. In terms of insight the Tribunal considered if Dr Khalil understood what happened and accepted how he could have acted differently. This includes whether Dr Khalil fully

understands the impact or potential impact of his behaviour, whether he has shown empathy for any individual affected, for example by apologising; and whether he has taken, or is taking, steps to remediate and to identify how he will act differently in the future to avoid similar issues arising. This includes whether Dr Khalil co-operated with earlier investigations into the allegation and engaged with the GMC's investigation. Dr Khalil co-operated with the University of Liverpool Trust investigation and with the police investigation. He did not engage with the GMC or MPTS case management process until the last minute when he filed the bundles of evidence the Tribunal allowed in evidence at the start of the hearing. He repeatedly apologised as outlined above. He demonstrated limited empathy. He said that he did not know the magnitude of the impact of his posts. He did not specifically apologise to Jewish colleagues or patients or the Jewish community. His apologies came across to the Tribunal as primarily being motivated to protect his own position and in the pursuit of further employment.

109. Dr Khalil made statements that contradicted his remorse and apologies. In the email of 17 June 2024 to Coventry Hospitals and the GMC he wrote:

> *'I explained to the GMC that the information contained in the complaints was a mixture of false allegations from the UK Lawyers for Israel & Stop Anti-Semitics, which seem to be organisations dedicated to promoting links between Israel and Britain and funding political campaigning on behalf of Israel. They are Zionist organisations, dedicated to promotion of the Israeli state.* He added: *The allegation is therefore absurd and ridiculous but also deeply offensive. The GMC should not open investigations into activities of campaigning against racism, against state terrorism, against the falsification of history, and against genocide. To do so is in fact to make the GMC and those involved in this investigation accessories both to political persecution and to the Crime of Genocide which they are in effect supporting - consciously or unconsciously.* He went on to write: *The accusations that I have behaved in an antisemitic way are entirely spurious and false. From the information that has been provided so far, it is in-fact obvious that this was made as a part of a campaign of harassment against me personally. I was told they were made by the UK Lawyers for Israel and Stop Anti-Semitics, in other words they were made by a hostile person or persons on purely political grounds. The UK Lawyers for Israel on their website identify themselves as being a group of lawyers associated with the Zionist state of Israel to promote Israel. Their aim is therefore precisely to prevent legitimate political criticism of Israel's genocide. I've informed the GMC of that during*

the tribunal. Their accusation is malicious, and the GMC should treat it as such. Moreover, no substantiating evidence has been provided.

110. He then wrote: *Overall, this investigation constitutes part of an ongoing campaign of political harassment and discrimination against me.'*

111. Overall the Tribunal found the evidence of insight limited.

112. The Tribunal found no evidence of remediation in terms of Dr Khalil having attended and completed relevant courses despite his professed willingness to do so.

113. Given that the situation in Gaza and Israel is unresolved the Tribunal is of the view that the circumstances that led to Dr Khalil's posts remain unresolved whereby there remains a risk of repetition.

114. The Tribunal then moved to Step 2e: on the basis of the conclusions reached in stages 2b, 2c and 2d the Tribunal must decide if Dr Khalil poses any current and ongoing risk to public protection and make a finding on impairment. The Tribunal having concluded that the seriousness of the misconduct was high with a starting point that the risk to public protection was high concluded that in light of all the factors outlined in stages 2b, 2c and 2d Dr Khalil posed a high risk to public protection.

115. The Tribunal finds that Dr Khalil does pose a current and ongoing risk to public protection and is impaired by reason of misconduct.

Determination on Sanction - 09/09/2026

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

The evidence

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

Submissions

118. Ms Renton submitted that suspension was the appropriate and proportionate sanction in this case. She invited the Tribunal to follow Part C of the MPTS guidance which deals with the third stage of the proceedings, the sanction stage. Ms Renton reminded the Tribunal that the sanction must be proportionate and no more than is necessary to protect the public. She referred to paragraph 5 of the guidance to remind the Tribunal of the earlier conclusions made to ensure they remain consistent with the previous findings.

119. Ms Renton submitted that this case does not completely fit with a sanction banding however, it could closely align with the banding for discrimination. She explained that the facts that were found proved, fit in the high end of the banding, namely, the higher level of risk to public protection. Therefore, she considered that a sanction with the range of suspension of nine months to erasure is the suitable range for a sanction.

120. Ms Renton identified the case of *Professional Standards Authority for Health and Social Care v General Pharmaceutical Council, Nazim Hussain Ali - [2024] EWHC 577 (Admin), 2024 WL 01117018* (the case of Ali). She submitted that Mr Ali expressed remorse and the nature of his acts were not premeditated. She distinguished the case of Ali from the case of Dr Khalil in that Dr Khalil consciously created 5 posts over a period of days. Ms Renton submitted that Dr Khalil in comparison to the case of Ali, had limited insight and that the apologies provided were motivated by the protection of his own position and pursuit of further employment.

121. Ms Renton further submitted the case *of Farrukh Najeeb Husain v Solicitors Regulation Authority [2025] EWHC 1170 (Admin), 2025 WL 01399747.* She identified that in *Husain* the registrant consciously persisted over many months in the misconduct and demonstrated hostility based on personal characteristics namely race and religion. Ms Renton also conveyed that in the case of *Husain* the registrant showed no insight, that the apology was not genuine and that he had been unduly combative during the proceedings. Ms Renton compared the case of Husain with the case of Dr Khalil, and identified that Dr Khalil's actions were not as persistent as the registrant in the case of Husain but were still over a period of days. She further submitted that Dr Khalil failed to engage in the proceedings which is similar to the case of *Husain* who was found to be combative and lacked insight.

122. Ms Renton referred the Tribunal to paragraph 13 of the Guidance and submitted that there are no exceptional circumstances which would justify taking no action.

123. Ms Renton then referred the Tribunal to paragraph 17 and 21 of the Guidance and submitted conditions are not suitable for this case as they would not address the element of public protection and would not align with the specific findings of this case.

124. Ms Renton considered paragraph 23, 28 and 30 of the Guidance to argue that conditions would not be appropriate nor proportionate due to the lack of insight, the risk of repetition and the unwillingness to remediate.

125. Ms Renton referred the Tribunal to paragraph 30 of the Guidance and submitted that a sanction of conditions would not be appropriate or proportionate due to the case falling in the higher end of spectrum of seriousness.

126. Ms Renton referred the Tribunal to paragraph 41, 44, 45 and 63 of the Guidance and submitted that a sanction of suspension would act as a reminder to doctors to not express racist views that support violence and would reassure colleagues of their workplace equality. She submitted that suspension would address the ongoing risk. Ms Renton therefore submitted that an upper end suspension between 9 to 12 months is appropriate for this case.

127. Ms Renton referred the Tribunal to paragraph 57 of the Guidance and submitted that erasure is not appropriate as suspension is sufficient to protect the public.

The Tribunal's determination on sanction

128. In considering sanction the Tribunal has applied the over-arching objective of protecting the public which involves the pursuit of the following objectives (s1(1B) —

> (a) to protect, promote and maintain the health, safety and well-being of the public,
> (b) to promote and maintain public confidence in the medical profession, and
> (c) to promote and maintain proper professional standards and conduct for members of that profession.

129. The Tribunal has adopted the stepped approach set out in the MPTS Sanctions Guidance (the Guidance).

130. Step 3 of the Guidance requires the Tribunal to consider what sanction is proportionate i.e. what sanction is needed but no more than necessary to protect the public. When making its decision the Tribunal should remind itself of its earlier conclusions at the facts and impairment stages to ensure that the Tribunal has been, and remains, consistent with those previous findings and has regard to the level of current and ongoing risk to one or more of the three parts of public protection posed by the doctor. The Tribunal reminded itself that in its impairment determination the Tribunal assessed the seriousness of the proven facts as high and the risk to public protection as high.

131. The Tribunal determined that the sanction of no action is not applicable. It only applies in exceptional circumstances which are circumstances which are unusual, special and uncommon. There are no exceptional circumstances in Dr Khalil's case so this option does not apply. The sanction of a warning only applies if Dr Khalil had been found not to be impaired. Since a finding of impairment was made this option does not apply.

132. The option of undertakings can only be considered if agreed by the GMC and Dr Khalil. Given Dr Khalil's lack of engagement this sanction cannot be considered.

133. This left the Tribunal with three possible sanctions to consider:

(a) Putting conditions on Dr Khalil's registration for up to 3 years with or without a review
(b) Suspending Dr Khalil for up to 12 months.
(c) Erasing Dr Khalil from the medical register.

134. The Tribunal should determine a sanction that is required but is no more than necessary to achieve public protection, approaching the question by considering if the least restrictive action is appropriate, and not making a final decision until the options immediately above and below the action the Tribunal is minded to take, have also been assessed.

135. The Tribunal considered the Guidance that whilst there may be a public interest in facilitating a doctor's return to safe practice, the decision on what sanction is required needs to reflect the level of current and ongoing risk to one or more of the three parts of public protection that has been identified, and which takes into account the seriousness of the allegations, and must be consistent with the Tribunal's legal role to protect the public.

136. The Guidance required the Tribunal to consider the interests of Dr Khalil including the impact on his career. However, the Tribunal has directed itself that the need to protect the public always outweighs the interests of any individual medical professional. While restrictive action is not put in place to punish or discipline a doctor, a sanction may have a punitive effect yet still remain necessary.

137. The Tribunal looked firstly at the least restrictive sanction open to it, the imposition of conditions. The Tribunal took account of the Guidance as to when conditions are likely to be workable. In Dr Khalil's case as set in the Tribunal's determination on impairment his insight is limited. He repeatedly apologised for his posts as detailed in the Tribunal's determination on both facts and impairment. However, he also made contradictory statements again as set out in the Tribunal's determination on impairment.

138. In terms of conditions the Guidance advises that they are likely to be workable where: a. the doctor has shown insight b. time is needed for the doctor to take steps to address the findings (remediate), for example through retraining, study or supervision c. the doctor is willing to remediate, and d. the Tribunal is satisfied the doctor will comply with them. The Guidance advises that conditions are unlikely to be a proportionate response in cases where the nature of the allegations about the doctor's behaviour fall at the higher end of the spectrum of seriousness and/or suggest an underlying problem with their attitude.

139. The Tribunal found that Dr Khalil's insight was limited and at times self-serving. The Allegation arose from the use of his social media to express antisemitic, offensive views. The Tribunal found it difficult to identify areas to prohibit, monitor or retrain via the use of conditions in these circumstances. The Tribunal was concerned as to whether conditions of training or study would deal with Dr Khalil's underlying attitude. Taking into account Dr Khalil's lack of engagement with the GMC in the early case management for this hearing, his last minute filing of bundles, his apologies being contradicted by claims e.g. of fraud and a conspiracy against him the Tribunal was not satisfied of Dr Khalil's willingness to remediate or to comply with conditions. He had indicated a willingness to attend courses but had taken no action to do so. The Tribunal also considered the guidance that conditions are unlikely to be a proportionate response in a case of a high level of seriousness and the underlying concerns as to Dr Khalil's attitude. As a result, the Tribunal did not consider conditions to be a proportionate sanction.

140. In terms of suspension the Guidance advises that this sanction applies where the doctor's behaviour is such that their ability to practise safely and effectively is currently

incompatible with unrestricted registration. This means the current and ongoing risk to public protection posed by the doctor needs to be managed by restricting their registration for a period, with the aim they should be able to safely return to unrestricted practice in the future.

141. The Guidance advises that suspension may be proportionate in cases where some, or all, of the following factors are present: a. conditions are not appropriate, measurable and/or workable b. the level of current and ongoing risk to public protection is such that it cannot be safely managed with conditions and suspension is necessary to stop the doctor from working and putting patients at risk while they gain insight into any deficiencies and remediate, or undergo medical treatment, and/or c. the level of current and ongoing risk to public protection is such that, although patient safety is not an issue, suspension is needed to maintain public confidence in the profession and/or maintain professional standards.

142. The Tribunal has found that conditions are not appropriate, measurable and/or workable. The Tribunal has found the level of current and ongoing risk to public protection is high whereby it cannot be safely managed with conditions and suspension is necessary to stop the doctor from working while he gains insight into why he acted as he did and remediates. The Tribunal has found the level of current and ongoing risk to public protection is high whereby, although patient safety is not an issue, suspension is needed to maintain public confidence in the profession and/or maintain professional standards. The Guidance advises that suspension can have a deterrent effect and be used to send a signal to the individual doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor.

143. The Tribunal agreed with Ms Renton's submission on behalf of the GMC that doctors should be reminded that they must actively avoid expressing racist, offensive views which support violence on their social media and comply with professional standards and guidance. Professional colleagues should be reassured that their workplace is one of equality, and that they will not be discriminated against by those they work with. The Tribunal agreed with Ms Renton's submission that the public should be reassured that doctors are held to account where they fail to uphold the standards expected of them and remain confident that where a doctor places them at risk of harm by the expression of discriminatory views, that this is acted upon and a sanction proportionate to keep them safe is imposed. The Tribunal's provisional view was that suspension was the appropriate sanction.

144. The Guidance advises that a short suspension may be appropriate in cases where: the doctor's behaviour fell at the higher end of the spectrum of seriousness; there was evidence of relevant context and/or evidence of insight and remediation that decreased the level of current and ongoing risk to public protection such that there are no outstanding patient safety considerations; and suspension is being imposed on public confidence grounds and/or to maintain professional standards. The Tribunal noted the lack of evidence of full insight and remediation did not alter the assessment of a high risk to public protection.

145. The Tribunal had regard to the bandings in the Guidance. The most applicable banding in the view of the Tribunal was that for discrimination. Where the level of risk to public protection is low the sanctions banding is: conditions up to 12 months to suspension for 3 months. Where the level of risk is medium the sanctions banding is: suspension 3 to 9 months. Where the level of risk is high the sanctions banding is: suspension 9 months to erasure. The Tribunal in its determination on impairment had assessed the level of risk as high so the applicable banding was suspension for 9 months to erasure. This persuaded the Tribunal that there needed to be a longer period of suspension.

146. The Tribunal took account of Dr Khalil's good character, his positive 360 degree feedback (though of limited weight since it was provided before he made the posts), his limited apologies and that he had not repeated any such posts in the three years since. The Tribunal provisionally fixed a period of nine months suspension with a review.

147. The Guidance advises that the Tribunal should check its provisional sanction by looking at the sanctions above and below. The Tribunal also considered that the banding referred to above included the sanction of erasure.

148. The Guidance advises that erasure is available for those cases where a doctor's behaviour is incompatible with continued registration at this point in time. It means the level of current and ongoing risk the doctor poses to public protection is so significant that they should not be allowed to practise.

149. The Guidance advises that erasure may be the proportionate response where:

(a) conditions are not appropriate, measurable and/or workable and suspension is not sufficient to protect the public.

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

150. The Tribunal did not consider the sanction of erasure to be a necessary or proportionate response. Whilst conditions are not appropriate, the Tribunal is satisfied that suspension is sufficient to protect the public and is a sufficient deterrent. The Tribunal can direct a review to allow Dr Khalil to develop greater insight, undertake remediation and demonstrate how the risk to public protection has reduced risk during his period of suspension.

151. The Tribunal have determined that Dr Khalil has limited insight, rather than no insight with the potential for him to develop this. Whilst the facts proved are serious, the Tribunal is satisfied that they are not so incompatible with registration that they will undermine all public confidence in the profession. The posts were limited to a few days and made more in the heat of the moment rather than a prolonged, planned campaign. Dr Khalil made admissions to and co-operated with the Liverpool University Hospital investigation. The behaviour has not been repeated in the three years since the posts were made.

152. Once the Tribunal has applied the bandings to reach a provisional view on what sanction is appropriate, before finalising their decision they must consider if there is any additional evidence that may be relevant to deciding what sanction is proportionate. The Tribunal found no additional relevant evidence.

153. The Guidance advises that the Tribunal should also remind itself of its decision on how the case engaged one of more of the three parts of public protection with reference to their decision on impairment. In this case two of the limbs of public protection are directly engaged namely (b) the duty to promote and maintain public confidence in the medical profession; and (c) to promote and maintain proper professional standards and conduct for members of that profession.

154. The Tribunal was assisted by the caselaw outlined in the GMC's submission. While each case depended on its merits the quoted cases helped the Tribunal in confirming its provisional view.

155. In the case of Ali [2024] EWHC 577 (Admin) the High Court approved the sanction of a warning in a case in which a pharmacist made antisemitic and offensive comments at a rally to demonstrate support for the Palestinian cause. The comments were unscripted, unplanned and made over a short period at a public rally on one day. The comments had been made some years ago and had not been repeated. Mr Ali had provided a genuine apology. The tribunal found no risk of repetition.

156. This case can be distinguished from Dr Khalil's. Dr Khalil consciously created 5 posts over a period of days (albeit acting in the heat of the moment), has limited insight, his apologies are motivated by the protection of his own position and pursuit of further employment; there had only been partial remediation by Dr Khalil by the removal of the posts; and there remained a risk of repetition. The case of Ali illustrated when a tribunal could consider a lesser sanction.

157. By contrast in the case of Husain [2025] EWHC 1170 (Admin) the misconduct resulted from a conscious decision and persisted over many months. The tribunal had found the harm to those who received Mr Husain's tweets and to the reputation of the profession was foreseeably high. The tribunal had found Mr Husain showed no insight or contrition, that his limited apology was not genuine, he had been unduly combative during the proceedings and there was a risk of repetition with clients or members of the public. The High Court upheld the sanction of erasure.

158. The Tribunal was of the view that the circumstances of Dr Khalil's case were closer to that of Husain but not as serious and supported the Tribunal's assessment of suspension as the proportionate and necessary sanction.

159. In *Lambert-Simpson v Health Care Professions Council* [2023] EWHC 481 (Admin), there were three inappropriate and offensive tweets (one of which was racist) over a period of just under a year. The registrant had attended a relevant course but remediation was only partial. He had limited insight. The High Court upheld a sanction of a four-month suspension. Again, the Tribunal found this case supportive of its decision as to sanction.

160. The Tribunal determined that the proportionate and necessary sanction in Dr Khalil's case was suspension for nine months with a review. The following are likely to be helpful to the review panel:

(a) A reflective statement as to what steps Dr Khalil has taken to understand why he acted as he did, the impact of what he did and what he has done to ensure that there is no risk of him doing so again
(b) Details of any courses completed relating to antisemitism and the appropriate use of social media as examples of remediation
(c) Proof that Dr Khalil has kept his knowledge up to date during the period of suspension
(d) Such other material that Dr Khalil considers would support his case to return to unrestricted practice.

Determination on Immediate Order - 09/09/2026

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

Submissions

162. Ms Renton submitted that an immediate order is necessary in this case due to the high risk to public protection identified by the Tribunal. She submitted that an immediate order is in the public interest as Dr Khalil's actions could undermine public confidence in the medical profession.

163. Ms Renton submitted that Dr Khalil's misconduct was found to be at a high level of seriousness and the Tribunal had found a high ongoing risk to public protection. She referred to the Guidance that it would be unusual not to impose an immediate order in these circumstances.

The Tribunal's determination

164. In its deliberations the Tribunal reminded itself that it had found the level of seriousness of the proven facts to be high and that there was a high risk to public protection. It considered the Guidance that it would be unusual not to make an immediate order in these

circumstances. Therefore in light of its findings it determined that there should be an immediate order.

165. The Tribunal therefore determined to impose an immediate order of suspension.

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

167. The interim order currently in place on Dr Khalil's registration is hereby revoked.

168. That concludes the case.

ANNEX A – 01/09/2026

Application for an adjournment

169. At the outset of these proceedings Dr Khalil made an application pursuant to Rule 29 of the GMC (Fitness to Practise Rules) 2004 as amended ('the Rules') to adjourn this hearing.

Submissions

Dr Khalil

170. Dr Khalil provided written submissions. In these he stated that he had been awake continuously for nearly 72 hours, single-handedly executing massive, complex legal compilations across multiple overlapping institutional fronts to protect his professional name.

171. Dr Khalil submitted that the GMC and the Case Manager have maintained an absolute operational blackout regarding his formal filings, dated 3 August 2026 and 20 August 2026. Dr Khalil also submitted that he has received zero response to the documented breach of the rule against bias occurring during his hearing in April 2025 where an active Tribunal member was revealed to be affiliated with the accusing external lobbying group, UK Lawyers for Israel (UKLFI). He stated that forcing a hearing when the GMC refuses to clarify or insulate the Tribunal from external geopolitical lobbying collusion violates natural justice and Article 6 of the ECHR.

172. Dr Khalil submitted that there has been an absolute structural breakdown of regulatory infrastructure and external suppression of concurrent whistleblowing disclosures. He also submitted that there has been direct, irreparable conflict with active professional remediation and rights as he has a job interview for a Senior Clinical Fellow post in Vascular Surgery at Lancashire Teaching Hospitals NHS Foundation Trust at 13:40 on Thursday 3 September 2026. He stated that forcing this regulatory hearing to sit concurrently with this interview directly subverts the MPTS's overarching duty to support the remediation and active workforce recovery of safe specialists and directly violates his right to a livelihood.

173. Dr Khalil went on to submit that to preserve the structural integrity of these administrative proceedings under Article 6 of the ECHR, he requires the Case Management Team to secure written confirmation from the three Tribunal members that they hold no

current or past memberships, donor affiliations, or connections with UKLFI, StopAntisemitism, or connected lobbying groups. He wished to confirm that the Tribunal's adjudication remains entirely untainted by the viral media footprints and hostile digital networks targeting his Arab heritage and protected antizionist philosophical beliefs. Dr Khalil stated that should the GMC fail to provide verification that this Tribunal and the GMC are completely insulated from this third-party digital interference he will apply for an adjournment to protect the principles of natural justice.

174. Dr Khalil stated orally that if the adjournment request is refused then he would like an in person hearing as opposed to a virtual hearing.

GMC

175. On behalf of the GMC, Ms Renton opposed Dr Khalil's application for an adjournment and stated that Dr Khalil's emails to the GMC were acknowledged and that it would not be expected for GMC staff to be available over the weekend. She stated that the GMC places no weight on the decisions of any Interim Orders Tribunal and that this Tribunal should make an independent judgement. She stated that the GMC would not oppose not sitting on 3 September to allow Dr Khalil to attend his job interview.

176. Ms Renton submitted that there is no prejudice to Dr Khalil if the Tribunal were to hear this case as he has known about the listing in plenty of time. However, she noted that as Dr Khalil is a litigant in person he may require more time.

The Tribunal's approach

177. In its deliberations the Tribunal had regard to paragraphs 54 and 57 of the MPTS Guidance Section one: Procedural matters relating to tribunal hearings which provide as follows:

> *'54. If a tribunal hearing has already started, the parties can request for the hearing to be adjourned at any time.*
>
> *57. When considering an application to adjourn an MPT hearing, the MPT should consider the circumstances of the individual case, the submissions made by both parties and the following non-exhaustive list of factors:*

- *whether the hearing can fairly proceed, including the effect any delay may have on the fairness of the proceedings and on fairness to all parties*
- *…*
- *whether the benefit of granting the application outweighs the effect of delay on the responding party, any witnesses and the public interest in hearings proceeding as soon as is fairly possible*
- *where a request is based on the need to prepare or to obtain further evidence, the reasonableness of such a request, taking account of the reasons provided, the length of time since the relevant event(s) and the time already afforded to parties to prepare*
- *…'*

178. The Tribunal also had regard to Rule 29 which required the Tribunal to consider all material circumstances and the effect of delay on the fairness of the proceedings. The tribunal also must apply the overriding objective. The tribunal must hear representations from both sides.

The Tribunal's decision

179. The Tribunal found that the reasons set out by Dr Khalil in the documentation he provided were not easy to understand and were convoluted. The Tribunal was able to summarise those reasons with Dr Khalil who confirmed that summary and clarified and added to his reasons where necessary. The Tribunal found most of the reasons put forward by Dr Khalil irrelevant to this Tribunal's hearing. For example he was concerned about the proceedings that led to an interim order being made. The Tribunal considered that of no relevance to this hearing. He talked about the failures of the GMC to respond to his communications but again the Tribunal could not see any relevance to this hearing. In terms of the Tribunal members Dr Khalil could check the register of interests of each Tribunal member. In addition each Tribunal member had a duty to disclose any conflict that might lead to bias or the reasonable risk of bias.

180. Dr Khalil did not participate in two case management hearings which directed that he file any documentation he wished to rely on by 1 June 2026 (case management hearing on 5 January 2026) and by 29 June 2026 (case management hearing on 29 May 2026) and he did not comply with either case management direction. Much of the correspondence Dr Khalil relied on was in the Tribunal's view last minute correspondence referring to matters of no relevance to this hearing.

181. The Tribunal noted that Dr Khalil has a job interview on 3 September 2026. While it would have been better for the interview to be have been arranged outside of the hearing dates or re-arranged the Tribunal notes that sometimes an interviewee has little choice as to when an interview is arranged

182. In determining the application for an adjournment the Tribunal has considered all the material circumstances and the effect of delay on the fairness of the proceedings. The Tribunal considered the likely length of any adjournment (any new hearing date may be 6 months or more in the future). It considered the extent of the disadvantage to Dr Khalil in not being able to give a fuller account of events having regard to the nature of the case against but took the view that he had had plenty of time to prepare his case. The Tribunal took into account the general public interest and general assumption that delay is the enemy of justice and fairness and that a hearing should be held within a reasonable time. The Tribunal took into account that it would run entirely counter to the protection, promotion and maintenance of the health and safety of the public if a practitioner could effectively frustrate the process and gain an adjournment when that practitioner had earlier failed to engage in the process. The Tribunal took into account the consequential cost and delay to other cases and that it is difficult to fill vacated days at short notice so adjournments are likely to lead to wasted valuable hearing days.

183. The Tribunal took into account that there is a burden on Dr Khalil, as there is with all professionals subject to a regulatory regime, to engage in a timely way with the regulator, both in relation to the investigation and ultimate resolution of allegations made against them. That is part of the responsibility to which Dr Khalil signed up when being admitted to the profession.

184. Taking into account all these factors the Tribunal has determined to refuse the application for an adjournment.

185. Dr Khalil, if his application for an adjournment was refused, then applied for his hearing to be a live rather than a virtual hearing. The Tribunal considered that changing to a live hearing would pose difficulties for the Tribunal members and would inevitably lead to delay. The Tribunal could see no disadvantage to Dr Khalil in proceeding with the virtual hearing which he had agreed to in earlier correspondence.

186. As such the Tribunal refused his application for a live hearing and determined that the hearing should proceed as a virtual hearing.

187. In relation to Dr Khalil's job interview on 3 September 2026 at 13:40, the Tribunal determined that it will sit from 09:30 until 12:00 since this will allow sufficient time for Dr Khalil to have his interview.

ANNEX B – 01/09/2026

Application to admit additional evidence

188. Dr Khalil applied to admit new evidence comprising a bundle of 27 pages and a bundle of 64 pages.

Submissions

GMC

189. Ms Renton initially asked that this new evidence be admitted only with redactions.

Dr Khalil

190. Dr Khalil opposed the GMC limiting the evidence in the bundles he wished to put before the Tribunal.

The Tribunal's decision

191. The Tribunal directed that the unredacted bundles be provided to it. The Tribunal then summarised the main points that Dr Khalil raised via the two bundles indicating what was likely to be relevant and what not. It was then agreed that the only redactions needed were photographs, names and identifying details of individuals that Dr Khalil exhibited to illustrate the social media response to his posts.

192. The GMC was content for the Tribunal to admit the two bundles with those limited redactions and to leave it to consider what was relevant and what was not to the issues it had

to determine. The Tribunal would determine issues of relevance and weight and give written reasons in its determinations.

193. As such, the Tribunal determined that redactions should only be made to ensure the anonymity of the individuals who messaged Dr Khalil on social media.

ANNEX C – 03/09/2026

Application on service and proceeding in Dr Khalil's absence

194. The Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration were confidential. This determination will be handed down in private due to the confidential nature of some of the matters under consideration. However, as this case involves Dr Khalil's alleged misconduct a redacted version will be published at the close of the hearing.

195. Dr Khalil attended these proceedings on 1 September 2026 but did not attend on 2 and 3 September 2026. As such, the Tribunal was satisfied that notice of this hearing was properly served upon Dr Khalil in accordance with Rules 15 and 40 of the General Medical Council (Fitness to Practise) Rules 2004 (as amended)(the Rules) and Schedule 4, Paragraph 8 of the Medical Act 1983 (as amended).

196. Following the Tribunal's determination to refuse Dr Khalil's request for an adjournment on 1 September 2026 and Dr Khalil sent an email on 2 September 2026 at 08:46:

> *'I am writing to formally place the Tribunal on notice that [XXX]. Pursuant to the principles of natural justice, Article 6 of the ECHR, and the overarching statutory duty of the MPTS to ensure a fair trial, I am formally requesting an immediate emergency pause of today's scheduled sessions [XXX].'*

197. Dr Khalil then sent an email on 3 September 2026 at 09:22:

> *'Pursuant to [XXX], I am writing to provide an immediate status update ahead of the scheduled 09:30 AM session today.*

[XXX]

I request that the Legally Qualified Chair formally record [XXX] and stay all proceedings immediately. [XXX].'

198. Dr Khalil's email exhibited XXX. The Tribunal adjourned the proceedings XXX. The Tribunal adjourned to 12:00 on 3 September 2026 asking Dr Khalil via an email sent to him on the Tribunal's behalf to update the Tribunal XXX. Dr Khalil did not respond. The Tribunal then adjourned to 16:00 on 3 September 2026 on the same basis. An email was sent to Dr Khalil on the Tribunal's behalf again asking for an update XXX. Dr Khalil did not respond. The Tribunal then adjourned to 10:00 on 4 September 2026 on the same basis. An email was sent to Dr Khalil on the Tribunal's behalf again asking for an update XXX. Dr Khalid did not respond.

Submissions

199. Ms Renton applied to proceed in Dr Khalil's absence. She submitted that it was appropriate to proceed in Dr Khalil's absence particularly in the absence of any update XXX from Dr Khalil. She submitted that Dr Khalil's application to vacate the hearing should be scrutinised rigorously. She submitted that an adjournment would not be in compliance with the overriding objective in terms of the general interest that delay was the enemy of justice. She asked the Tribunal to have regard to the principles established in *R v Jones (Anthony) [2002] UK HL 5* and *GMC v Adeogba [2016] EWCA Civ 162* and that fairness to the doctor is of prime importance but the Tribunal must also consider fairness to the GMC and the public interest

The Tribunal's Decision

200. In its deliberations, the Tribunal considered in accordance with Rule 31:

(1) the nature and circumstances of Dr Khalil in being absent; and in particular whether the behaviour was voluntary and so plainly waived the right to be present;
(2) The extent of the disadvantage to the doctor in not being able to present his account of events; and

(3) The risk of the tribunal reaching an improper conclusion about the absence of the doctor. The Tribunal noted that Dr Khalil asserted that he could not attend due to XXX but that despite repeated requests for an update Dr Khalil had not responded XXX.

201. The Tribunal asked whether an adjournment might result in Dr Khalil attending. It noted that the proceedings had been delayed and were XXX. The Tribunal was concerned that if it adjourned there was no guarantee that given XXX that Dr Khalil would attend the next hearing if this hearing was vacated and a new hearing date fixed. The Tribunal noted that Dr Khalil had not fully engaged in the regulatory process leading up to this hearing and had not attended the earlier case management hearings.

202. The Tribunal took into account the likely length of any adjournment and that any new hearing might be six or more months ahead. It took account of the consequential cost and delay to other cases and that it is difficult to fill vacated days at short notice so adjournments are likely to lead to wasted valuable hearing days.

203. The Tribunal took account of the general public interest and general assumption that delay is the enemy of justice and fairness and that a hearing should be held within a reasonable time. It noted that the GMC represents the public interest in relation to standards of healthcare. The Tribunal took account of guidance that it would run entirely counter to the protection, promotion and maintenance of the health and safety of the public if a hearing was not heard expeditiously.

204. The Tribunal took account of the burden on Dr Khalil, as there is with all professionals subject to a regulatory regime, to engage with the resolution of allegations made against them. That is part of the responsibility to which they sign up when being admitted to the profession. The onus is on the doctor to take steps to attend the hearing and that *'although attendance by the practitioner is of prime importance, it cannot be determinative'* due to the adverse impact on the effective and efficient running of hearings. The Tribunal noted that Dr Khalil had failed to provide any update XXX despite the repeated requests to do so.

205. XXX

206. The Tribunal took account of High Court guidance that court and tribunals are often faced with late applications for adjournment by unrepresented parties XXX and that an adjournment is not simply there for the asking. While the Tribunal must recognise that unrepresented parties are XXX

207. The Tribunal having carefully weighed these factors has determined that it should proceed in Dr Khalil's absence particularly taking into account his failure to provide any update XXX. The Tribunal will keep this determination under review if new material comes to its attention during the remainder of the hearing.

Schedule 1:

The star of David in the centre of the flag of Israel with "Death to Israel" written along the top of the flag.

Schedule 2:

"The Israeli and western fabrication of news that started on 7/10 is shameless and unprecedented.
The Palestinian resistance succeeded in humiliating Israel in less than 6 hours, targeting military infrastructure and capturing military officials.
The Israeli and western propaganda started to demonise what happened and spread pathetic lies about killing and raping children and women to justify a severely atrocious attack on Gaza later on.
The Israelis and western media lied in a disgusting way without any proof. And to make it even more satirical, when they tried to show evidence, they used footage of pictures of Palestinian victims killed in previous conflicts before and showed them as Israelis. Those pictures were found to be existing on the internet from before the current escalation of events.
This's not strange from people who are addicted to stealing everything; land, resources, heritage and the history of others and claim all of that to them."

Schedule 3:

"The whole Meta scandal is going on … Multi-billion social media platforms that support the Zionists with audacity and still terrified from and annoyed by our individual posts that try to show the real truth."
Image underneath the post shows a screenshot from Instagram notifying the doctor that Instagram have noticed unusual activity from the account and ask the doctor to follow the verification steps to help Instagram remove the restrictions on the account.

Schedule 4:

""We are not fighting Israel for some land behind or in front of the truce line. We are not fighting Israel to capture some cities and deserts. We are not fighting Israel for some territorial benefits… we are fighting this battle of fate against Israel and our goal is the complete eradication of Israel.

During that, we can lose some territories and capture some. We might retreat sometimes and advance other times. In that context, the retreat will not be considered defeat, and the advancement will not be considered victory.
As the real defeat will be if Israel continues to exist even as a tiny symbol in a small village.
The real victory for us then will be the complete annihilation and eradication of Israel."
Our all time leader president Gamal Abdel Nasser."

Schedule 5:

"This's an average Israeli zionistidiot! We, the Arabs, are going to wipe you completely from the face of the earth! You can shove your Torah, your Talmud, your Moses and all your prophets up your stinky ass." Original shared post: video and image of an elderly person with the writing overlaid "Erase the memory of them".

Explanatory note for allegations 6 and 7 (Schedule 3):

It is alleged that the post is objectively antisemitic as it utilises a common antisemitic trope of Jewish control over the media.