

PUBLIC RECORD

Dates: 18/09/2023 - 19/09/2023

Medical Practitioner's name: Mr Muhammad ADIL
GMC reference number: 5183820
Primary medical qualification: MB BS 1986 Bahauddin Zakariya University

Type of case Outcome on impairment
Review - Misconduct Impaired

Summary of outcome
Erasure

Tribunal:

Legally Qualified Chair	Mrs Alison Storey
Lay Tribunal Member:	Ms Colette Neville
Medical Tribunal Member:	Dr Shehleen Khan

Tribunal Clerk:	Ms Fiona Johnston
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Attendance and Representation:

Medical Practitioner:	Not present and not represented
Medical Practitioner's Representative:	N/A
GMC Representative:	Mr Martin Mensah, 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 Impairment - 19/09/2023

1. At this review hearing the Tribunal has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') whether Mr Adil's fitness to practise is impaired by reason of misconduct.

Background

2. Mr Adil qualified in 1986 from Bahauddin Zakariya University, Pakistan, and prior to the events of the 2022 hearing, Mr Adil had been practising as a Locum Consultant Surgeon.

3. The facts found proved at Mr Adil's hearing, which took place in June 2022, relate to misconduct.

4. Between April and October of 2020 while working as a Locum Consultant Colorectal Surgeon at North Manchester Hospital NHS Trust, Mr Adil appeared in publicly accessible videos expressing his views about the Sars-CoV-2 virus, the Covid-19 pandemic, and the proposed vaccination programme. Mr Adil used his position as a doctor in the UK to promote his opinions and his actions undermined public health and public confidence in the medical profession and were contrary to widely accepted medical opinion at the time.

5. The 2022 Tribunal found that there had been a serious breach of Good Medical Practice ('GMP') and it had found Mr Adil's fitness to practise to be impaired. The 2022 Tribunal found inconsistencies in his evidence and that he showed no proper appreciation of his conduct. The 2022 Tribunal noted that Mr Adil had continued to challenge the GMC investigative procedures throughout the hearing.

6. The 2022 Tribunal had considered that Mr Adil's expressions of regret and apology had come very late in the day and had continued to develop even during the course of the hearing. The Tribunal considered that Mr Adil did not have full insight into the consequences of his actions in relation to paragraphs 2-4 of the Allegation, and that he had demonstrated a fundamental lack of appreciation for the impact of his conduct on the public. At times it was considered that he was only telling the Tribunal what he believed to be expedient to say.

7. The 2022 Tribunal had considered that although he was starting to genuinely question and reflect upon his conduct, and that he had expressed regret and remorse for what he had said, he still lacked adequate understanding and appreciation of the impact of his actions in relation to these allegations. It was not satisfied that in the face of an opportunity to proclaim his views in such a way again, there was no risk he would not do so.

8. The 2022 Tribunal determined to suspend Mr Adil's registration for 6 months. The length of the suspension would allow Mr Adil to reflect carefully on the findings of the Tribunal in order to be able to demonstrate that he fully understood and appreciated that impact and its consequences. It was suggested that this reviewing Tribunal would be assisted if Mr Adil were to provide:

- a detailed written reflection about his appreciation and understanding of the gravity of his misconduct and its impact on public health and public confidence in the medical profession;
- evidence that he has maintained the relevant skills and knowledge in relation to his clinical practice, including training undertaken and his CPD record;
- any other information that he considers would assist the reviewing Tribunal.

The Outcome of Applications Made during the Impairment Stage

9. On 18 September 2023, the Tribunal refused Mr Adil's application, made pursuant to Rule 29(2) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), that a member of the Tribunal recuse itself. The Tribunal's full decision on the application is included at Annex A.

10. The Tribunal granted the GMC's application to hear the review in Mr Adil's absence, made pursuant to Rules 40 and 31 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'). The Tribunal determined that service of notice of this hearing had been effected in accordance with the Rules, and that it was fair to proceed in Mr Adil's absence. Its full determination can be found at Annex B.

The Evidence

11. The Tribunal has taken into account all the evidence received. The Tribunal received the following documentary evidence.

- MPT Hearing Record of Determinations dated 29 June 2022;

- MPTS email to Mr Adil dated 4 August 2022;
- Email dated 14 November 2022 from X forwarding details of Mr Adil’s ongoing tweets;
- Additional tweets;
- Email from MPTS dated 5 April 2023 confirming outcome of Mr Adil’s appeal;
- Email from MPTS dated 27 April 2023 with confirmation of MPT review listing date;
- GMC letter to Mr Adil dated 11 May 2023;
- GMC letter to Mr Adil dated 14 June 2023;
- Emails from defence solicitor dated 15 August 2023 serving attendance form and documents on GMC and MPTS;
- Mr Adil’s witness statement for review hearing dated 15 August 2023;
- Various appraisals, training certificates and references;
- Appraisal Summary dated 1 October 2022 to 30 September 2023

Submissions

Mr Mensah on behalf of the GMC

12. Mr Mensah ran through the background to Mr Adil’s case.

13. He referred the Tribunal to the determination of the 2022 Tribunal, where the Tribunal found that Mr Adil’s fitness to practise was impaired by reason of his misconduct. He submitted that Mr Adil’s fitness to practise remained impaired.

14. Mr Mensah stated that when he appeared before the Tribunal in June 2022 Mr Adil said that he had reflected and understood the impact of the videos. He had conceded that he should not have used his position as a doctor in the way he had. Further that he had taken steps to remediate and that his misconduct was unlikely to be repeated. Mr Adil had submitted to the Tribunal that his fitness to practise was not impaired at the time of the hearing. He said that he was now following the GMC Guidelines in respect of social media use.

15. Mr Mensah said that the Tribunal had found that although Mr Adil had a limited appreciation of what he had done, and its impact, he was developing insight and had expressed regret and remorse. However, that had come late in the day. The Tribunal had determined that Mr Adil lacked adequate understanding and appreciation of the impact of his actions. It was not satisfied that there was no risk that he would not act in the same way again.

16. Mr Mensah referred to Mr Adil's submissions to that earlier Tribunal where he said that he regretted his actions. He referred to having said something silly and he had now reflected on this and that it was not in the best interests of the public. He said that he had full insight and had remediated his misconduct.

17. Mr Mensah reminded the Tribunal that this was all said in June 2022, but that in November 2022 Mr Adil had again posted content on Twitter which contradicted what he had told the Tribunal in June. His posts referred again to the vaccine being unsafe and not properly trialled and referred to there being numerous deaths as a result of it. He repeated his claim that the coronavirus was a hoax.

18. Further, in his statement to the MPTS dated 15 August 2023, submitted for use in this review hearing, he repeated his views. In short, it sets out that his current views are those which he espoused in the videos in 2020.

19. Mr Mensah submitted that the contents of the statement does not accord with what Mr Adil said to the Tribunal in June 2022 and that this Tribunal should consider this when looking for evidence of insight and remediation.

20. Mr Mensah also referred to the appraisal document submitted by Mr Adil. This was completed on 4 September 2023. In it Mr Adil expressed to his appraiser that he intended to prepare for and attend at the MPTS hearing on 18 September and make a *'successful, co-operative and humble appearance before my peer group MPTS colleagues'*.

21. Mr Mensah reminded the Tribunal that Mr Adil had appealed the outcome of the hearing in June 2022 to the High Court. That appeal was dismissed in April 2023 and Mr Adil is now appealing that decision to the Court of Appeal, where it is to be heard on 19 October 2023. Mr Mensah submitted that Mr Adil's fitness to practise remains impaired by reason of his misconduct.

Mr Adil

22. Mr Adil did not attend the MPTS hearing but did submit a statement dated 15 August 2023. That statement said *"I am not attending as I have no confidence in the MPTS – my lack of confidence in the MPTS is evidenced by my appeal hearing which is currently before the Court of Appeal."*

23. He said that his appeal will determine a number of points relating to the GMC's conduct, including the lawfulness of reliance on the GMC's social media guidance which infringes his right to free speech.

24. Mr Adil further said that the COVID response is subject to a criminal complaint, including Judicial Review of the Metropolitan Police’s failure to investigate reported crimes, one of which was the silencing of dissenting doctors.

25. He suggested that the GMC had taken a position in favour of the government and global approach to the declared pandemic, one side of the debate sees this as a cartel organising and enforcing a criminal enterprise. The GMC, by siding with that approach may be seen as complicit in and condoning criminality.

The Relevant Legal Principles

26. The Tribunal reminded itself that the decision in respect of impairment is a matter for the Tribunal’s judgement alone. As noted above, the previous Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal is aware that the burden is on the doctor to satisfy it that he is safe to return to unrestricted practice.

27. The Tribunal must determine whether Mr Adil’s fitness to practise is impaired today, taking into account Mr Adil’s conduct at the time of the events and any relevant factors since then, such as whether the matters are remediable, have been remedied and any likelihood of repetition.

28. The Tribunal should consider what the doctor has done during the intervening period to demonstrate that his fitness to practise is not impaired. It should consider to what extent he has demonstrated insight and remediation.

The Tribunal’s Determination on Impairment

29. In reaching its decision on impairment the Tribunal bore in mind that its primary responsibility is to the statutory overarching objective, which is as follows:

- *To protect, promote, and maintain the health, safety, and well-being of the public;*
- *To promote and maintain public confidence in the medical profession;*
- *To promote and maintain proper professional standards and conduct for members of that profession.*

30. Whilst this Tribunal has taken account of the 2022 decision, it has made its own independent decision having considered all of the information before it.

31. Whilst in his oral evidence to the 2022 Tribunal Mr Adil had expressed regret and remorse and had acknowledged that his actions were wrong, the Tribunal had found that he

did not have full insight, as he lacked adequate understanding and appreciation of the impact of his actions in relation to these allegations.

32. Further, that Tribunal was not satisfied that in the face of an opportunity to proclaim his views in such a way again, there was no risk he would not do so. It had concerns that he was only telling the Tribunal what he believed to be expedient to say rather than demonstrating a proper appreciation of the impact of his conduct.

33. This Tribunal is aware that since the original hearing Mr Adil has posted further similar comments on social media. In November 2022 he posted several comments on Twitter. These included:

“You are sadly mistaken, Covid is only a flu virus. It has not killed people. People have been killed by lockdowns, fear created of dying, heart attacks, cancers, lung diseases, strokes, lack of medical facilities, dehydration, isolation depression due to financial hardship ”

“Not a single trial has proved efficacy of mRNA vaccine to be safe and effective.”

“Vaccine is neither safe, nor effective and destroys your bodily immune system with cytokine storm. One thing everyone should know that vaccine is not a treatment it has been used in the past as a prophylaxis but not mRNA vaccine as we have no data to prove its efficacy & safety”

“I knew this hoax before anyone else would have known it and widely expressed my concerns widely across the world. Wouldn’t liked by the establishment of being smarter and visionary than them unleashing their plans before time.”

“MRNA vaccine has never been proved to be safe & effective. It neither stopped transmission of virus, treatment or prophylaxis as vast scientific evidenced proved. Rather injuries & deaths are attributed to toxic deaths due to myocarditis, strokes, paralysis, arrhythmias & deaths.”

‘Do you think Corona virus scam & lucrative business of the mRNA vaccine around the world population would be buried like the big lies of "Weapons of mass destructions in Iraq"& scientists of SAGE would be awarded Knighthood award like the one awarded to war criminal "Tonny Blair"?’

34. These social media tweets and his witness statement dated 15 August 2023 indicate that contrary to the regret and remorse about his actions and his stated understanding of their impact conveyed at the 2022 hearing, Mr Adil in fact still holds, and is willing to publicly

reiterate the views expressed in the videos which were the subject of the misconduct finding.

35. This suggests that his expressions to the Tribunal in June 2022 were not genuine and were said, as that Tribunal suspected, for expediency. He appears to have misled that Tribunal.

36. Mr Adil has not provided a reflective statement to allow this Tribunal to assess his level of insight. Instead, he has provided a statement for these proceedings where he strongly sets out his original views, which have not changed.

'It is not the GMC's role to take a side on any dispute or debate as that's not in patients' interests. Patients' interests are best served by the free flow of information. There is a body of medical opinion that holds that the material risk from an alleged SARS CoV2 infection was materially and knowingly misstated by governments around the world. The GMC cannot disagree about the existence of such a dispute.

.....

There is ample circumstantial evidence to suggest that the pandemic was pre-planned by state actors and wealthy individuals and institutions. There are many Doctors who use the term "plandemic." The GMC would be turning a blind eye to that evidence if they did not accept that such evidence exists.

.....

There is evidence that politicians have not told the truth about the declared pandemic and have exaggerated the risk posed by the infection. That cannot be disputed. There is evidence that many of the leaders of the global response to the pandemic have public links and associations with the WEF. That cannot be disputed. There is evidence that those politicians linked with the WEF want to use the opportunity given by the declared pandemic to reset, build back better and have a more uniform global response to future declared pandemics. That cannot be disputed.'

37. This makes it plain that Mr Adil does not accept that his actions were wrong, and he seeks to justify them at length.

38. In light of the contents of his witness statement dated 15 August 2023 in which he said he would not attend the hearing as he had no confidence in the Tribunal, it was surprised to see the content of the Appraisal form submitted on 7 September 2023, following a meeting with his Appraiser on 4 September 2023, some two weeks before this review hearing. In that document it appears that Mr Adil had told his Appraiser that he was intending to attend the MPTS hearing on 18 September 2023 with a "successful, co-operative and humble appearance before my peer group MPTS colleagues". It seems that was not his

intention, and the Appraiser was misled.

39. Further the contents of the Appraisal strongly suggest that Mr Adil has misled the appraiser about his current thinking about his conduct and his level of insight, given that it is contrary to the contents of his statement to this Tribunal. His appraiser states:

'It is now apparent that Mr Adil sees how his continued engagement with public access IT media in 2019-20 was wrong and jeopardised the public's trust in the profession at the time of the growing covid pandemic. I have noted his efforts towards remediation - which we discuss elsewhere in this appraisal.

.....

Having previously vocalised a strong sense of injustice, Mohammad now understands that he was wrong to publish discordant opinions in the manner that he did. He expressed to me regret for his actions - and not just sorrow for the consequences. He has provided evidence for the remediation he has already undertaken.'

40. In considering whether Mr Adil's fitness to practise is impaired or not, the Tribunal considers that overall the position is worse now than it was before the Tribunal in 2022. He has posted further similar comments on social media. He is no longer expressing remorse or regret and the insight which was thought to be developing is now seen to be non-existent and it may not have been genuine when expressed to the Tribunal in 2022. He was given credit for that by the 2022 Tribunal.

41. He appears to have misled the Tribunal in 2022 and to have misled his Appraiser in September 2023. He indicated in his statement that he does not accept any misconduct. It further appears from this statement that he does not have insight and is unwilling to remediate. There is still a real risk of repetition.

42. This Tribunal found Mr Adil's actions clearly fell well below the standards expected of a registered practitioner. Proper standards in the profession must be upheld and maintained and a finding of impairment against Mr Adil is necessary to reflect the seriousness of the allegations found proved against him.

43. The Tribunal determined that Mr Adil's behaviour had the potential to put patients at risk of harm and brought the medical profession into disrepute.

44. In all the circumstances, the Tribunal concluded that all three limbs of the overarching objective continued to be engaged and that a finding of impaired fitness to practise was required in order to protect the public and maintain the public confidence in the profession and to promote and maintain proper professional standards and conduct for members of the profession. The Tribunal has therefore determined that Mr Adil's fitness to practise is currently impaired by reason of his misconduct.

Determination on Sanction - 19/09/2023

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

The Evidence

2. The Tribunal has taken into account evidence received during the earlier stages of the hearing in reaching a decision on sanction.

Submissions on behalf of the GMC

3. On behalf of the GMC, Mr Mensah submitted that erasure is the appropriate sanction in this case.

4. Mr Mensah reminded the Tribunal that the main reason to impose a sanction is to protect the public and uphold the overarching objective. He further reminded the Tribunal that sanctions are not intended to be punitive but may have this effect. He also reminded the Tribunal that it should start with the least restrictive sanction, keep in mind the principle of proportionality and that the proper sanction is a matter for the Tribunal exercising its own judgement.

5. Mr Mensah referred the Tribunal to the aggravating and mitigating factors in this matter. He said that the only mitigation was that there had been no further similar social media posts since November 2022. Regarding aggravating factors he said that the Tribunal reached the conclusion that Mr Adil appears to have misled the MPTS in June 2022 and his Appraiser in September 2023 and that he does not accept that his actions were wrong, and he has sought to justify them in his witness statement of 15 August 2023.

6. Mr Adil had said to the 2022 Tribunal that the videos were a mistake, they were silly and that they were an error of judgment. But then Mr Adil doubled down on his earlier views in November 2022 with the Twitter posts.

7. He submitted that the doctor has chosen not to provide the Tribunal with any oral evidence and that accordingly any opportunity to clarify matters had been waived by him. He stated that Mr Adil's witness statement was not reflective.

8. In conclusion, Mr Mensah submitted that given the Tribunal's findings at impairment, erasure is the only appropriate sanction in the case of Mr Adil.

The Tribunal's Approach

9. The decision as to the appropriate sanction to impose, if any, is a matter for this Tribunal exercising its own judgement.

10. In reaching its decision, the Tribunal took account of the Sanction Guidance ('SG') and the statutory overarching objective which included protecting and promoting the health, safety and wellbeing of the public, promoting and maintaining public confidence in the profession and promoting and maintaining proper professional standards and conduct.

11. The Tribunal reminded itself that the main reason for imposing any sanction is to protect the public and that sanctions are not imposed to punish doctors, even though they may have a punitive effect. Throughout its deliberations, the Tribunal has applied the principle of proportionality, balancing Mr Adil's interests with the public interest.

12. Before deciding what action, if any, to take in respect of Mr Adil's registration, the Tribunal considered the aggravating and mitigating factors present in this case.

Aggravating Factors

13. The Tribunal consider the following to be aggravating features of Mr Adil's case.

- The Tribunal has no evidence before it that Mr Adil demonstrates any insight into his misconduct. He has not provided a reflective statement as suggested by the 2022 Tribunal.
- Mr Adil has made no attempt to remediate his misconduct;
- He has repeated his conduct in November 2022 when he posted further messages on this topic as set out in the determination on impairment;
- The Tribunal has Mr Adil's witness statement which confirms that Mr Adil still holds the same views which were reflected in the videos he posted and which were the subject of the original misconduct;

- Mr Adil appears to have misled the 2022 Tribunal in expressing that he no longer held these views and regretted his actions. His developing insight appears not to have been genuine.
- Mr Adil misled his Appraiser on 4 September 2023 by suggesting he had a level of insight and remorse and produced evidence of remediation. Further he attended to engage positively at the MPTS hearing.

14. The Tribunal balanced those aggravating features against what it considered to be the mitigating features in this case.

Mitigating Factors

15. The Tribunal first considered the mitigating factors found by the 2022 Tribunal, and whether they were still present, these were:

- Mr Adil's XXX had played a part in his misconduct;
- His XXX, meant that his actions were not reckless or deliberate;
- There had been no repetition of the misconduct;
- He had shown developing insight and expressed remorse.

16. The Tribunal considered that these mitigating factors were no longer present. The Tribunal did not identify any mitigating factors.

The Tribunal's Decision

No action

17. The Tribunal first considered whether to conclude Mr Adil's case by taking no action. The Tribunal noted that following a finding of impairment, taking no action is only considered appropriate where there are exceptional reasons for doing so. The Tribunal determined that there were no exceptional circumstances which would justify such a decision in this case.

18. The Tribunal further noted that Mr Adil has not developed any insight into his misconduct or demonstrated remediation. Taking no action would undermine the public confidence given the seriousness of this case.

19. The Tribunal therefore determined that taking no action would not be appropriate, proportionate or in the public interest.

Conditions

20. The Tribunal next considered whether it would be sufficient to impose conditions on Mr Adil's registration. The Tribunal bore in mind that any conditions imposed would need to be appropriate, proportionate, workable, and measurable.

21. The Tribunal considered that there is no evidence before it to suggest that Mr Adil would comply with any conditions imposed on his registration. It did not consider that workable conditions could be devised to reflect the seriousness of his misconduct.

Suspension

22. The Tribunal next considered whether it would be appropriate and proportionate to suspend Mr Adil's registration. The Tribunal gave careful consideration to the paragraphs of the SG on suspension.

23. The below paragraphs were of particular relevance:

'91 Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor.

92 Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration.

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

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

a A serious breach of Good medical practice, but where the doctor's misconduct is not fundamentally incompatible with their continued registration, therefore complete removal from the medical register would not

be in the public interest. However, the breach is serious enough that any sanction lower than a suspension would not be sufficient to protect the public or maintain confidence in doctors

e No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage;

f. No evidence of repetition of similar behaviour since incident.

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

24. The Tribunal also had regard to paragraphs 31 and 32 of the SG which state:

'31 Remediation is where a doctor addresses concerns about their ... conduct or behaviour. Remediation can take a number of forms, including coaching, mentoring, training, and rehabilitation (this list is not exhaustive), and, where fully successful, will make impairment unlikely.

32 However, there are some cases where a doctor's failings are irremediable. This is because they are so serious or persistent that, despite steps subsequently taken, action is needed to maintain public confidence...'

25. The Tribunal noted that in the case of Mr Adil, there was a total lack of insight and no evidence of remediation. It was apparent from the content of his witness statement that Mr Adil is unwilling to remediate his misconduct.

26. Additionally, the Tribunal previously determined at the impairment stage of proceedings that there is a risk of repetition in this case. The Tribunal noted that Mr Adil had repeated his conduct by posting further messages after the 2022 hearing. In light of the lack of insight and remediation the Tribunal was not satisfied that such conduct would not be repeated in the future. Accordingly, steps were required to ensure the statutory overarching objective was achieved.

27. In these circumstances, the Tribunal determined that an order of suspension is not appropriate as it would not address the risk factors and would undermine the overarching objective. The Tribunal considered that Mr Adil's misconduct was so serious that action was required to protect members of the public and maintain public confidence in the profession. Furthermore, the Tribunal sets out its reasons below as to why, given the grave findings

made by the Tribunal, his misconduct is fundamentally incompatible with continued registration.

28. Accordingly, the Tribunal concluded that, given the gravity of its findings, a sanction of suspension was not appropriate in the case of Mr Adil.

Erasure

29. The Tribunal went on to consider whether the sanction of erasure was appropriate and proportionate in this case.

30. The Tribunal had regard to the following paragraphs of the SG, which it considered to be engaged in this case, in particular:

'108 Erasure may be appropriate even where the doctor does not present a risk to patient safety, but where this action is necessary to maintain public confidence in the profession. For example, if a doctor has shown a blatant disregard for the safeguards designed to protect members of the public and maintain high standards within the profession that is incompatible with continued registration as a doctor.

109 Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive).

a A particularly serious departure from the principles set out in Good medical practice where the behaviour is fundamentally incompatible with being a doctor.

b A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.

c Doing serious harm to others (patients or otherwise), either deliberately or through incompetence and particularly where there is a continuing risk to patients.

...

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

31. The Tribunal considered all the above paragraphs were engaged in this case and was of the view that action was necessary to maintain public confidence in the profession.

32. The Tribunal considered that Mr Adil had unquestionably abused his position as a doctor. The Tribunal found that, when considering the totality of the misconduct, in particular his persistent conduct at espousing views that were contrary to widely accepted medical opinion and demonstrated a deliberate disregard of expected professional standards.

33. Given the significant incidents of serious professional misconduct and a lack of insight and remediation, and no inclination towards remediation, the Tribunal was of the view that erasure was the only means of protecting the public, maintain professional standards and maintaining public confidence in the profession.

34. The Tribunal concluded that Mr Adil's conduct was fundamentally incompatible with continued registration and determined that erasure was the only appropriate and proportionate sanction that would properly mark Mr Adil's misconduct. It found that such an order is required to protect, promote and maintain the health, safety and well-being of the public; promote and maintain public confidence in the medical profession and promote and maintain proper professional standards and conduct for members of that profession.

35. The Tribunal therefore directed that Mr Adil's name be erased from the Medical Register.

36. The Tribunal have directed to erase Mr Adil from the Medical Register. The MPTS will send Mr Adil a letter informing of his right of appeal and when the direction and the new sanction will come into effect. The current order of suspension will remain in place during the appeal period.

ANNEX A– 18/09/2023

Application from Mr Adil for a Tribunal member to recuse themselves

Background

1. At the outset of proceedings, prior to the GMC commencing its case, the Tribunal had sight of an email from Mr Adil’s representative, Mr Philip Hyland making an application for the lay tribunal member, Ms Colette Neville, to recuse herself on the grounds of appearance of bias.
2. It is understood that Ms Neville’s previous employer was the Metropolitan Police Service (MPS). The objection raised by Mr Adil is on the basis of an application for judicial review against the MPS in connection with an alleged failure to investigate crimes in response to the 'declared pandemic'. It is argued that Ms Neville having worked for the MPS creates a conflict of interest and/or a risk of bias.

Submissions from Mr Philip Hyland on behalf Mr Adli in an email dated 15 September 2023.

‘Doctor Adil does object to Ms Neville, again out of an abundance of caution, as there is an application before the High Court for Judicial Review against the Metropolitan Police for failing to investigate alleged reported crimes in relation to the response to the declared pandemic. Part of the complaint alleges serious misconduct by the GMC for allegedly closing down debate by investigating, subjecting to discipline and imposing conditions on those Doctors who expressed dissent about the response whilst not disciplining Doctors who had allegedly misinformed the public by materially overstating the safety and efficacy of the vaccine. Given that the crime that was reported to the Metropolitan Police touched on all aspects of the response and was one of the biggest crimes ever reported, and the alleged failures by the Metropolitan Police are allegedly substantial, it may be prudent for Ms Neville to recuse herself, as it may give the appearance of a bias in favour of the “official” position. We trust that you understand Dr Adil’s position.

As stated on the form neither Doctor Adil nor his representative will be attending the hearing.’

The MPTS case manager response dated 15 September 2023

‘The objection is on the basis of an application for judicial review against the Metropolitan Police Service (MPS) in connection with an alleged failure to investigate crimes in response to the 'declared pandemic'. I have inferred this refers to the Covid-19 pandemic, which resulted in widespread public health measures being adopted

across the UK from March 2020. I have also assumed that Dr Adil is a party to that application, although I note the GMC has sought clarification of that fact from Dr Adil's solicitor.

As Ms Neville's declaration makes clear, she has not worked for the MPS since 2010 - i.e. around 10 years prior to the events that presumably gave rise to the application for judicial review. I also note that this is an MPT Review hearing to review Dr Adil's fitness to practise, where the focus will be whether Dr Adil's fitness to practise remains impaired and what steps he has taken since his previous hearing. The MPS are not a party to the MPT Review hearing, nor is the issue to be determined connected with the MPS.

Taking all of these points into consideration, I am not satisfied that there is a conflict of interest that warrants or requires the MPTS to replace Ms Neville or that otherwise prevents Dr Adil from having a fair hearing. However, as Dr Adil's solicitor has confirmed that Dr Adil will not attend or be represented at the hearing, I direct that the objection and this response ought to be provided to the Tribunal so that they can consider the matter on Day 1.'

Submissions from the GMC

3. On behalf of the GMC, Mr Mensah submitted that he endorses the response of the GMC and Case Officer that there was no real danger or possibility of bias in this case and that there was no basis whatsoever that Ms Neville could or should recuse herself.

The Tribunal's approach

4. In making the decision on whether it should recuse itself, the Tribunal had regard to the case of *Porter v Magill [2002] 2 AC 357* which set out the test for bias and is

'the question is whether the fair minded and informed observer, having considered the facts, would conclude that there was a real possibility that the Tribunal was biased.'

Tribunal decision

5. The Tribunal took into account the submissions of both parties and the advice of the Legally Qualified Chair in reaching its decision.

6. The Tribunal went on to consider whether there was any perceived bias. It was mindful of Mr Adil's objections to Ms Neville having previously worked for the MPS.

7. In relation to the Judicial review the Tribunal noted that it was not clear what crimes the MPS were alleged to have failed to investigate, whether Mr Adil was a party to those proceedings.
8. The Tribunal noted that Ms Neville had worked for the MPS as a solicitor from 1991 to 2009 before taking a career break and officially leaving in 2010. It noted that Ms Neville had no knowledge of the judicial review that Mr Adil was referring to in his application.
9. The Tribunal noted that the objection appeared to be, not on the basis that Ms Neville had any connection to the judicial review case, nor any current connection to the MPS, but on the wider basis that her previous connection to the MPS may give the appearance of bias towards the “*official*” position.
10. The Tribunal reject this argument. Members of the MPTS come from all walks of life, but many could be said to have had, or have, connections to the establishment, or “*official*” position. They include people who have worked in Government departments, the armed forces, the police and the NHS. In particular, doctors sit on all MPTS panels, it could be suggested that they are sympathetic to the doctors that appear before them and would be biased and should recuse themselves.
11. The Tribunal considered the lapse of time since Ms Neville worked for the MPS, her lack of knowledge of the judicial review and the lack of connection between the judicial review and the matters before it, and that any risk of bias must be real, not fanciful. In this case any perceived connection to the MPS is far too remote and means there is no real risk of bias, nor of a perception of bias. If such a tenuous link were seen as the basis for recusal very many Tribunal members would be unable to sit on cases and the MPTS would find it considerably more difficult to operate.
12. The Tribunal determined that it does not consider that these proceedings breach Mr Adil’s Article 6 Convention rights. The members of this Tribunal have been properly empanelled in accordance with the MPTS procedure and the Tribunal is of the view that it has taken all reasonable steps to ensure that the proceedings are fair.
13. In all the circumstances, the Tribunal considered that a fair minded and informed observer, who had considered the facts, would conclude that there was no real possibility of bias.
14. The Tribunal therefore refused Mr Adil’s application.

Annex B – 18/9/23

Determination on service and proceeding in absence

1. Mr Adil was neither present nor legally represented at the hearing.

Service

2. The Tribunal therefore first considered whether notice of this hearing had been properly served on Mr Adil in accordance with Rules 20 and 40 of the GMC Fitness to Practise Rules 2004, as amended ('the Rules') and paragraph 8 of Schedule 4 of the Medical Act 1983, as amended. In doing so, the Tribunal has taken into account all of the information placed before it, together with Mr Mensah's submissions on behalf of the GMC.

3. The Tribunal has been provided with documentation between the GMC, MPTS and Mr Adil, in which preparation for this hearing was discussed. It noted in an email from Mr Adil dated 26 July 2023, the doctor confirmed receipt of the MPTS Notice of Hearing Attendance form and confirmed he would not be attending or represented.

4. On behalf of the GMC, Mr Mensah submitted that as service has been properly effected and notice has been properly given it is appropriate for proceedings to continue. Mr Mensah submitted that Mr Adil has stated in his written statement that he would not attending the hearing. He submitted that his representative has also confirmed that Mr Adil and himself will not attend.

5. The Tribunal was clear that Mr Adil is aware of the date of this hearing and noted the active communication between Mr Adil, his representative, the MPTS and the GMC in respect of arrangements for this hearing.

6. The Tribunal determined that notice of this hearing had been served on Mr Adil in accordance with Rule 40 of the Rules, and paragraph 8 of Schedule 4 to the Medical Act 1983, as amended

The Tribunal's decision on proceeding in absence

7. In making its determination the Tribunal noted that the decision as to whether or not the hearing should proceed in Mr Adil's absence was a matter for its discretion and that such discretion was to be exercised with great care and caution.

8. The Tribunal had regard to the legal authority of *R v Hayward, Jones & Purvis* [2001] QB 862 CA, which states that a defendant has a right to be present at a trial and a right to be legally represented but that those rights can be waived where a defendant voluntarily absents themselves from a trial and/or withdraws instructions from those representing them.

9. The Tribunal had regard to the guidance provided in R v Jones [2003] 1 AC HL and GMC v Adeogba 2016 EWCA Civ 162. It noted in particular the following relevant considerations:

- The nature and circumstances of the doctor's behaviour in absenting herself.
- In particular, whether the behaviour was voluntary and therefore that the doctor waived the right to be present;
- Whether an adjournment would result in the doctor attending on a subsequent occasion;
- Whether the doctor, although absent, wished to be represented, or whether she had waived his right to be represented.

10. The Tribunal noted that in his written statement dated 15 August 2023 Mr Adil had stated:

'I am not attending as I have no confidence in the MPTS - my lack of confidence in the MPTS is evidenced by my appeal hearing which is currently before the Court of Appeal.'

11. It also had regard to Mr Hyland's email dated 15 September 2023:

'As stated on the form neither Doctor Adil nor his representative will be attending the hearing.'

12. In light of the information before it, the Tribunal was satisfied that Mr Adil had decided to absent himself from this hearing.

13. The Tribunal considered whether an adjournment would result in Mr Adil attending the hearing. Setting aside that there had been no application for an adjournment, there was no evidence before the Tribunal that an adjournment would result in Mr Adil attending. The Tribunal formed the view that Mr Adil had made it clear in his correspondence with the GMC and MPTS that he did not intend to attend.

15. The Tribunal noted that Mr Adil had provided a detailed statement which was available to it. Having regard to the fact that a previous Tribunal had found Mr Adil's fitness to practise impaired and the current suspension is soon due to expire, and without the review the public might be left unprotected, the Tribunal concluded that it was in the public interest that the hearing proceeds today.

16. Therefore, in accordance with Rule 31, the Tribunal determined, having considered each of the relevant factors, that in the particular circumstances of this case it is fair and reasonable to proceed in Mr Adil's absence.