

**PUBLIC RECORD**

Dr Ahmad has lodged an appeal against decisions of this Tribunal. She remains free to practise unrestricted while the appeal is considered.

Dates: 07/01/2026 - 13/01/2026; 05/02/2026 - 06/02/2026

**Doctor:** Dr Najmiah AHMAD  
**GMC reference number:** 6027449  
**Primary medical qualification:** BM 2001 University of Southampton

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

**Summary of outcome**

Suspension, 2 months  
Review hearing directed

**Tribunal:**

Legally Qualified Chair	Mr Simon Bond
Lay Tribunal Member:	Ms Catherine Pease
Registrant Tribunal Member:	Dr Stephen Clark
Tribunal Clerk:	Mr Joel Taylor-Garratt (7 – 13/01/2026) Mrs Rachel Horkin (5 – 6/02/2026)

**Attendance and Representation:**

Doctor:	Present, represented
Doctor's Representative:	Mr Marc Walker of What Rights Ltd
GMC Representative:	Ms Katie Nowell, Counsel

**Attendance of Press / Public**

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

## Overarching Objective

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

## Determination on Facts - 09/01/2026

### Background

1. Dr Ahmad qualified in 2001 from the University of Southampton. Prior to the events which are the subject of the hearing, Dr Ahmad worked in various training posts across the UK, specialising in Anaesthetics. At the time of the events, Dr Ahmad was practising as a Consultant Anaesthetist at Frimley Health NHS Trust (the 'Trust').
2. The Allegation that has led to Dr Ahmad's hearing relates to her conduct. It is alleged by the General Medical Council (GMC) that Dr Ahmad reposted comments and an image on X which were seriously offensive and antisemitic, and that Dr Ahmad was motivated, wholly or in part, by racial or religious hostility and/ or prejudice against Jews.
3. The initial concerns were raised with the GMC on 15 February 2024 by the Jewish Medical Association UK (JMA). The referral to the GMC followed concerns in relation to Dr Ahmad's use of X that had been addressed by the Trust.

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

4. The Tribunal granted, in part, the GMC's application, made pursuant to Rule 34 of the GMC (Fitness to Practise Rules) 2004 as amended ('the Rules'), for further evidence to be adduced. The Tribunal's full decision on the application is included at Annex A.

### The Allegation and the Doctor's Response

5. The Allegation made against Dr Ahmad is as follows:

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

1. In or around December 2023 to January 2024, under the username details as set out in Confidential Schedule 1, you reposted a comment which included

the remarks as set out in Schedule 2 on the social media site X ('X'). **Admitted and found proved**

2. In or around January 2024, you reposted a comment and image as described in Schedule 3 on X. **Admitted and found proved**
3. Your reposts as described at paragraphs 1 and 2 were:
  - a. objectively antisemitic; **To be determined**
  - b. seriously offensive; **To be determined**
  - c. motivated (in whole or in part) by racial or religious hostility and/or prejudice against Jews. **To be determined**

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

### The Admitted Facts

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

### The Facts to be Determined

7. In light of Dr Ahmad's response to the Allegation made against her, the Tribunal is required to determine whether Dr Ahmad's reposts were antisemitic or offensive and whether she was motivated by racial or religious hostility and/or prejudice against Jews.

### Witness Evidence

8. Dr Ahmad provided her own witness statement, dated 13 November 2025, and also gave oral evidence at the hearing.

9. The Tribunal also received testimonial evidence on behalf of Dr Ahmad from various friends and colleagues who were not called to give oral evidence.

### Documentary Evidence

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

- The JMA complaint email, which included screenshots of various reposts and comments made by Dr Ahmad on her X account.

- A letter to Dr Ahmad detailing the outcome of the Trust’s investigation.
- Dr Ahmad’s appraisal documents and Multi-Source Feedback (MSF)

### The Tribunal’s Approach

11. In reaching its decision on the facts, the Tribunal will apply the civil standard of proof. This means that the Tribunal must decide whether, on the balance of probabilities, the GMC is able to prove it is more likely than not that the matters occurred as alleged. The burden of proof rests with the GMC and it is for the GMC to prove the case that it is presenting against the doctor. There is no burden on the doctor to prove or disprove anything.

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

13. Dr Ahmad is of previous good character. The Tribunal may take this into account when considering Dr Ahmad’s credibility and motivations.

### The Tribunal’s Analysis of the Evidence and Findings

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

15. The Tribunal reminded itself that, at the outset of the hearing and during her evidence, Dr Ahmad admitted that the image and comments referred to in paragraph 2 of the Allegation (the ‘Schedule 3 Post’) were both antisemitic and seriously offensive. The Allegation described the image as follows: *‘image is an AI generated image showing the New York skyline with the World Trade Centre Twin Towers in the background and a plane appearing to be flying towards them. In the foreground is a rooftop upon which there is a non-descript white van with items on the floor around it. On top of the van are four males wearing dark trousers with white shirts with the Star of David in blue upon them. There is a fifth male kneeling on a wall next to the van’*. The text accompanying the image stated, *‘This should also be considered. 5 Dancing Zionists on 9/11 attacks’*.

16. The Tribunal had regard to Dr Ahmad’s witness statement in which she made the following comments in relation to the Schedule 3 Post:

*‘I learnt that, to a Jewish person this picture promotes:*

- *The "Dual Loyalty" or "Foreign Allegiance" Trope: This is the central issue. The image implies that these Jews' primary loyalty is to Israel (or some secret*

*Jewish agenda), not to the country they live in (the USA). It paints them as a hostile, fifth column celebrating America's tragedy. This trope has been used for millennia to persecute Jews, accusing them of being disloyal citizens.*

- *The "Blood Libel" Structure: Historically, the "blood libel" accused Jews of murdering Christian children for ritual purposes. The modern version often accuses Jews (or Israelis) of orchestrating tragedies for their own gain. The 9/11 version suggests Jews/Israelis were behind the attacks—a core tenet of one of the most pervasive antisemitic conspiracy theories of the 21st century. The picture visually supports this libel.*
- *Collective Guilt: The picture shows 5 specific Hasidic Jews, but it is used to smear all Jews. It encourages viewers to think, "Those Jews were celebrating." This leap from a few individuals to an entire ethnic/religious group is a hallmark of bigotry. No one would see a picture of five white men committing a crime and caption it "Whites celebrate," but this logic is routinely applied to Jews.*
- *Exploiting a Visual Stereotype: Using Hasidic Jews (with their distinctive dress) is specifically incendiary. It makes the accusation not just about "Israelis" or "Jews" abstractly, but about a highly visible, often misunderstood, and traditionally vulnerable Jewish community. It directly links ancient anti-Jewish imagery (the "hook-nosed" caricature, which often used Hasidic features) with a modern atrocity.*

*I have just been confronted with a painful truth: that the posts I shared silently, are a modern incarnation of one of the oldest and most dangerous lies used to persecute Jewish people'.*

17. The Tribunal further reminded itself that, at the outset of the hearing and during her evidence, Dr Ahmad denied that the comments referred to paragraph 1 of the Allegation (the 'Schedule 2 Post') were objectively antisemitic and seriously offensive. The Schedule 2 Post was a relatively lengthy post by a user who was questioning the cause of 9/11 and included a number of links to videos with a request that the post be reposted. For the purposes of the Allegation, the relevant part of the Schedule 2 Post reads as follows:

*'The Zionist owned-and-controlled mainstream media has suppressed this important story for years. Are you surprised? 9/11 was an inside job, The Zionist owned-and-controlled US government was complicit'.*

18. The Tribunal had regard to Dr Ahmad's evidence that she had found the Schedule 2 Post and the Schedule 3 Post interesting and that she wanted to come back to research the subject referred to in both posts, namely alternative theories regarding responsibility for the 9/11 attacks, and that she had not at first glance seen anything obviously antisemitic in either

of the posts. She told the Tribunal that she had seen the references to Zionists, in which she had an interest because of the ongoing conflict between Israelis and Palestinians.

19. The Tribunal considered whether the Schedule 2 Post is objectively antisemitic and seriously offensive.

20. To assist in its decision making, the Tribunal had regard to definitions of antisemitism in the Jerusalem Declaration on Antisemitism (JDA) and the International Holocaust Remembrance Alliance (IHRA). The Tribunal used the following to assist its decision. From the JDA general guidelines:

*‘2 What is particular in classic antisemitism is the idea that Jews are linked to the forces of evil. This stands at the core of many anti-Jewish fantasies, such as the idea of a Jewish conspiracy in which “the Jews” possess hidden power that they use to promote their own collective agenda at the expense of other people. This linkage between Jews and evil continues in the present: in the fantasy that “the Jews” control governments with a “hidden hand”, that they own the banks, control the media, act as “a state within a state”, and are responsible for spreading disease (such as Covid-19). All these features can be instrumentalized by different (and even antagonistic) political causes.*

...

*4 Antisemitism can be direct or indirect, explicit or coded. For example, “the Rothschilds control the world” is a coded statement about the alleged power of “the Jews” over banks and international finance. Similarly, portraying Israel as the ultimate evil or grossly exaggerating its actual influence can be a coded way of racializing and stigmatizing Jews. In many cases, identifying coded speech is a matter of context and judgement, taking account of these guidelines.’*

And from the IHRA:

*‘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.*

...

- *Making mendacious, dehumanizing, demonizing, or stereotypical allegations about Jews as such or the power of Jews as collective — such as, especially but not exclusively, the myth about a world Jewish conspiracy or of Jews controlling the media, economy, government or other societal institutions.*
- *Accusing Jews as a people of being responsible for real or imagined wrongdoing committed by a single Jewish person or group, or even for acts committed by non-Jews.’*

21. The Tribunal noted that both posts used the term ‘Zionist’ rather than ‘Jews’. However, the Tribunal noted the following extract from Dr Ahmad’s witness statement regarding the Schedule 2 Post, in which she recognised that:

*‘...for many, the term “Zionist” is intimately connected with their Jewish identity, and I acknowledge that a majority of Jewish people worldwide identify as Zionists therefore the word Zionist can also be meant Jews and/or Israelis. To encounter material concerning 9/11 that uses this terminology in a conspiratorial context is, I understand, profoundly upsetting... I now understand my insistence on the literal, political definition of ‘Zionist’ in ‘Zionist owned and controlled’ can be seen as an intellectual shelter to allow engagement with incendiary material while telling myself I was criticising an ideology. The lesson is that in the real world, especially in trauma, this distinction collapses for those targeted. My dictionary definition was meaningless against the weight of the antisemitic tropes by the statement ‘Zionist controlled’ invoked—the “blood libel” and the myth of hidden Jewish control.’*

22. The Tribunal considered that those comments in Dr Ahmad’s witness statement indicated an acceptance that the text of the Schedule 2 Post was antisemitic and offensive, in addition to her admission that the Schedule 3 Post was antisemitic and offensive.

23. The Tribunal, having regard to the definitions of antisemitism set out above, found that the Schedule 2 Post was linking Zionists to the 9/11 attacks in a conspiratorial way and that this type of conspiracy theory was consistent with the JDA and IHRA definitions quoted above. In addition, the Tribunal considered it more likely than not that the Schedule 2 Post used the word ‘Zionist’ as a coded language to refer to Jews more broadly. Further the Tribunal concluded that references in the Schedule 2 Post to the US government and mainstream media being ‘Zionist owned-and-controlled’, invoked the antisemitic tropes of Jewish control referred to in both the JDA and IHRA definitions of antisemitism and also by Dr Ahmad in her witness statement.

24. The Tribunal therefore concluded that a reasonably well informed and fair minded member of the public would regard the Schedule 2 Post as being objectively antisemitic.

25. Having found that the Schedule 2 Post was objectively antisemitic, the Tribunal considered that it was necessarily also offensive. Given that the Schedule 2 Post sought to involve a number of antisemitic tropes, including what Dr Ahmad described as ‘one of the most pervasive antisemitic conspiracy theories of the 21st century’, the Tribunal considered that the Schedule 2 Post was seriously offensive.

26. Therefore the Tribunal found paragraphs 3(a) and 3(b) of the Allegation proved.

27. The Tribunal then went on to consider paragraph 3(c) of the Allegation, namely the issue of motive.

28. When considering motive, the Tribunal had regard to the credibility or otherwise of Dr Ahmad's account of her actions. She stated that she had created her X account in 2012 but that it remained '*long dormant*' until 2023, when she became profoundly affected by the escalating violence in Gaza. She said that from November 2023, she started using X as a '*private digital research notebook*', rather than as a platform for networking or broadcasting. Her case was that she had used X's 'repost' function in order to save posts that she wanted to return to later for research purposes. Dr Ahmad said that she did not know, at the relevant time, that there is a 'bookmark' feature on X. She denied taking any steps to promote or amplify content, merely reposting content that she found interesting and wanted to investigate further.

29. The Tribunal considered that Dr Ahmad had started to become engaged with X as a result of being emotionally impacted by the events in Gaza; it was a desire to understand this further that led her to use X. The Tribunal took the view that Dr Ahmad had wished to save content on X that she found of interest and wished to reconsider, even if that could not be described as formal research. The Tribunal found that Dr Ahmad had not only used her X account for the purposes of research but had used her X account more actively, for example to comment on other users' posts. The Tribunal did not consider that this affected the credibility of Dr Ahmad's claim to have used X as a research notebook, because she had not asserted that this had been the only reason for her engagement on X.

30. The Tribunal noted that reposting content on X does have the effect of inserting that content into a user's timeline and the Tribunal accepted Dr Ahmad's account that she believed, at the relevant time, that reposting content would enable her to more easily revisit it at a later stage, and that she was unaware of the 'bookmark' function. In her witness statement Dr Ahmad denied 'amplifying' content on X, but she accepted during her oral evidence that the effect of reposting content was to do just that, and to promote the content to others. The Tribunal took the view that Dr Ahmad had been naïve in her belief that she could use X as a private notebook and as to the effect of reposting. However, the Tribunal considered it relevant that she had not taken any other actions to promote the Schedule 2 and Schedule 3 Posts, for example by attaching comments or hashtags, or 'tagging' other users.

31. The Tribunal concluded that, whilst Dr Ahmad had been naïve in her use of X, her explanation of why she reposted the Schedule 2 and Schedule 3 Posts was plausible.

32. The Tribunal accepted that, during her research, Dr Ahmad had come across the term Zionism in relation to the events in Gaza and had looked at other posts in which Zionism was mentioned. Dr Ahmad gave evidence that, when she first saw the Schedule 2 and Schedule 3 Posts, she skim-read them, saw the word 'Zionist' and reposted it so she could come back later to research it more fully, as was her practice. The Tribunal considered that this explanation was plausible, given her growing interest in Zionism as a result of the events in Gaza.

33. The Tribunal considered whether evidence of other activity by Dr Ahmad on X might suggest that her reposting of the Schedule 2 Post and Schedule 3 Post was motivated by racial or religious hostility and/or prejudice against Jews. The Tribunal noted that a number of Dr Ahmad's comments on X were emotional, reactionary and showed hostility to the original poster. The Tribunal further noted that a number of such comments were directed towards users of X who might reasonably be regarded as Jewish and / or supporters of Israel. Whilst the Tribunal considered that a number of Dr Ahmad's comments appeared to be inappropriate and hostile, the Tribunal treated the material with caution. In particular the Tribunal noted that a number of Dr Ahmad's comments were undated and clearly formed part of longer threads which were not visible to the Tribunal. Therefore, the Tribunal took the view that it did not have the full context of Dr Ahmad's comments. It was also mindful that these comments did not form a substantive part of the Allegation.

34. The Tribunal considered it could not extrapolate from Dr Ahmad's other engagement on X that her reposting of the Schedule 2 Post and Schedule 3 Post was motivated by racial or religious hostility and/or prejudice against Jews. It considered that she had been naïve about her use of X and of how her reposts may have been perceived, nor that they would be viewed by so many people, given her small number of followers. In addition, the Tribunal accepted that Dr Ahmad's motivation was more likely to be that she reposted the material in order to save it to her timeline and view it in more detail at a later stage in view of her interest in the politics of Zionism. On balance, the Tribunal accepted Dr Ahmad's explanation that she did not appreciate, at the time of her reposts, that the terms Zionist or Zionism were often used as proxy for the terms Jew or Jewish.

35. In light of the above, the Tribunal considered that there was insufficient evidence to demonstrate that Dr Ahmad's reposts of the Schedule 2 Post and the Schedule 3 Post were motivated by racial or religious hostility and/or prejudice against Jews.

36. As such, the Tribunal found paragraph 3(c) of the Allegation not proved.

### The Tribunal's Overall Determination on the Facts

37. The Tribunal has determined the facts as follows:

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

1. In or around December 2023 to January 2024, under the username details as set out in Confidential Schedule 1, you reposted a comment which included the remarks as set out in Schedule 2 on the social media site X ('X'). **Admitted and found proved**
2. In or around January 2024, you reposted a comment and image as described in Schedule 3 on X. **Admitted and found proved**
3. Your reposts as described at paragraphs 1 and 2 were:

- a. objectively antisemitic; **Determined and found proved**
- b. seriously offensive; **Determined and found proved**
- c. motivated (in whole or in part) by racial or religious hostility and/or prejudice against Jews. **Determined and found not proved.**

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

### Determination on Impairment - 13/01/2026

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

### The evidence

2. The Tribunal has reviewed its findings of fact and in addition, the Tribunal received further evidence in the form of an email from Dr Ahmad to the GMC and a witness statement from Dr Ahmad's Responsible Officer.

### Submissions

#### Submissions on behalf of the GMC

3. Ms Nowell, Counsel, submitted that Dr Ahmad's fitness to practise was impaired by reason of misconduct. She acknowledged that the Tribunal had found Dr Ahmad was not racially or religiously motivated when she reposted the relevant posts on X, but submitted that the antisemitic and offensive nature of the posts was sufficiently serious to require a finding of impairment.
4. Ms Nowell said that the Tribunal must follow a two-step process to make its decision, namely to determine whether Dr Ahmad's actions amount to misconduct and then whether her fitness to practise is impaired by that misconduct. She also reminded the Tribunal that there is no burden or standard of proof as the decision on impairment is one for the Tribunal alone.
5. Ms Nowell referred the Tribunal to *Good Medical Practice (2013)* ('GMP') and the GMC's guidance document, *Doctor's use of social media (2013)* ('SM Guidance'). She submitted

that Dr Ahmad's actions were a significant departure from the following paragraphs of GMP:

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

...

36 *You must treat colleagues fairly and with respect.*

37 *You must be aware of how your behaviour may influence others within and outside the team.*

...

54 *You must not express your personal beliefs (including political, religious and moral beliefs) to patients in ways that exploit their vulnerability or are likely to cause them distress.*

...

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

6. Ms Nowell also submitted that the following paragraphs of the SM Guidance were relevant:

'4 *Social media describes web-based applications that allow people to create and exchange content. In this guidance we use the term to include blogs and microblogs (such as Twitter), internet forums (such as doctors.net), content communities (such as YouTube and Flickr), and social networking sites (such as Facebook and LinkedIn).*

5 *The standards expected of doctors do not change because they are communicating through social media rather than face to face or through other traditional media. However, using social media creates new circumstances in which the established principles apply.*

...

8 *Using social media has blurred the boundaries between public and private life, and online information can be easily accessed by others. You should be aware of the limitations of privacy online and you should regularly review the privacy settings for each of your social media profiles. This is for the following reasons.*

...

*d Once information is published online it can be difficult to remove as other users may distribute it further or comment on it.*

...

*15 Good medical practice says that doctors must treat colleagues fairly and with respect. This covers all situations and all forms of interaction and communication. You must not bully, harass or make gratuitous, unsubstantiated or unsustainable comments about individuals online.*

*16 When interacting with or commenting about individuals or organisations online, you should be aware that postings online are subject to the same laws of copyright and defamation as written or verbal communications, whether they are made in a personal or professional capacity.*

*17 If you identify yourself as a doctor in publicly accessible social media, you should also identify yourself by name. Any material written by authors who represent themselves as doctors is likely to be taken on trust and may reasonably be taken to represent the views of the profession more widely.*

*18 You should also be aware that content uploaded anonymously can, in many cases, be traced back to its point of origin.'*

7. Ms Nowell submitted that, by reposting the posts in question, Dr Ahmad was disseminating that information to other members of the public and was effectively endorsing them. Ms Nowell accepted the Tribunal's findings that Dr Ahmad did not fully understand how reposting worked, but reminded them that Dr Ahmad identified herself on X by name and as a Consultant Anaesthetist. She submitted that it was incumbent on Dr Ahmad to make herself aware of the impact of her online activity. Ms Nowell also reminded the Tribunal of the serious, antisemitic nature of the posts, which Dr Ahmad had acknowledged in her evidence. Ms Nowell therefore submitted that the Tribunal should find Dr Ahmad's actions to amount to serious misconduct.
8. Ms Nowell then went on to address the issue of impairment. She referred the Tribunal to the cases of *Cheatle v GMC [2009] EWHC 645 (Admin)* and *Sawati v GMC [2022] EWHC 283*.
9. Ms Nowell submitted that Dr Ahmad's insight and remediation were limited in nature. She said that Dr Ahmad continued to allege that her posts were not antisemitic as late as

March 2025 and continued to question the reasons for the complaint against her, suggesting she was the victim of targeted action.

10. Ms Nowell said that Dr Ahmad's remediation was limited to a course that she was required by the Trust to attend, an intention to take on reflective mentoring and assurances that she has changed her social media use. She submitted that, until further remediation had taken place, Dr Ahmad's self-regulation of her social media posts cannot be trusted. Ms Nowell submitted that it was also relevant that Dr Ahmad still did not fully accept the antisemitic nature of the Schedule 2 Post. She submitted that, without that understanding, the Tribunal could not be satisfied that Dr Ahmad would not repost something of a similar nature in the future.
11. Ms Nowell submitted that, without evidence of her fully developed insight, the Tribunal could not be satisfied that there was no risk of repetition and should find her fitness to practise impaired in order to protect public confidence in the profession and to maintain proper professional standards.

#### Submissions on behalf of Dr Ahmad

12. Mr Walker submitted that Dr Ahmad accepted that a fair-minded member of the public would find the reposts in question to be antisemitic and offensive. He said that this had been acknowledged in her witness statement. He also conveyed Dr Ahmad's gratitude that the Tribunal had accepted her account regarding her motivation for the reposts. Further, Mr Walker reminded the Tribunal of its finding that, at the time of the reposts, Dr Ahmad did not understand that 'Zionist' can be used as a proxy for 'Jewish'.
13. Mr Walker submitted that this was a case where Dr Ahmad had reposted seriously offensive material but without understanding the offensive nature of that material, nor how it would reach a wider audience because of her actions. He noted that the GMC updated its SM Guidance shortly after the events in question, significantly expanding that guidance into a much more comprehensive document. He said that Dr Ahmad did not have the benefit of this expanded guidance and he reiterated that her actions were done innocently and should not amount to serious misconduct.
14. Mr Walker said that Dr Ahmad's actions may have been careless but that caselaw such as *Calhaem v GMC 2007 EWHC 2606 Admin* and *Khan v Bar Standards Board 2018 EWHC 2184 Admin*, set out that mere negligence does not constitute misconduct, although serious negligence may do so. He submitted that a single omission is less likely to cross

the threshold into misconduct, as is something that is trivial, a temporary lapse or that is otherwise forgivable. He submitted that Dr Ahmad's actions were a single such lapse.

15. Mr Walker submitted that, whilst the content of the posts was antisemitic, Dr Ahmad had reposted them inadvertently and that her conduct was solidly at the lower end of seriousness. He stated that a breach of professional standards does not necessarily mean that a finding of impairment is necessary. Even if the Tribunal found that Dr Ahmad's conduct did breach professional standards, it should consider the context, including that disciplinary action had already been taken against Dr Ahmad by her employer.
16. Mr Walker submitted that, even if the Tribunal found Dr Ahmad's actions to amount to misconduct, it has found against the GMC on the issue of motive and should regard that misconduct as being at the low end of the scale of seriousness and, as such, easier to remediate. Mr Walker submitted that Dr Ahmad has full insight into the seriousness of her actions, has offered an unreserved apology and has undertaken significant work as described in her witness statement. Mr Walker reminded the Tribunal that Dr Ahmad has the right to continue to use social media and has done so since the events. He submitted that her use of X has changed, for example she reposts much less than she used to, doesn't comment on other peoples' posts anymore and now uses the bookmark function. He said that her use had elicited no further concerns, thereby demonstrating her changed approach and successful remediation.
17. Mr Walker submitted that public protection did not require a finding of impairment in this case as Dr Ahmad understood what had gone wrong and was not likely to repeat her actions.

### **The relevant legal principles**

18. There is no burden or standard of proof at this stage of the proceedings and the decision as to 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.

19. In approaching its decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct, and that the misconduct was serious, and then whether the finding of that misconduct poses a current and ongoing risk to public protection requiring restrictive action in response, and therefore could lead to a finding of impairment.
20. To assess whether Dr Ahmad poses any current and ongoing risk to public protection, which may require restrictive action in response, the Tribunal will consider:
- where on the spectrum of seriousness the allegation lies, based on the facts found proved, the impact of any relevant context known about Dr Ahmad and/or their working environment, and
  - how Dr Ahmad has responded to the Allegation.

21. The Tribunal had regard to the case of *Roylance v GMC (No.2) [2000] 1 AC 311*:

*'Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a medical practitioner in the particular circumstances. The misconduct is qualified in two respects. First, it is qualified by the word "professional" which links the misconduct to the profession of medicine. Secondly, the misconduct is qualified by the word "serious". It is not any professional misconduct which will qualify. The professional misconduct must be serious.'*

22. The Tribunal noted the case of *Nandi v General Medical Council [2004] EWHC 2317 (Admin) (04 October 2004)*:

*'31 [misconduct is observed] as "a falling short by omission or commission of the standards of conduct expected among medical practitioners, and such falling short must be serious". The adjective "serious" must be given its proper weight, and in other contexts there has been reference to conduct which would be regarded as deplorable by fellow practitioners. It is of course possible for negligent conduct to amount to serious professional misconduct, but the negligence must be to a high degree.'*

23. The Tribunal also had regard to *Cheatle v General Medical Council [2009] EWHC 645 (Admin) (27 March 2009)*:

'22 *In circumstances where there is misconduct at a particular time, the issue becomes whether that misconduct, in the context of the doctor's behaviour both before the misconduct and to the present time, is such as to mean that his or her fitness to practise is impaired. The doctor's misconduct at a particular time may be so egregious that, looking forward, a panel is persuaded that the doctor is simply not fit to practise medicine without restrictions, or maybe at all. On the other hand, the doctor's misconduct may be such that, seen within the context of an otherwise unblemished record, a Fitness to Practise Panel could conclude that, looking forward, his or her fitness to practise is not impaired, despite the misconduct.'*

24. The Tribunal had regard to the test for impairment that was set out by Dame Janet Smith, as cited in the case of *CHRE v Grant and NMC*, [2011] EWHC 927 (Admin):

*'a) Whether the registrant has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm;*

*b) Whether the registrant has in the past brought and/or is liable in the future to bring the profession into disrepute;*

*c) Whether the registrant has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the profession.*

*d) Whether the registrant has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

Also:

'74 *In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'*

25. The Tribunal also had regard to *MPTS Guidance for Tribunals (Section three: MPT Hearings > Part B > Stage 2: Impairment > Steps 2(a) to (e) ('the Impairment Guidance')* and *MPTS Guidance for Tribunals > General introduction > Protecting the public in specific case types > Discrimination*.

## The Tribunal's determination on impairment

### Is there a legal basis for considering impairment?

26. The Tribunal began by considering whether Dr Ahmad's actions amounted to serious professional misconduct, which would provide a legal basis for considering impairment.
27. The Tribunal had regard to GMP and the SM Guidance, in particular those paragraphs identified by Ms Nowell. The Tribunal accepted that these paragraphs were relevant in this case and that Dr Ahmad had failed to uphold those standards. Dr Ahmad had failed to take account of how her actions in reposting the posts would impact patients and colleagues - both those directly connected to her and more broadly. Her reposting of discriminatory, antisemitic content demonstrated a failure to maintain good relationships and had the ability to cause distress to members of the public and professional colleagues – the Trust had received complaints from at least one internal and one external colleague about her online conduct, as well as from a member of the public.
28. The Tribunal considered that, whether or not Dr Ahmad understood the effect of reposting content, she is responsible for having done so and it was incumbent on her to understand the function and effect of any social media that she engaged with. Furthermore, she reposted the content in the capacity of a senior member of the profession, having identified herself as a Consultant Anaesthetist. The Tribunal took the view that this would have the effect of adding weight to her reposts and giving the impression that, as a senior clinician, she endorsed the antisemitic and offensive material. The Tribunal considered that this conduct had the ability to harm public confidence in the profession.
29. The Tribunal considered that, even if Dr Ahmad did not understand that the Schedule 2 Post was antisemitic or the link between Zionism and Jews, the Schedule 3 Post was plainly an image of Jewish people celebrating 9/11. The Tribunal noted that Dr Ahmad had admitted that this image was antisemitic and seriously offensive.
30. The Tribunal accepted that although Dr Ahmad was not motivated by religious hatred by reposting the relevant material, it considered she had acted negligently.
31. The Tribunal concluded that posting antisemitic content, even without intending to cause harm or offence, is serious and that Dr Ahmad's lack of hostile motive could only

go so far in providing mitigating context. It is clear that offence was caused, leading to a number of complaints from colleagues and others. The content of Dr Ahmad's reposts was her responsibility and the seriousness was not reduced by her naïve use of social media.

32. The Tribunal determined that Dr Ahmad's actions did amount to serious misconduct and that there was therefore a legal basis for it to consider impairment.

Where on the spectrum of seriousness does the allegation lie?

33. The Tribunal then went on to consider where on the spectrum of seriousness Dr Ahmad's misconduct lay. It noted that, although Dr Ahmad's actions were not unlawful, they may still be considered serious.
34. The Tribunal considered that the content of Dr Ahmad's reposts was discriminatory in nature, regardless of her intent in posting it. The Tribunal was of the view that the act of reposting the material, thereby disseminating and effectively endorsing it, meant that Dr Ahmad had acted in a discriminatory way. The Tribunal also noted that the Allegation was that the material was *objectively* antisemitic.
35. The Tribunal had regard to paragraph 28 of the Impairment Guidance:

*'28 Allegations that usually fall at the lower end of the spectrum of seriousness and due to their nature are more likely to be easily remediable include, but are not limited to:*

...

- *an incident of discriminatory behaviour which is limited in nature, had limited impact and is not unlawful...'*

36. The Tribunal considered that Dr Ahmad's misconduct fell squarely within this example as it was limited to a single incident, consisting of two reposts emanating from the same original post. She had made no comment on the repost, had not tagged other users or used hashtags. In addition, whilst complaints had been made to the Trust about Dr Ahmad's social media usage, there was limited evidence as to the particular impact of the Schedule 2 and Schedule 3 Posts. The Tribunal had accepted at the Facts stage that Dr Ahmad had been attempting to save the post for further consideration, and that there had also been no repetition of the issues identified.

37. The Tribunal therefore determined that the starting point for its consideration of seriousness was low.
38. The Tribunal considered that there were some features that could increase the level of seriousness. These were that Dr Ahmad had identified herself as a senior doctor, thereby adding authority to her posts and potentially abusing her professional position. The Tribunal also considered that Dr Ahmad had shown a reckless disregard for professional standards as she ought to have known to follow the SM Guidance, something which she had admitted during her evidence.
39. Whilst the Tribunal had identified factors that could potentially increase the seriousness of the case, it considered that they only applied to a limited extent as Dr Ahmad's conduct was at the less serious end of those concerns, was not unlawful, was limited in nature, and had not been intended to cause harm. As such, the Tribunal determined that these factors did not increase the seriousness.

What is the impact of any relevant context known about Dr Ahmad and/or their working environment?

40. The Tribunal considered that the personal context at the time of the events was the significant impact upon Dr Ahmad of observing the ongoing events in Gaza, which led her to revive her dormant X account and undertake research to understand the situation more fully. The Tribunal accepted that, at the time, Dr Ahmad did not understand the link between Zionism and Judaism but had developed an interest in understanding the connections she observed between Zionism and Gaza. It also considered that Dr Ahmad was naïve in how X functioned, but accepted that she was genuinely attempting to use the repost feature to save content for her own purposes and further research.
41. The Tribunal noted that Dr Ahmad had given evidence regarding her being brought up in Malaysia where the history of antisemitism is less well known. However, the Tribunal gave this limited weight as Dr Ahmad had been resident in the UK for a significant period of time, spanning her whole career.
42. The Tribunal considered that the personal context of Dr Ahmad did not raise the level of seriousness.

How has Dr Ahmad responded to the allegation(s)?

43. The Tribunal noted Dr Ahmad's apologies and her developed understanding of why her reposts had been regarded as offensive, following her significant research into Zionism and Judaism. She also appeared to have good insight into her mistaken understanding of how X functioned. However, the Tribunal received no objective evidence of how Dr Ahmad had changed her approach to social media and, for example, whether she still declared her position as a Consultant Anaesthetist. The Tribunal also took the view that Dr Ahmad's understanding of antisemitism was not yet complete. For example, the Tribunal considered that Dr Ahmad did not fully understand or accept the antisemitic nature of the Schedule 2 Post.
44. The Tribunal also considered that despite being genuinely remorseful and understanding that she should have acted differently, Dr Ahmad had not provided any meaningful insight into the impact of her posts on the public or the profession. The Tribunal concluded that whilst Dr Ahmad had developed some insight into both the offensive nature of her reposts and into her use of social media but it was not satisfied that this insight was yet complete.
45. The Tribunal noted that Dr Ahmad has completed a course on social media training provided by her employer, which was also available to other colleagues within the Trust. However, the Tribunal had not seen evidence of what this course entailed, nor what Dr Ahmad had learned from it. In addition, the Tribunal considered that Dr Ahmad had not proactively sought out any other courses that were relevant to her misconduct. The Tribunal noted that Dr Ahmad had had a limited discussion about the issues during her appraisal and it noted her evidence that the appraiser had not wanted to discuss political issues with her. During her oral evidence, Dr Ahmad said she was unsure whether her appraiser was aware of the Allegation and the Tribunal took the view that she had been insufficiently proactive in raising the Allegation for discussion with her appraiser in order to prepare a development plan to address the concerns. The Tribunal also noted that Dr Ahmad had indicated a wish to undertake reflective mentoring, but that it had seen no evidence of this taking place. The Tribunal considered that further work was required by Dr Ahmad for her to fully remediate her misconduct.
46. Despite her incomplete insight and remediation, the Tribunal accepted that no further complaints had been raised regarding Dr Ahmad's social media use and that she appeared to have changed that use, alongside her developing understanding of antisemitism. The Tribunal considered Dr Ahmad's remorse to be genuine and it considered the risk of repetition to be low.

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

47. The Tribunal accepted Dr Ahmad’s explanations for how she was trying to save posts for later research, but it considered that did not absolve her of responsibility for her actions in disseminating that antisemitic content. Additionally, the fact that Dr Ahmad had identified herself as a doctor added weight and possible endorsement to her reposts, and had the potential to bring the profession into disrepute. This was also a failure to uphold proper professional standards.
48. The Tribunal considered that, factually, Dr Ahmad had reposted and disseminated antisemitic content from an account identifying her as a senior medical professional. It considered that a member of the public, particularly a member of the Jewish community, could well have their confidence in the profession reduced if they saw these reposts. It was evident that harm and offence had been caused, leading to complaints, and the Tribunal considered that a member of the public would be surprised if no finding of impairment were made in order to uphold proper professional standards and to maintain confidence in the profession.
49. The Tribunal has therefore determined that Dr Ahmad’s fitness to practise is impaired by reason of misconduct.

#### **Determination on Sanction - 05/02/2026**

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

#### **Submissions**

##### On behalf of the GMC

2. Ms Nowell submitted that the appropriate sanction should be one of suspension with a review at the end of the period of suspension. Ms Nowell referred the Tribunal to the relevant paragraphs of Guidance for MPTS Tribunals (‘the Guidance’). Ms Nowell reminded the Tribunal that the role of a sanction is not to punish a registrant, but that sanctions may have a punitive effect, and that proportionality and fairness are important factors in imposing any sanction. Ms Nowell further reminded the Tribunal that it is necessary to weigh the interests of the public against those of the doctor when considering both proportionality and fairness. Ms Nowell acknowledged that Dr Ahmad now understands the problem and has

some insight, even though this insight has formed late in the day and is incomplete. Ms Nowell reminded the Tribunal of its findings at the impairment stage that Dr Ahmad has failed to take any steps other than the Trust's social media training course.

3. Ms Nowell acknowledged that Dr Ahmad has no previous fitness to practise history, and that the Tribunal has accepted as a potentially mitigating factor, Dr Ahmad's distress at the situation in Gaza. Ms Nowell submitted that whether intentional or not, Dr Ahmad used her position as a doctor to disseminate seriously offensive and antisemitic posts on X. Ms Nowell stated that Dr Ahmad has done so using her status as a Consultant Anaesthetist, potentially endorsing these posts and giving them more credibility and weight. Ms Nowell submitted that, whether it was intended or not, the conduct of Dr Ahmad was seriously discriminatory.

4. Ms Nowell submitted that this matter falls squarely within the definition of discrimination within the Guidance. She stated that Dr Ahmad has not met the expected professional standards of a doctor and she has not treated potential patients fairly. Ms Nowell submitted that Dr Ahmad has failed to be aware of how her behaviour might have influenced or impacted others.

5. Ms Nowell submitted that, by reference to the relevant sanctions banding in the Guidance, the sanctions available to the Tribunal were either conditions for up to 12 months, or suspension of up to three months. Ms Nowell submitted that it is the GMC's position that suspension should be the sanction in this case. She stated that whilst the conduct was found to be at the lower end of both risk and seriousness, and was conduct that took place outside of the workplace, the posts were offensive and antisemitic. Ms Nowell submitted that it is extremely difficult to think of conditions which would adequately protect the public and adequately protect the reputation of the profession. Ms Nowell submitted that where the conduct took place in someone's home, there could be no way of ensuring that any conditions imposed would be followed; this contrasted with clinical concerns, which could be policed within the workplace. Ms Nowell submitted that the public would expect a sanction to truly reflect the serious and offensive nature of the reposts, and the fact that Dr Ahmad reposted them using her status as a doctor. Ms Nowell submitted that a period of suspension would allow Dr Ahmad to fully remediate her misconduct and to demonstrate full insight.

#### On behalf of Dr Ahmad

6. Mr Walker submitted that Dr Ahmad has very carefully considered the Tribunal's findings on misconduct and impairment and that, based on those findings as the doctor understands them, an appropriate sanction would be one of conditions. Mr Walker submitted that there are a number of mitigating factors, including positive testimonials which are relevant to the wider public interest. Mr Walker submitted that Dr Ahmad has engaged with the GMC processes throughout, has attended this hearing and submitted to cross examination and Tribunal questions. Mr Walker stated that this demonstrated her insight into the seriousness of the matters alleged. Further he submitted that Dr Ahmad has

undertaken a significant amount of work, reflecting upon the concerns and the serious nature of them.

7. Mr Walker reminded the Tribunal that it found that the level of seriousness was low and that Dr Ahmad's misconduct was limited in nature, had a limited impact and was not unlawful. Mr Walker reminded the Tribunal of its previous finding that Dr Ahmad did not appreciate that by reposting material on X she was disseminating that information. He submitted that given the low level of seriousness, the Tribunal should act proportionately. Mr Walker reminded the Tribunal that it found limited risk to the wider public interest, nothing in relation to patient safety, and that the risk of repetition is low. In addition, Mr Walker highlighted the Tribunal's finding that Dr Ahmad has changed her use on X.

8. Mr Walker reminded the Tribunal that 2 years have passed since the events, and there was no objective evidence that during that time Dr Ahmad has used social media otherwise than in accordance with professional standards. Mr Walker submitted that any suggestion that Dr Ahmad is liable to start reposting antisemitic or otherwise inappropriate material, would go against the Tribunal's own findings as to the low risk of repetition.

9. Mr Walker submitted that the sanctions of suspension or erasure are not proportionate in this case. He stated that it is not the case that conditions are inappropriate, simply because this case does not involve clinical concerns. Mr Walker stated that Dr Ahmad understands that her conduct impacted upon public confidence and the reputation of the profession as set out in her witness statement. He stated that a great deal of opprobrium has been showered on the doctor, which was not merited. Mr Walker submitted that there must be a proportionate response to what was isolated, inadvertent, naïve, and non-racially motivated conduct by the doctor. He stated that there is a public interest in the retention in practice of a competent doctor who has good standing in the community. Mr Walker submitted that a sanction of suspension would have a disproportionate effect on the doctor.

### **The Tribunal's Determination on Sanction**

10. The Tribunal was reminded that the decision as to the appropriate sanction to impose, if any, was a matter for its independent judgement. The Tribunal bore in mind that the purpose of a sanction is the protection of the public and not to be punitive, albeit that a sanction may have a punitive effect on the doctor.

11. The Tribunal reminded itself that, in determining whether to impose a sanction and if so which, it should have regard to the principle of proportionality and should start by considering the least restrictive option. Sanctions should also be proportionate, to address the level of current and ongoing risk which the doctor poses.

12. In making its decision on sanction, the Tribunal has reviewed its determinations on facts and impairment and has considered the level of current and ongoing risk the doctor poses to public protection. It has referred to the sanctions banding for discrimination as set

out in the Guidance for MPT hearings. It has also considered the impact of any specific sanction type and a number of testimonials provided by Dr Ahmad.

13. The Tribunal reminded itself that at the impairment stage it found that Dr Ahmad's conduct was serious, but that seriousness was at the low end of the spectrum. Further it reminded itself of its finding that the risk of repetition was low.

14. The Tribunal reminded itself of its findings at the impairment stage that whilst Dr Ahmad had developed some insight into both the offensive nature of her reposts and into her use of social media, this insight was not yet complete. Further, the Tribunal found that Dr Ahmad's understanding of antisemitism was not yet complete, and had she not provided any meaningful or sufficient insight into the impact of her posts on the public or the profession.

15. The Tribunal reminded itself that Dr Ahmad had a limited discussion about the issues during her appraisal and it noted her evidence that the appraiser had not wanted to discuss political issues with her. Further, Dr Ahmad's evidence to the Tribunal was that she was unsure whether her appraiser was aware of the Allegation. The Tribunal took the view that she had been insufficiently proactive in raising the Allegation for discussion with her appraiser in order to prepare a development plan to address the concerns. Further, she had yet to undertake any reflective mentoring as she indicated in her witness statement that she wished to do. The Tribunal noted that whilst Dr Ahmad had attended a course organised by the Trust regarding social media, which was open to other staff, there was limited evidence as to the content of that course or Dr Ahmad's reflections on it. Further, the Tribunal considered that Dr Ahmad had not been proactive in seeking out any additional courses or learning in relation to her use of social media.

16. The Tribunal acknowledged the positive testimonials provided by Dr Ahmad and also that there are no concerns regarding her clinical practice. However, given the nature of Dr Ahmad's misconduct and the level of her insight and remediation, the Tribunal has given these testimonials limited weight.

### **No action**

17. In reaching its decision as to the appropriate sanction, if any, to impose in this case, the Tribunal first considered whether to conclude by taking no action. The Tribunal reminded itself of the relevant paragraph of the guidance,

*13. Where a doctor's fitness to practise is impaired, it will usually be necessary for the MPT to restrict the doctor's registration to achieve public protection. But there may be exceptional circumstances to justify an MPT taking no action. Exceptional circumstances are unusual, special, or uncommon, so such cases are likely to be very rare.*

18. The Tribunal determined that there are no exceptional circumstances in this case to justify taking no action.

## Conditions

19. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Ahmad's registration and it reminded itself of the relevant paragraphs of the guidance:

*17. Conditions are suitable for those cases where the doctor's behaviour, performance, or the impact that a health condition is having on 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 of time, with the aim they should be able to safely return to unrestricted practice in the future.*

...

*20. Where conditions are put in place, they should be appropriate, workable, and measurable.*

*21. To be appropriate, conditions must address the specific findings about the current and ongoing risk to public protection posed by the doctor.*

...

*23. Conditions 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, supervision and/or seeking medical treatment*
- c. the doctor is willing to remediate, and*
- d. the MPT is satisfied the doctor will comply with them*

20. The Tribunal took the view that that a sanction of conditions would not be appropriate in this case, as it would not be sufficient to assist Dr Ahmad in developing her understanding of antisemitism or her insight into the impact of her conduct.

21. The Tribunal was unable to formulate measurable or workable conditions that fully addressed Dr Ahmad's misconduct, and it considered that monitoring any conditions relating to her use of social media would, in practice, be unworkable and impracticable. Therefore, the Tribunal concluded that conditions would not be a proportionate, measurable or workable sanction in this case.

## Suspension

22. The Tribunal then went on to consider whether imposing a period of suspension on Dr Ahmad's registration would be appropriate and proportionate. In doing so it had regard to the relevant paragraphs of the guidance:

*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*

...

*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*

...

*47. 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.*

23. The Tribunal reminded itself that there is no suggestion of any patient safety concerns in this case and that a finding of impairment was made on the grounds of public interest. The Tribunal considered that a period of suspension is necessary to maintain public confidence in the profession and to maintain professional standards. The Tribunal further considered that a period of suspension would enable Dr Ahmad to fully develop her insight into these matters and to undertake further remediation.

### **Erasure**

24. The Tribunal considered whether erasure might be an appropriate sanction. It reminded itself of paragraph 57 of the guidance:

*Erasure may be the proportionate response where:*

- a. conditions are not appropriate, measurable and/or workable and suspension is not sufficient to protect the public*
- b. the doctor's behaviour or performance is such that it caused serious harm, and the risk of harm recurring cannot be mitigated sufficiently through putting conditions or suspension in place*

- c. *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. *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.*

25. The Tribunal was satisfied that none of these factors were present in this case and that erasure would be unduly punitive in the circumstances. Given the isolated nature of Dr Ahmad’s misconduct, her developing insight and the mitigating factors that the Tribunal had identified in its determination on impairment, the Tribunal concluded that Dr Ahmad’s conduct is not incompatible with continued registration.

### Period of Suspension

26. The Tribunal reminded itself of the sanctions banding relevant to this matter:

Case type	Lower level of risk to public protection	Medium level of risk to public protection	Higher level of risk to public protection
Discrimination	Conditions up to 12 months to Suspension 3 months	Suspension 3 to 9 months	Suspension 9 months to Erasure

27. The Tribunal considered that there are no special features in this case which would lead the Tribunal to depart from this guidance.

28. The Tribunal considered that a period of suspension of 2 months is sufficient to allow Dr Ahmad to fully develop her insight and understanding of the impact of her conduct on the profession, and to undertake further remediation.

### Review

29. The Tribunal determined to direct a review of Dr Ahmad’s case. The Tribunal considered that a review hearing was necessary in this case in order that Dr Ahmad could demonstrate her greater insight and efforts at remediation prior to resuming unrestricted practice. A review hearing will convene shortly before the end of the period of suspension. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Ahmad to demonstrate how she has developed her insight and completed her remediation.

30. It therefore may assist the reviewing Tribunal if Dr Ahmad provides the following:

- Evidence of undertaking social media course(s) and written reflections on this learning;
- Detailed reflections regarding her changed use of social media supported by any objective evidence that can be provided;
- Evidence of discussion with her appraiser regarding issues related to this case, her use of social media and an appropriate Personal Development Plan (PDP);
- Reflections focusing on Dr Ahmad’s understanding of:
  - GMC’s social media guidance (Using Social Media as a Medical Professional);
  - the importance of professional standards more generally, in particular those aspects of GMP highlighted in the impairment determination;
  - antisemitism. This should include a detailed reflection on the Schedule 2 post in light of the Tribunal’s findings;
  - the impact of her actions on the public and profession;
  - the impact of her actions on professional standards.

31. Dr Ahmad will also be able to provide any other information that she considers will assist.

#### **Determination on Immediate Order - 06/02/2026**

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

#### **Submissions**

2. Ms Nowell informed the Tribunal that the GMC is neutral on the matter of an immediate order and that this is a matter for the Tribunal. Ms Nowell informed the Tribunal that there is an interim order to be revoked.

3. Mr Walker provided written submissions which stated that his primary submission is that no immediate order is necessary. Mr Walker reminded the Tribunal that it found that there are no patient safety issues in this case and that it found the misconduct is at a low level of seriousness, alongside a low risk of repetition of that misconduct. Mr Walker further wrote that the public interest concerns to be addressed following the Tribunal’s findings will be met by the substantive order in due course

#### **The Tribunal’s Determination**

4. In reaching its decision the Tribunal has borne in mind the relevant paragraphs of the Guidance:

*79. The MPT may impose an immediate order where it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor...*

...

*83. The decision whether to impose an immediate order is at the discretion of the MPT based on the facts of the case. When deciding if an immediate order is needed the MPT should consider the seriousness of the proved allegation and the level of current and ongoing risk to public protection posed by the doctor.*

*84. It will not usually be appropriate for a doctor to hold unrestricted registration until a sanction takes effect in cases where:*

- a. the doctor poses a risk to patient safety*
- b. the risk to one or more parts of public protection is high, and/or*
- c. immediate action is needed to maintain public confidence in the medical profession*

5. The Tribunal reminded itself that should it not impose an immediate order then Dr Ahmad will be able to return to unrestricted clinical practice before the substantive suspension becomes effective.

6. In reaching its decision the Tribunal bore in mind its findings at the impairment stage that the risk to public protection and risk of repetition are low. The Tribunal considered that a reasonable and properly informed member of the public would not be surprised or concerned if Dr Ahmad were not immediately suspended. The Tribunal, therefore, concluded that an immediate order was not necessary to protect members of the public, was not otherwise in the public interests and was not in the interests of the doctor.

7. This means that Dr Ahmad's registration will be suspended 28 days from the date on which written notification of this decision is deemed to have been served, unless she lodges an appeal. If Dr Ahmad does lodge an appeal she will remain free to practise unrestricted until the outcome of any appeal is known.

8. The interim order currently in place on Dr Ahmad's registration is hereby revoked.

9. Case Concluded.

**ANNEX A – 09/01/2026**

**Application to Admit further evidence**

1. At the outset of the hearing, the Tribunal had been provided with a redacted version of the hearing documents. On behalf of the GMC, Ms Nowell, Counsel, made an application pursuant to Rule 34 of the Rules to have some of those redactions removed so that the Tribunal could consider further evidence.
2. Ms Nowell set out the relevant pages of the bundle and submitted that they were relevant to the hearing as they could potentially go to Dr Ahmad's credibility as well as her motivation in reposting the posts set out in the Allegation.
3. Ms Nowell submitted that this relevance included that the evidence in question could contradict parts of Dr Ahmad's witness statement that she did not know that her posts caused offence and that she only used X as a personal notebook. Ms Nowell acknowledged that the additional pages would be prejudicial to Dr Ahmad but submitted they were relevant to the case and that it would be fair to include them.
4. On behalf of Dr Ahmad, Mr Walker, Counsel, submitted that it was for the GMC to demonstrate that the relevant threshold was met, namely whether it was fair and relevant to admit the additional material. He submitted that the material was prejudicial because it consisted of various screenshots that had been supplied by the complainant without dates, without full context and without any witness statement exhibiting the images.

5. Mr Walker submitted that the selection of screenshots was biased because they had been chosen by the complainant to portray Dr Ahmad as antisemitic and motivated by the prejudice. He submitted that as a result it would not be fair to admit the evidence.
6. Mr Walker accepted that it was reasonable to ‘unredact’ part of one page which showed Dr Ahmad’s X profile, but that the other pages were biased and lacked context so could not be used to assess Dr Ahmad’s credibility or motive.
7. Mr Walker said that he had no objection to the Tribunal viewing the disputed material in order to determine the GMC’s application.

### **The legal principles**

8. Under Rule 34 of the Rules, the Tribunal has the power to admit any evidence which it deems fair and relevant to the case, whether or not such evidence would be admissible in a court of law. This is the test that the Tribunal must consider, balancing the interests of the GMC in adducing the material to support the Allegation, against any prejudice that the material might cause to Dr Ahmad.

### **The Tribunal’s decision**

9. The Tribunal noted that the parties agreed it was fair to include the evidence of Dr Ahmad’s X profile.
10. The Tribunal considered the disputed material and reached the following conclusions.
11. It noted that a number of the posts in dispute were not dated and could not therefore assist it in relation to the development of Dr Ahmad’s understanding of Zionism.
12. The Tribunal noted that Dr Ahmad’s case was that she used X as a research tool and that she was reposting to save posts for later use. The Tribunal considered that it may be relevant to their later decisions to consider the extent of Dr Ahmad’s use of X. It therefore considered that some of the post might be relevant to that issue.
13. The Tribunal noted that pages 7 and 8, which Ms Nowell had highlighted in relation to Dr Ahmad’s awareness of the alleged offence of her posts, had no date attached. The

Tribunal therefore considered that pages 7 and 8 were of limited assistance in relation to that issue. As such, the Tribunal determined that these pages should remain redacted.

14. The Tribunal considered that those posts evidencing the extent of Dr Ahmad's engagement on X (for example making comments to other X users or engaging in debate) were potentially relevant to the GMC's case that Dr Ahmad was not using X simply as a research tool. Similarly the Tribunal considered that a number of posts might be relevant to paragraph 3(c) of the Allegation (namely Dr Ahmad's motivation).
15. Therefore, in conclusion, the Tribunal determined to admit those pages that could relate to Dr Ahmad's engagement with X and those that could potentially go to her motivation. The remaining pages would remain redacted.

### XXX Schedule 1

XXX

### Schedule 2

Captain Dan Hanley - XXX

*The Zionist owned-and-controlled mainstream media has suppressed this important story for years.*

*Are you surprised?*

*9/11 was an inside job, The Zionist owned-and-controlled US government was complicit.*

### **Explanatory Note**

It is alleged that the comments set out in Schedule 2 are objectively antisemitic and/or seriously offensive as the word 'Zionist' is essentially used as a proxy for 'Jewish' and they promote the antisemitic trope of Jewish control, controlling governments or institutions such as the media by a hidden hand.

### Schedule 3

UnCover XXX – 09/01/2024

Replying to XXX

*This should also be considered.*

*5 Dancing Zionists on 9/11 attacks.*

Image is an AI generated image showing the New York skyline with the World Trade Centre Twin Towers in the background and a plane appearing to be flying towards them. In the foreground is a rooftop upon which there is a non-descript white van with items on the floor around it. On top of the van are four males wearing dark trousers with white shirts with the Star of David in blue upon them. There is a fifth male kneeling on a wall next to the van.

**Explanatory note of image**

It is alleged that the Image described in Schedule 3 is objectively antisemitic and/or seriously offensive because the males are wearing black hats of the type typically associated with Hasidic Jews and appear to have a hairstyle associated with male Hasidic Jews. Two of the five males appear to be in a celebratory pose. The image appears to show Jewish men, specifically Hasidic Jewish men, celebrating the events of 9/11 with items and a white van to suggest they were involved with the events of that day.