

PUBLIC RECORD**Dates:** 05/01/2026 - 14/01/2026

Doctor: Dr Mohammed MUNAF

GMC reference number: 7290599

Primary medical qualification: MB BS 2012 The University of Hull and the University of York

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

Summary of outcome

Erasure
Immediate order imposed

Tribunal:

| | |
|-----------------------------|--------------------|
| Legally Qualified Chair | Mrs Kate Kirwin |
| Registrant Tribunal Member: | Dr Richard Vautrey |
| Registrant Tribunal Member: | Dr Helen McCormack |

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| Tribunal Clerk: | Ms Olivia Gamble 5 – 7 January 2026 and 13 – 14 January 2026 Mr Laurence Millea - 8 – 9 January 2026 |
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Attendance and Representation:

| | |
|---------------------|------------------------------|
| Doctor: | Not present, not represented |
| GMC Representative: | Ms Harriet Tighe, Counsel |

Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held 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 - 08/01/2026

Background

1. Dr Munaf qualified in 2012. In January 2024 Dr Munaf was practising as a cardiology specialist registrar on a locum basis. Dr Munaf was also involved in a business, 'XXX' which is registered at Companies House and had Dr Munaf as the appointed Director as of 3 September 2024.
2. The allegations that led to Dr Munaf's hearing related to his conduct. It is alleged by the General Medical Council (GMC) that, between October 2023 and July 2025, Dr Munaf posted and reposted comments on social media which were variously objectively antisemitic, racist, sexist, seriously offensive and/or motivated by racial or religious hostility and/or prejudice.
3. It was further alleged that, on 29 January 2024, Dr Munaf inappropriately left a locum placement at University Hospitals Coventry and Warwickshire NHS Trust without notice or good reason.
4. In addition, it was alleged that on two occasions in 2024, Dr Munaf failed to comply with restrictions imposed on his registration by an Interim Orders Tribunal. It was alleged that this included providing a sick note to a patient when suspended, which the GMC alleged was dishonest.
5. The initial concerns were raised with the GMC on 18 October 2023 via an online referral from a member of the public concerning posts Dr Munaf had made on his social media X account. On 3 November 2023, the GMC received a referral via email from the Jewish Medical Association ('JMA') concerning posts Dr Munaf had made on his X account. On 1 February 2024, the GMC received an online referral from a member of the public with screenshots of Dr Munaf's posts on X. On 2 February 2024 the GMC received an email from a member of the public with a post by Dr Munaf on X.

The Outcome of Applications made during the Facts Stage

6. After hearing submissions from Ms Harriet Tighe, Counsel for the GMC, the Tribunal determined to proceed in the absence of Dr Munaf. The full written decision can be viewed at Annex A.

7. The Tribunal also granted an application made by Ms Tighe, pursuant to Rule 34(1) of the GMC (Fitness to Practise Rules) 2004 as amended ('the Rules') to adduce a further piece of evidence. This further evidence was in the form of a witness statement by the patient who it is alleged that Dr Munaf produced a sick note for them when his registration was suspended. The Tribunal determined that the witness statement was relevant to the allegation and it would be fair to admit the same in all the circumstances.

The Allegation and the Doctor's Response

8. The Allegation made against Dr Munaf is as follows:

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

1. You had an X account with the username 'Dr Asif Munaf' using the handle 'XXX'. **To be determined**
2. You were the user and/or posted the following from the account referred to at paragraph 1:
 - a. on or around 16 October 2023 you:
 - i. reposted a post by User A who stated, *'The undisputed heavyweight coon of the world @floydmayweather stop taking celebs as heroes, our role models are The Prophets, the sahaba. May Allah make us more like them. They come to the Middle East, smile in the face of #Muslims, take the money then run, now we see their true face'*. Below the post is a picture which shows Floyd Mayweather wearing a cap with a star of David; **To be determined**
 - ii. posted, *'This grotesque perimenopausal Zionist whale lying through her teeth on @piersmorgan Absolutely shameful to get her on'*; **To be determined**
 - b. on or around 17 October 2023 you reposted a post by User B who stated, *'Yes masser, I lick your boots masser. Uncle tom, house boy, smiling to his master.'* Below is a screenshot by User C who had

- commented *'floyd mayweather was on video call with IDF special forces'* with an Israeli flag emoji. The still of the video shows a man and 6 people in military uniforms with their faces covered with a picture in the top right hand corner of Floyd Mayweather; **To be determined**
- c. in or around October 2023 you:
- i. reposted User D who stated, *'Killing more children than the total number of people your enemy is accused of killing but still being able to play the victim card is only possible if you have a monopoly on the media'*; **To be determined**
 - ii. posted, *'Zionists are extremely strong. They have strong media, military and banking. They are godless (sic) satanic cult believing in kabbalistic rituals and obscure eschatology. They're preparing the world very nicely for the trial on the Antichrist. The issue is, most people don't read.'*; **To be determined**
 - iii. posted *'Damn the Zionist PR machine is slimey (sic). Allah SWT humble them and bring them to justice in this life. Ameen. What awaits them in the Next is beyond comprehension.'*; **To be determined**
 - iv. reposted User E who stated, *'Israel has forfeited any right to exist'*; **To be determined**
- d. in or around January 2024 you posted *'Most men cannot tell the difference between an asset and a liability. This is with both finances and females. This is why many are broke and miserable. Learn. Leverage. Level up'*; **To be determined**
- e. on or around 19 September 2024 you reposted User F who stated, *'Israel is not a Jewish state, Israel is a Nazi state. Zionism is not Judaism, Zionism is Nazism. Zionists are not Jews. Zionists are today's Nazis. Zionism is heresy. Zionism is an irreligious ideology.'* Below is an image which shows a red flag. On the flag it shows the star of David above a swastika; **To be determined**
- f. on or around 2 February 2025 you posted, *'This weekend has shown us the importance of gender roles. Women should not be pilots. Just like men should not be midwives or hairdressers. Allah remind us in Surah Ale Imran: and the male is not like the female. 3:36. Female 'empowerment' is one of the great tricks of Satan. Islam gives us the blueprint. When will the world wake up?'*; **To be determined**
- g. in or around February 2025 you posted:

- i. *'...and the male is not like the female. 3:36'* This is above a repost by User G who posted, 'First woman pilot to fly a helicopter into a plane full of passengers'; **To be determined**
- ii. *'and the male is not like the female. 3:36'* above a repost by User H who posted, 'First woman to sink a naval ship'. **To be determined**
- h. on or around 1 May 2025 posted, *'You only have to go to to (sic) North London to see the Jewish love for a bakery. Lots of bagel shops and many of them very nice with great coffee. Does the obsession with baking and ovens explain the uncontested and unproven claims of 6 million Jews and 40 beheaded babies in ovens?'* **To be determined**
- i. on or around 26 June 2025 posted:
 - i. *'9/11 wasn't an inside job. Let's call it for what it really is. A Jewish job.'* **To be determined**
 - ii. *'If someone saves your tweet, there's a 95% chance it's a sad Jew who is rubbing his clawed hands so they can show your employer or university.'* Included in the post is an emoji image of a rat. **To be determined**
- j. on or around 27 June 2025 posted:
 - i. *'Jews have no limits to their depravity. Sick in the head.'* This is above a repost of User I which says, 'The drug Oxycodone is not only being added by the Israelis to the bags, but the flour itself is mixed in with it, says pharmacist' and a screenshot of a post. **To be determined**
 - ii. *'Jews are born with the inherent ability to deceive. Have to give it to them.'* This is above a repost by User J which says, 'THE LIFE OF A MOSSAD AGENT. You live in a small apartment in northern Tehran. You're neighbors think you're an oil consultant...' with a picture of a family. **To be determined**
- k. on or around 29 June 2025 posted:
 - i. *'The Jews are crawling out from underneath rocks to leave bad reviews on our @Trustpilot page. What are you doing about these nasty, jealous and obnoxious rats?'* **To be determined**
 - ii. *'Jews have an uncanny ability to make everything about themselves. Have to give it to them.'* **To be determined**
 - iii. *'Who controls the media?'* This is above a post by User K which says, 'Can someone try something. On X I can't search for

“Death to Israelis” but I can search for “Death to Palestinians”.’

To be determined

- iv. *‘Jews doing very Jewish things’* above a repost by User L which says, ‘Zionists as usual working hard to prove all of the stereotypes’ which includes a post by User M which says, ‘Make this POS lose every penny he’s got.’ This includes a picture of Bob Vylan. **To be determined**
- v. *‘Jews doing what Jews do best:’* Above a picture of 3 negative reviews. **To be determined**
- vi. In response to User N, stated *‘We don’t cower to Jews Max. Hence why we don’t do anonymous. Concealing your identity is the most Jewish thing someone can do.’* **To be determined**
- vii. *‘Deer Muslims of X, I never once asked for any favours from you but one small favour: As the Zionist vermin are leaving bad review en masse, we would be grateful if you could kindly leave a positive review to counterbalance all the sneaky Jewish things these rats are doing:’* The post provides a link to a Trust pilot page. **To be determined**
- viii. *‘Some sense. But you can’t extricate millenia of Jewish DNA.’* This is above a repost by User O who posted, ‘It’s fucked up to leave fake reviews for someone’s business because you don’t like their politics. First off, it’s dishonest...’ **To be determined**
- ix. *‘Leaving faux negative reviews is peak Jewish behaviour.’* **To be determined**
- x. *‘Another Jewish ‘patient.’* This is above an image of a negative review. **To be determined**
- I. on or around 30 June 2025 you posted:
 - i. *‘The term Jewish is an adjective rather than a noun. It describes a distinctive set of characteristics rather than a race or religion. The characteristics that led to expulsion from 109 countries. The sneaky, underhand and avaricious characteristics that were found in the marketplace of the Madinah at the time of the Prophet. The characteristics aptly described by the Creator as*

- “clinging on to this life” So when I say Jewish and you are offended, it means the shoe fits.’ To be determined*
- ii. *‘Age old Jewish trick of deflect and distract.’ This is above a repost of User P which says, ‘Sure, Israel might be putting Oxycodone in flour and gunning down Palestinians in aid queues, but the real problem is that Kneecap is playing at Glastonbury’. To be determined*
- iii. *‘These Jews are truly sick in the head. This is psychopathy on a level never seen before in human history. It’s why the (sic) can go on a genocidal frenzy and think nothing of it.’ This is above a picture of a negative review which says, ‘terrible...never delivered the sick note for my 9 year old wife.’ To be determined*
- iv. *‘A textbook example of physiognomy: rodentus judaicus’. This is above a post by User Q which says, ‘Bahahaha! This poor ol’ ZioNerd has been stalking me for years and has complied (sic) a lukewarm mess of an article to try and get me arrested....’ To be determined*
- v. *‘Due to inherent Jewish supremacy instilled from a young age, their hubris and entitlement blinds them to the global perception people have of them.’ To be determined*
- vi. *‘Kill half a million people and starve the other million and yet still cry antisemitism when the world calls out their demonic ways. The Jewish victim complex knows no bounds. Universal hate is a strong word but they’ve brought it on themselves.’ To be determined*
- vii. *‘The only Judaic value was the Federal Reserve and interest-based banking.’ This is above a post by User R which says, ‘That’s right. We Americans do not want this antisemite in our country! Our country America was founded on Judeo-Christian values. Not Islam. We support our Jewish population & Israel here & if you don’t like it, too bad’ To be determined*
- m. on or around 1 July 2025 posted:
- i. *‘Jews. Sadism like never seen before.’ This is above a post by User S which states, “Children have been shot in other conflicts*

I have covered. But never before have I watched as soldiers enticed children like mice, into a trap, and murdered them for sport,” – Chris Hedges, Pulitzer Prize Winning American journalist on assignment...’ with a black and white photo of a man. **To be determined**

- ii. *‘We can’t blame Jews for having a genocidal impulse. This is millenia of psychopathy. We blame the world for pandering to them and letting these demons fulfil their unhinged blood lust. The world will never forget the silence of neighboring states. The curse of Allah be upon them.’* **To be determined**

3. The posts as set out at paragraph(s) 2c(i) – (iv), 2e and 2h – 2m were:
- objectively antisemitic; and/or **To be determined**
 - seriously offensive; and/or **To be determined**
 - motivated (in whole or in part) by racial or religious hostility and/or prejudice against Jews. **To be determined**
4. The posts as set out at paragraph(s) 2a(i) and 2b were:
- objectively racist; and/or **To be determined**
 - seriously offensive; and/or **To be determined**
 - motivated (in whole or in part) by racial hostility and/or prejudice. **To be determined**
5. The posts as set out at paragraph(s) 2a(ii), 2d, 2f and 2g(i) – (ii) were:
- objectively sexist. **To be determined**
6. On or around 26 January 2024, you were booked to provide locum services as a cardiology specialist registrar at University Hospitals Coventry and Warwickshire NHS Trust (‘the Placement’) to commence on 29 January 2024. **To be determined**
7. On 29 January 2024 you acted inappropriately in that you left the Placement without:
- notice; **To be determined**
 - good reason. **To be determined**

8. On 21 August 2024, an interim orders tribunal ('IOT') placed conditions on your registration which included condition 4, as set out in Schedule 1. **To be determined**
9. You failed to comply with the IOT conditions in that you posted the comment at paragraph 2e in contravention of condition 4, as set out in Schedule 1. **To be determined**
10. On 14 November 2024, your IOT conditions were amended to an IOT order of suspension which prohibited you from undertaking any activities which require full registration and a licence to practise. **To be determined**
11. On 28 November 2024 you provided a sick note ('the Sick Note') to a patient in contravention of your IOT suspension. **To be determined**
12. You knew when you issued the Sick Note that you were subject to the IOT suspension. **To be determined**
13. Your actions at paragraph 11 were dishonest by reason of paragraph 12. **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 Facts to be Determined

9. Dr Munaf made no admissions to the above allegations. Accordingly, the Tribunal was required to determine the entirety of the Allegation. There was no active challenge to the evidence given the lack of participation by Dr Munaf. In these circumstances the Tribunal was still required to consider the evidence before it and critically analyse the same in light of the burden and standard of proof.

Witness Evidence

10. The Tribunal did not hear any oral evidence during the facts stage of these proceedings.

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

- Mr B, XXX, Regional Investigations GMC. Their witness statement was dated 9 May 2025, with supplemental statements dated 11 November 2024 and 21 July 2025;
- Mr C, Senior Booking Assistant for Temporary Staffing Services (TSS) in the People Directorate at University Hospitals Coventry and Warwickshire NHS Trust ('the Trust'). Their witness statement was dated 22 October 2024;
- Dr D, Consultant Cardiologist at University Hospitals Coventry & Warwickshire NHS Trust ('the Trust'). Their witness statement was dated 10 June 2025;
- Dr E, Consultant Cardiologist at the Trust. Their witness statement was dated 16 June 2025;
- Dr F, Senior Clinical Fellow in the Cardiology Department at the Trust. Their witness statement was dated 22 July 2025.
- 'Patient A'. Their witness statement was dated 10 December 2025

Documentary Evidence

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

- The sick note to a patient signed by Dr Munaf (exhibited in the patient's witness statement);
- Screenshots of posts from Dr Munaf's X account (exhibited in statements of Mr B);
- Email correspondence from Mr C, Dr D and Dr E (exhibited in witness statements of Mr C, Dr D and Dr E);

The Tribunal's Approach

13. In reaching its decision on the facts, the Tribunal applied 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.

14. There are no agreed facts although all documentary evidence relied upon by the GMC was unchallenged. To reach a decision on the disputed facts, the Tribunal assessed the

evidence in the round. It considered what conclusions and inferences could be drawn from the documentary evidence.

The Tribunal's Analysis of the Evidence and Findings

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

16. In making its decisions, the Tribunal had regard to the following definitions, as detailed by the GMC in their submissions:

*The Oxford English dictionary defines **antisemitism** as 'Prejudice, hostility, or discrimination towards Jewish people on religious, cultural, or ethnic grounds'.*

*The Oxford English dictionary defines **racism** as 'Prejudice, discrimination, or antagonism directed against someone of a difference race based on such a belief'.*

*The Oxford English dictionary defines **sexism** as 'Prejudice, stereotyping or discrimination typically against women on the basis of sex'.*

Paragraph 1

17. The Tribunal was satisfied that Dr Munaf owned the X account in question. It considered that Dr Munaf has neither denied either having the X account with the username 'Dr Asif Munaf' using the handle 'XXX' nor had he denied making the posts which these proceedings refer to. The Tribunal further considered that at his Interim Orders Tribunal hearing Dr Munaf acknowledged posting on X, '*in the heat of the emotion*'. The Tribunal also noted that there is a further link between Dr Munaf and this specific X account as there is a link between Dr Munaf's company, 'XXX' and posts on his X account regarding 'Trustpilot' reviews of the business.

18. Accordingly, the Tribunal found paragraph 1 of the Allegation proved.

Paragraph 2

19. Having found as a fact that the X account with the username 'Dr Asif Munaf' using the handle 'XXX' belongs to Dr Munaf, paragraph 2 of the allegation details a total of 36 posts and/or reposts with/without comment from that account.

20. In its determination the Tribunal used the term posts to include both posts and reposts with or without comments.

21. The allegation at paragraph 2 was that Dr Munaf was the user and/or posted the posts subsequently detailed within the sub paragraphs of paragraph 2 of the allegation.

22. The 36 separate posts were considered as to content and nature in relation to paragraphs 3 - 5 of the allegation. All that was required of the Tribunal in relation to paragraph 2 is to establish whether it is satisfied that the posts were made by Dr Munaf.

23. The Tribunal noted the contents of the 3 unchallenged witness statements of Mr B. These statements indicated that the posts came to the attention of the GMC from a variety of different sources: complaints from members of the public, a complaint from the Jewish Medical Association and some posts came to the attention of a member of GMC staff.

24. All 36 posts were attached by way of screenshots to, and exhibited by, the statements of Mr B. These exhibits show that the posts were posted by Dr Munaf's X account and were capable of being seen by the public at the time the screenshots were made. Regarding some of the posts, there was information about how long the post had been visible for at the time it was viewed and the screenshots taken. In some instances, this was hours after posting.

25. The Tribunal found that all posts detailed in allegation 2 were posted and visible at the point in time they were viewed by the individuals who then went on to take screen shots and/or complain to the GMC.

26. The Tribunal considered that all posts detailed in allegation 2 were posted by Dr Munaf. This is because the Tribunal has found as a fact that the X account in question belongs to Dr Munaf, Dr Munaf has never asserted that somebody else had posted from his account and Dr Munaf accepted ownership of the X account and expressed regret regarding some posts before the Interim Orders Tribunal. Many of the posts relate to Dr Munaf's business, 'XXX' which further consolidates the position that this is an X account belonging to and used exclusively by Dr Munaf and all posts detailed in allegation 2 were in fact posted by Dr Munaf from his X account.

27. The Tribunal determined that all of the X posts detailed in the Allegation at paragraph 2 were made by Dr Munaf.

28. Accordingly, the Tribunal found paragraph 2 (including all posts detailed within all subparagraphs) of the Allegation proved.

Paragraphs 3, 4 and 5

29. Having found that the X account belonged to Dr Munaf and that Dr Munaf made the 36 posts detailed in allegation 2, allegations 3, 4 and 5 required the Tribunal to consider the content of the posts and make findings as to whether the contents of the posts are either:

- objectively antisemitic, seriously offensive and/or motivated (in whole or in part) by racial or religious hostility and/or prejudice against Jews (paragraph 3);
- objectively racist, seriously offensive and/or motivated (in whole or in part) by racial hostility and/or prejudice (paragraph 4);
- objectively sexist (paragraph 5).

30. The Tribunal had regard to the dictionary definitions detailed above when considering these allegations.

31. The GMC submitted that certain of the posts were objectively antisemitic by provision of and with reference to some explanatory information to highlight why this conclusion may be reached. The Tribunal had regard to this explanatory note specifically when considering the issue of whether a post was objectively antisemitic.

32. The Tribunal noted that the 3 categories (at paragraphs 3, 4 and 5) were not mutually exclusive and some posts may have elements of antisemitism, racism and sexism or any combination of the 3 categories.

33. The Tribunal acknowledged that freedom of expression is protected by Article 10 of the European Convention on Human Rights 1998 (ECHR) which states as follows:

1. *Everyone has the right to freedom of expression. This right shall include freedom to hold opinions and to receive and impart information and ideas without interference by public authority and regardless of frontiers. This Article shall not prevent States from requiring the licensing of broadcasting, television or cinema enterprises.*
2. *The exercise of these freedoms, since it carries with it duties and responsibilities, may be subject to such formalities, conditions, restrictions or penalties as are prescribed by law and are necessary in a democratic society, in the interests of national security,*

territorial integrity or public safety, for the prevention of disorder or crime, for the protection of health or morals, for the protection of the reputation or rights of others, for preventing the disclosure of information received in confidence, or for maintaining the authority and impartiality of the judiciary.

34. The Tribunal observed that Article 10 itself states that the right to freedom of expression is not an absolute right and may be restricted in democratic society for a variety of legitimate reasons.

35. The GMC submitted (at stage 1 of the substantive hearing) that Dr Munaf was not engaging in legitimate criticism of policy and the conduct of the state of Israel when he posted/re posted the content on X which forms the allegation.

36. Dr Munaf has not engaged with the hearing and as such has neither challenged the evidence relied upon by the GMC nor forwarded a positive case in his own defence.

37. The Tribunal restricted itself to making findings of fact on the specific allegations before it and solely on the basis of the evidence presented.

38. The Tribunal considered each post in turn and made individual findings which are detailed below. However, the Tribunal also considered it appropriate to look at the posts in their totality. The Tribunal determined that it was not necessary to make detailed findings about each individual word choice in each individual post. Nor did the Tribunal consider it proportionate to scrutinise all of the potential reasons why each individual post may or may not be categorised as per allegations 3, 4 and/or 5.

39. The Tribunal's findings at paragraphs 3, 4 and 5 of the Allegation with reference to the posts detailed in paragraph 2 were as follows.

Paragraph 2ai

40. The Tribunal considered that the use of the word 'coon' in relation to Floyd Mayweather, who is a black man, was objectively racist and seriously offensive.

41. With reference to the post at paragraph 2ai, the Tribunal found paragraph 4 of the Allegation proved.

Paragraph 2aii

42. The Tribunal considered Dr Munaf's comments at paragraph 2a(ii) of the Allegation. It determined that these comments were objectively sexist due to the use of derogatory comments about a woman's appearance (describing her as grotesque and a whale) and use of the word perimenopausal apparently as an insult when seeking to criticise what was being said by the woman.

43. With reference to the post at paragraph 2a(ii) the Tribunal found paragraph 5 of the Allegation proved.

Paragraph 2b

44. The Tribunal took the view that this repost made by Dr Munaf was both racist and seriously offensive due to using language associated with enslavement and subservience.

45. With reference to the post at paragraph 2b the Tribunal found paragraph 4 of the Allegation proved.

Paragraph 2c

46. The Tribunal considered the posts and reposts detailed at paragraph 2c of the Allegation.

47. The Tribunal had regard to the GMC explanatory notes in relation to them, which outlined:

'It is alleged that the posts referred to at paragraph 2c(i) – (iii)... are objectively antisemitic and/or seriously offensive as they promote the antisemitic trope of Jewish control, controlling governments, banks or institutions by a hidden hand.'

And

'It is alleged that the post referred to at paragraph 2c(iv) is objectively antisemitic and/or seriously offensive as it denies the Jewish people their right to self-determination and the rights of Jews in the State of Israel to exist and flourish.'

48. The posts included a repost asserting a 'media monopoly', a post referencing 'strong media, military and banking', and a post referencing a 'PR machine'. There was also a repost

stating, 'Israel has forfeited any right to exist.' The Tribunal accepted the GMC assertion and rationale that the posts referred to at paragraphs 2c(i) – 2c(iv) of the Allegation promote the antisemitic trope of Jewish control or question the rights of Jews in Israel to exist and as such may be characterised as antisemitic and seriously offensive.

49. With reference to the posts at paragraph 2b the Tribunal found paragraph 3 of the Allegation proved.

Paragraph 2d

50. The Tribunal considered Dr Munaf's comments at paragraph 2d of the Allegation.

51. The Tribunal considered these comments to be offensive and dehumanising to women as Dr Munaf refers to women as '*assets/liabilities*'. The Tribunal determined that these comments were objectively sexist.

52. With reference to the post at paragraph 2d the Tribunal found paragraph 5 of the Allegation proved.

Paragraph 2e

53. The Tribunal considered Dr Munaf's repost at paragraph 2e of the Allegation.

54. The Tribunal referred to the GMC explanatory note, which outlined:

'It is alleged that the post referred to at paragraph 2e is objectively antisemitic and/or seriously offensive in that it uses Nazi analogies which is an attempt to cause shock or offence by invoking historic events that are intensely sensitive to Jews for reasons that are obvious to any reasonable person.'

55. The repost started with the phrase, 'Israel is not a Jewish state, Israel is a Nazi state'. The Tribunal adopted the rationale contained within the explanatory note and determined that this repost was objectively antisemitic, seriously offensive and motivated (in whole or in part) by racial or religious hostility and/or prejudice against Jews.

56. With reference to the post at paragraph 2e the Tribunal found paragraph 3 of the Allegation proved.

Paragraph 2f – 2g

57. The Tribunal considered Dr Munaf's comments at paragraphs 2f and 2g of the Allegation.

58. The Tribunal determined that these comments were sexist due to the suggestion that women are inherently incapable of undertaking certain professions, an implied suggestion of male supremacy and stating that, 'female 'empowerment' is one of the great tricks of Satan', implying that women should be subservient to men.

59. With reference to the posts at paragraph 2f – 2g the Tribunal found paragraph 5 of the Allegation proved.

Paragraph 2h

60. The Tribunal considered Dr Munaf's comments at paragraph 2h of the Allegation. It referred to the GMC explanatory note:

'It is alleged that the post referred to at paragraph 2e is objectively antisemitic and/or seriously offensive in that it uses Nazi analogies which is an attempt to cause shock or offence by invoking historic events that are intensely sensitive to Jews for reasons that are obvious to any reasonable person. It is alleged that the post referred to at paragraph 2h is objectively antisemitic and seriously offensive for the same reasons and attempts to deny or minimise the Nazi holocaust.'

61. The Tribunal found this post to be deliberately shocking and provocative by denying/minimising the holocaust and making explicit reference to death and beheaded babies (asking the question, 'Does the obsession with baking and ovens explain the uncontested and unproven claims of 6 million Jews and 40 beheaded babies in ovens?'). The Tribunal accepted the rationale contained within the explanatory note and adopted the same reason for concluding that these comments were objectively antisemitic, seriously offensive and motivated (in whole or in part) by racial or religious hostility and/or prejudice against Jews.

62. With reference to the post at paragraph 2h the Tribunal found paragraph 3 of the Allegation proved.

Paragraph 2i

63. The Tribunal considered Dr Munaf's posts at paragraph 2i of the Allegation. It referred to the GMC explanatory note:

'It is alleged that the post referred to at paragraph 2i(i) is objectively antisemitic and/or seriously offensive as it alleges that Jews are responsible for 9/11... It is alleged that the post referred to at paragraph 2i(ii) is objectively antisemitic and/or seriously offensive as it uses antisemitic caricature tropes in reference to Jewish people generally.'

64. The Tribunal noted that these posts call 9/11 a 'Jewish job' and refer to a Jewish person as having 'clawed hands' and featuring a rat emoji. The Tribunal accepted the rationale within explanatory note and adopted the same determining that these comments were objectively antisemitic, seriously offensive and motivated (in whole or in part) by racial or religious hostility and/or prejudice against Jews.

65. With reference to the post at paragraph 2i the Tribunal found paragraph 3 of the Allegation proved.

Paragraph 2j

66. The Tribunal considered Dr Munaf's posts at paragraph 2j of the Allegation. It referred to the GMC explanatory note:

'It is alleged that the posts referred to at 2j(i), 2j(ii), 2 k(i), 2k (ii), 2k (iv) – 2k(x), 2l (i) – (vi) and 2m(i) and 2m(ii) are objectively antisemitic and seriously offensive as they make dehumanizing and demonizing allegations about Jews as a collective and/or uses antisemitic tropes to describe Jews to portray them in a negative light.'

67. The Tribunal noted that Dr Munaf's comments on these reposts were that 'Jews have no limits to their depravity', and 'Jews are born with the inherent ability to deceive.' The Tribunal accepted the explanatory notes that the comments include dehumanising and demonising allegations about Jews as a collective and use antisemitic tropes to portray Jews negatively and as such determine that these comments were objectively antisemitic, seriously offensive and motivated (in whole or in part) by racial or religious hostility and/or prejudice against Jews.

68. With reference to the post at paragraph 2j the Tribunal therefore paragraph 3 of the Allegation proved.

Paragraph 2k

69. The Tribunal considered Dr Munaf's posts at paragraph 2k of the Allegation. It referred to the GMC explanatory note:

'It is alleged that the posts referred to at 2j(i), 2j(ii), 2 k(i), 2k (ii), 2k (iv) – 2k(x), 2l (i) – (vi) and 2m(i) and 2m(ii) are objectively antisemitic and seriously offensive as they make dehumanizing and demonizing allegations about Jews as a collective and/or uses antisemitic tropes to describe Jews to portray them in a negative light.'

And

'It is alleged that the posts referred to at paragraph 2c(i) – (iii), 2k(iii) and 2l(vii) are objectively antisemitic and/or seriously offensive as they promote the antisemitic trope of Jewish control, controlling governments, banks or institutions by a hidden hand.'

70. Many of the posts at 2.k.i. – 2.k.x. had a common theme of commenting on negative Trustpilot reviews on Dr Munaf's business (XXX). During these posts Dr Munaf referred to Jews as "obnoxious rats", "vermin" and "crawling out from underneath rocks". There was a suggestion of Jews being inherently "sneaky" and "dishonest" as a collective and seeking to leave dishonest negative reviews. The Tribunal accepted the submission in the explanatory notes that these posts make dehumanizing and demonizing allegations about Jews as a collective and use antisemitic tropes to describe Jews to portray them in a negative light. The other posts within this section contained reference to Jewish control of the media and further promote antisemitic tropes. As such the Tribunal determined that these comments were objectively antisemitic, seriously offensive and motivated (in whole or in part) by racial or religious hostility and/or prejudice against Jews.

71. The Tribunal noted paragraph 2.k.vii of the Allegation, where Dr Munaf had posted:

'Deer Muslims of X, I never once asked for any favours from you but one small favour: As the Zionist vermin are leaving bad review en masse, we would be grateful if you could kindly leave a positive review to counterbalance all the sneaky Jewish things these rats are doing.'

72. The Tribunal noted that Dr Munaf was on the face of it soliciting favourable reviews on his business account which may raise concerns about his probity.

73. With reference to the posts at paragraph 2k the Tribunal found paragraph 3 of the Allegation proved.

Paragraph 2l

74. The Tribunal considered Dr Munaf's posts outlined at paragraph 2l of the Allegation. It referred to the GMC explanatory note:

'It is alleged that the posts referred to at 2j(i), 2j(ii), 2 k(i), 2k (ii), 2k (iv) – 2k(x), 2l (i) – (vi) and 2m(i) and 2m(ii) are objectively antisemitic and seriously offensive as they make dehumanizing and demonizing allegations about Jews as a collective and/or uses antisemitic tropes to describe Jews to portray them in a negative light.'

75. This series of posts included reference to Jewish characteristics of being “sneaky”, “underhand”, “avaricious” and references a “genocidal frenzy”. Jews as a collective were accused of supremacy/entitlement and a victim complex. The Tribunal accepted the explanatory note rationale, adopted the same and further determined that these comments were objectively antisemitic, seriously offensive and motivated (in whole or in part) by racial or religious hostility and/or prejudice against Jews.

76. With reference to the posts at paragraph 2l the Tribunal therefore found paragraph 3 of the Allegation proved.

Paragraph 2m

77. The Tribunal considered Dr Munaf's posts outlined at paragraph 2m of the Allegation. It referred to the GMC explanatory note:

'It is alleged that the posts referred to at 2j(i), 2j(ii), 2 k(i), 2k (ii), 2k (iv) – 2k(x), 2l (i) – (vi) and 2m(i) and 2m(ii) are objectively antisemitic and seriously offensive as they make dehumanizing and demonizing allegations about Jews as a collective and/or uses antisemitic tropes to describe Jews to portray them in a negative light.'

78. Dr Munaf made the comment, ‘Jews. Sadism like never seen before’ on a repost and also posted that Jews have a ‘genocidal impulse’ and ‘millennia of psychopathy’. The Tribunal

accepted the contents of the explanatory note and further determined that the comments detailed at paragraph 2m of the Allegation were objectively antisemitic, seriously offensive and motivated (in whole or in part) by racial or religious hostility and/or prejudice against Jews due to the dehumanising and demonising allegations about Jews as a collective.

79. With reference to the posts at paragraph 2m the Tribunal found paragraph 3 of the Allegation proved.

Paragraph 3

80. As outlined above, the posts set out at paragraph(s) 2c(i) – (iv), 2e and 2h – 2m were determined by the Tribunal, to be objectively antisemitic, seriously offensive and/or motivated (in whole or in part) by racial or religious hostility and/or prejudice against Jews.

81. Paragraph 3 of the Allegation was therefore found proved.

Paragraph 4

82. As outlined above, the posts as set out at paragraph(s) 2a(i) and 2b were determined by the Tribunal, to be objectively racist, seriously offensive and/or motivated (in whole or in part) by racial hostility and/or prejudice.

83. Paragraph 4 of the Allegation was therefore found proved.

Paragraph 5

84. As outlined above, the posts as set out at paragraph(s) 2a(ii), 2d, 2f and 2g(i) – (ii) were determined to be objectively sexist by the Tribunal.

85. Paragraph 5 of the Allegation was therefore found proved.

Paragraph 6

86. The Tribunal determined that it had sufficient evidence before it for it to be satisfied that on or around 26 January 2024, Dr Munaf was booked to provide locum services as a cardiology specialist registrar at University Hospitals Coventry and Warwickshire NHS Trust ('the Placement') to commence on 29 January 2024.

87. The Tribunal relied on the witness statements of Mr C, Dr D and Dr E, who all confirmed this information to be accurate. The statement of Mr C detailed the administrative booking process through a locum agency and confirmed the booking. The statements of Dr D and Dr E both confirmed that Dr Munaf was expected as a locum cardiology specialist registrar to commence for an initial period of a week on 29 January 2024 and detailed the plans for his work that week.

88. The Tribunal therefore found paragraph 6 of the Allegation proved.

Paragraph 7

89. The Tribunal referred to the witness statement of Mr C who stated:

‘On 29 January 2024 at 10.46 I received an email from Mr G advising that he had ‘just been contacted by Dr Munaf, he is shadowing at the moment, he would like to cancel from tomorrow as he wants to be working independently, he is looking for a senior role.’ I have checked my email inbox and can’t find any record of correspondence from the ward regarding Dr Munaf’s disappearance. I recall having a brief telephone call with Ms H who explained that Dr Munaf had gone missing and asked if I could contact the Locum Agency for further information, which I did straight away. On 29 January 2024 at 14:20, I sent an email to Mr G to explain, ‘Dr Munaf has disappeared, no one knows where he has gone and neither he has informed anyone, please could you call and check and update us’.

90. The Tribunal further considered the statement of Dr D, who stated:

‘To my knowledge, Dr Munaf did not communicate this to anyone. I spoke with Dr F on or around 30 January 2024 who confirmed that she had not heard from Dr Munaf before he left the hospital.’

91. The Tribunal also considered the statement of Dr E, who stated:

‘I heard that Dr Munaf had informed the ward staff that he was leaving and would not be returning, and words to the effect of the duties given to him were not what he was expecting, but this was third party information, and I do not know if he gave any further explanation.’

92. The Tribunal considered it inappropriate and unprofessional for Dr Munaf to leave the placement in this way. It noted that Dr Munaf left the placement only a couple of hours into the 5-day minimum placement. Dr Munaf may have informed an unidentified member of staff on the ward that he was leaving. In the Tribunal's view, this did not amount to giving any 'notice' as the information is imprecise and was clearly not relayed to an appropriate person in a clear manner and allowing an opportunity for discussion or timely action to be taken with respect to service provision.

93. The Tribunal further noted that Dr Munaf's absence from the unit was so unexplained that efforts to track him down had to be made via his locum agency. Dr Munaf did not raise any concerns with any relevant person (i.e. Dr F, Dr E, Dr D), nor did he provide a reason for his departure to any of the doctors with whom he was due to be directly working/reporting to during the day. The Tribunal noted that, given the manner of Dr Munaf's leaving of the placement, he failed to provide any reason for his departure directly to the relevant people. Should there have been a good reason for leaving the placement, this should have been communicated through the appropriate channels or to an appropriate person. The Tribunal therefore determined that Dr Munaf acted inappropriately and unprofessionally both by leaving his placement without notice or good reason.

94. Accordingly, paragraph 7 of the Allegation was found proved.

Paragraph 8

95. The Tribunal had sight of the August 2024 interim orders tribunal determinations and therefore this paragraph of the Allegation was found proved.

Paragraph 9

96. The Tribunal was aware that Dr Munaf was present at his interim orders tribunal hearing on 24 August 2024 and therefore considered that he knew about the conditions placed on his registration from that date.

97. Condition 4 set out:

"They must not abuse, discriminate against, bully, harass or deliberately target any individual or group when expressing their beliefs on social media or any other public platform"

98. On 19 September 2024, Dr Munaf breached this condition and reposted an X post which stated:

'Israel is not a Jewish state, Israel is a Nazi state. Zionism is not Judaism, Zionism is Nazism. Zionists are not Jews. Zionists are today's Nazis. Zionism is heresy. Zionism is an irreligious ideology.' Attached to an image which depicted a red flag containing the star of David above a swastika.

99. The Tribunal therefore found this paragraph of the Allegation proved.

Paragraph 10

100. The Tribunal had sight of the November 2024 Interim Orders Tribunal determination and therefore this paragraph of the Allegation was found proved.

Paragraph 11

101. The Tribunal had regard to the witness statement of Patient A (the patient who received the signed sick note from Dr Munaf).

102. The Tribunal considered this witness statement to be clear evidence that on 28 November 2024, Dr Munaf provided a sick note to Patient A, in contravention of his IOT suspension.

103. Paragraph 11 of the Allegation was therefore found proved.

Paragraph 12

104. The Tribunal was aware that Dr Munaf was present at the November 2024 interim orders hearing. It therefore considered that Dr Munaf would have been aware of the suspension placed on his registration.

105. Further, the Tribunal had regard to the letter which was sent to and received by Dr Munaf following his suspension. The letter states clearly:

This means that:

- *It is not open to you to perform any duties as a medical practitioner for which registration and a licence are required*

- *Other privileges which attach to the licence to practise are not open to you whilst your registration is suspended*
- *You should not undertake activities, such as prescribing or signing statutory certificates whilst you are suspended*
- *It is your responsibility to check with the GMC the appropriateness and legality of any activity proposed whilst your registration is suspended.*

106. It was clear to the Tribunal that Dr Munaf would have been aware that he had issued a sick note when he was subject to an IOT suspension and therefore this paragraph of the Allegation was found proved.

Paragraph 13

107. Given its findings above, the Tribunal found that Dr Munaf's actions at paragraphs 11 were dishonest by reason of paragraph 12. The Tribunal considered that Dr Munaf subjectively knew that his actions were dishonest as he knew that provision of a sick note is an activity which may only be carried out by a registered/licenced medical practitioner which he, at that time, was not by virtue of the IOT suspension of 14 November 2024.

108. The Tribunal further determined this this action would be considered objectively dishonest by the standards of ordinary and decent people as Dr Munaf knew he was suspended from practicing, yet he continued to hold himself out as a professional who was capable of providing this service and did so when he was not permitted to do so.

109. Accordingly, paragraph 13 of the Allegation was found proved.

The Tribunal's Overall Determination on the Facts

110. The Tribunal has determined the facts as follows:

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

1. You had an X account with the username 'Dr Asif Munaf' using the handle 'XXX'. **Determined and found proved**
2. You were the user and/or posted the following from the account referred to at paragraph 1:
 - a. on or around 16 October 2023 you:

- i. reposted a post by User A who stated, *'The undisputed heavyweight coon of the world @floydmayweather stop taking celebs as heroes, our role models are The Prophets, the sahaba. May Allah make us more like them. They come to the Middle East, smile in the face of #Muslims, take the money then run, now we see their true face'*. Below the post is a picture which shows Floyd Mayweather wearing a cap with a star of David;
Determined and found proved
- ii. posted, *'This grotesque perimenopausal Zionist whale lying through her teeth on @piersmorgan Absolutely shameful to get her on'*; **Determined and found proved**
- b. on or around 17 October 2023 you reposted a post by User B who stated, *'Yes masser, I lick your boots masser. Uncle tom, house boy, smiling to his master.'* Below is a screenshot by User C who had commented *'floyd mayweather was on video call with IDF special forces'* with an Israeli flag emoji. The still of the video shows a man and 6 people in military uniforms with their faces covered with a picture in the top right hand corner of Floyd Mayweather; **Determined and found proved**
- c. in or around October 2023 you:
 - i. reposted User D who stated, *'Killing more children than the total number of people your enemy is accused of killing but still being able to play the victim card is only possible if you have a monopoly on the media'*; **Determined and found proved**
 - ii. posted, *'Zionists are extremely strong. They have strong media, military and banking. They are godless (sic) satanic cult believing in kabbalistic rituals and obscure eschatology. They're preparing the world very nicely for the trial on the Antichrist. The issue is, most people don't read.'*; **Determined and found proved**
 - iii. posted *'Damn the Zionist PR machine is slimey (sic). Allah SWT humble them and bring them to justice in this life. Ameen. What awaits them in the Next is beyond comprehension.'*; **Determined and found proved**
 - iv. reposted User E who stated, *'Israel has forfeited any right to exist'*; **Determined and found proved**
- d. in or around January 2024 you posted *'Most men cannot tell the difference between an asset and a liability. This is with both finances*

and females. This is why many are broke and miserable. Learn. Leverage. Level up’; Determined and found proved

- e. on or around 19 September 2024 you reposted User F who stated, *‘Israel is not a Jewish state, Israel is a Nazi state. Zionism is not Judaism, Zionism is Nazism. Zionists are not Jews. Zionists are today’s Nazis. Zionism is heresy. Zionism is an irreligious ideology.’* Below is an image which shows a red flag. On the flag it shows the star of David above a swastika; **Determined and found proved**
- f. on or around 2 February 2025 you posted, *‘This weekend has shown us the importance of gender roles. Women should not be pilots. Just like men should not be midwives or hairdressers. Allah remind us in Surah Ale Imran: and the male is not like the female. 3:36. Female ‘empowerment’ is one of the great tricks of Satan. Islam gives us the blueprint. When will the world wake up?’*; **Determined and found proved**
- g. in or around February 2025 you posted:
 - i. *‘...and the male is not like the female. 3:36’* This is above a repost by User G who posted, *‘First woman pilot to fly a helicopter into a plane full of passengers’*; **Determined and found proved**
 - ii. *‘and the male is not like the female. 3:36’* above a repost by User H who posted, *‘First woman to sink a naval ship’*. **Determined and found proved**
- h. on or around 1 May 2025 posted, *‘You only have to go to to (sic) North London to see the Jewish love for a bakery. Lots of bagel shops and many of them very nice with great coffee. Does the obsession with baking and ovens explain the uncontested and unproven claims of 6 million Jews and 40 beheaded babies in ovens?’* **Determined and found proved**
- i. on or around 26 June 2025 posted:
 - i. *‘9/11 wasn’t an inside job. Let’s call it for what it really is. A Jewish job.’* **Determined and found proved**
 - ii. *‘If someone saves your tweet, there’s a 95% chance it’s a sad Jew who is rubbing his clawed hands so they can show your employer or university.’* Included in the post is an emoji image of a rat. **Determined and found proved**
- j. on or around 27 June 2025 posted:

- i. *'Jews have no limits to their depravity. Sick in the head.'* This is above a repost of User I which says, 'The drug Oxycodone is not only being added by the Israelis to the bags, but the flour itself is mixed in with it, says pharmacist' and a screenshot of a post. **Determined and found proved**
- ii. *'Jews are born with the inherent ability to deceive. Have to give it to them.'* This is above a repost by User J which says, 'THE LIFE OF A MOSSAD AGENT. You live in a small apartment in northern Tehran. You're neighbors think you're an oil consultant...' with a picture of a family. **Determined and found proved**
- k. on or around 29 June 2025 posted:
 - i. *'The Jews are crawling out from underneath rocks to leave bad reviews on our @Trustpilot page. What are you doing about these nasty, jealous and obnoxious rats?'* **Determined and found proved**
 - ii. *'Jews have an uncanny ability to make everything about themselves. Have to give it to them.'* **Determined and found proved**
 - iii. *'Who controls the media?'* This is above a post by User K which says, 'Can someone try something. On X I can't search for "Death to Israelis" but I can search for "Death to Palestinians".' **Determined and found proved**
 - iv. *'Jews doing very Jewish things'* above a repost by User L which says, 'Zionists as usual working hard to prove all of the stereotypes' which includes a post by User M which says, 'Make this POS lose every penny he's got.' This includes a picture of Bob Vylan. **Determined and found proved**
 - v. *'Jews doing what Jews do best.'* Above a picture of 3 negative reviews. **Determined and found proved**
 - vi. In response to User N, stated *'We don't cower to Jews Max. Hence why we don't do anonymous. Concealing your identity is*

the most Jewish thing someone can do.' **Determined and found proved**

- vii. *'Deer Muslims of X, I never once asked for any favours from you but one small favour: As the Zionist vermin are leaving bad review en masse, we would be grateful if you could kindly leave a positive review to counterbalance all the sneaky Jewish things these rats are doing.'* The post provides a link to a Trust pilot page. **Determined and found proved**
- viii. *'Some sense. But you can't extricate millenia of Jewish DNA.'* This is above a repost by User O who posted, 'It's fucked up to leave fake reviews for someone's business because you don't like their politics. First off, it's dishonest...' **Determined and found proved**
- ix. *'Leaving faux negative reviews is peak Jewish behaviour.'* **Determined and found proved**
- x. *'Another Jewish 'patient.'*" This is above an image of a negative review. **Determined and found proved**
- I. on or around 30 June 2025 you posted:
 - i. *'The term Jewish is an adjective rather than a noun. It describes a distinctive set of characteristics rather than a race or religion. The characteristics that led to expulsion from 109 countries. The sneaky, underhand and avaricious characteristics that were found in the marketplace of the Madinah at the time of the Prophet. The characteristics aptly described by the Creator as "clinging on to this life" So when I say Jewish and you are offended, it means the shoe fits.'* **Determined and found proved**
 - ii. *'Age old Jewish trick of deflect and distract.'* This is above a repost of User P which says, 'Sure, Israel might be putting Oxycodone in flour and gunning down Palestinians in aid queues, but the real problem is that Kneecap is playing at Glastonbury'. **Determined and found proved**
 - iii. *'These Jews are truly sick in the head. This is psychopathy on a level never seen before in human history. It's why the (sic) can go on a genocidal frenzy and think nothing of it.'* This is above a

picture of a negative review which says, ‘terrible...never delivered the sick note for my 9 year old wife.’ **Determined and found proved**

- iv. *‘A textbook example of physiognomy: rodentus judaicus’.* This is above a post by User Q which says, ‘Bahahaha! This poor ol’ ZioNerd has been stalking me for years and has complied (sic) a lukewarm mess of an article to try and get me arrested....’

Determined and found proved

- v. *‘Due to inherent Jewish supremacy instilled from a young age, their hubris and entitlement blinds them to the global perception people have of them.’* **Determined and found proved**

- vi. *‘Kill half a million people and starve the other million and yet still cry antisemitism when the world calls out their demonic ways. The Jewish victim complex knows no bounds. Universal hate is a strong word but they’ve brought it on themselves.’*

Determined and found proved

- vii. *‘The only Judaic value was the Federal Reserve and interest-based banking.’* This is above a post by User R which says, ‘That’s right. We Americans do not want this antisemite in our country! Our country America was founded on Judeo-Christian values. Not Islam. We support our Jewish population & Israel here & if you don’t like it, too bad’ **Determined and found proved**

- m. on or around 1 July 2025 posted:

- i. *‘Jews. Sadism like never seen before.’* This is above a post by User S which states, “Children have been shot in other conflicts I have covered. But never before have I watched as soldiers enticed children like mice, into a trap, and murdered them for sport,” – Chris Hedges, Pulitzer Prize Winning American journalist on assignment...’ with a black and white photo of a man. **Determined and found proved**

- ii. *‘We can’t blame Jews for having a genocidal impulse. This is millenia of psychopathy. We blame the world for pandering to*

*them and letting these demons fulfil their unhinged blood lust.
The world will never forget the silence of neighboring states.
The curse of Allah be upon them.'* **Determined and found proved**

3. The posts as set out at paragraph(s) 2c(i) – (iv), 2e and 2h – 2m were:
 - a. objectively antisemitic; and/or **Determined and found proved**
 - b. seriously offensive; and/or **Determined and found proved**
 - c. motivated (in whole or in part) by racial or religious hostility and/or prejudice against Jews. **Determined and found proved**
4. The posts as set out at paragraph(s) 2a(i) and 2b were:
 - a. objectively racist; and/or **Determined and found proved**
 - b. seriously offensive; and/or **Determined and found proved**
 - c. motivated (in whole or in part) by racial hostility and/or prejudice. **Determined and found proved**
5. The posts as set out at paragraph(s) 2a(ii), 2d, 2f and 2g(i) – (ii) were:
 - a. objectively sexist. **Determined and found proved**
6. On or around 26 January 2024, you were booked to provide locum services as a cardiology specialist registrar at University Hospitals Coventry and Warwickshire NHS Trust ('the Placement') to commence on 29 January 2024. **Determined and found proved**
7. On 29 January 2024 you acted inappropriately in that you left the Placement without:
 - a. notice; **Determined and found proved**
 - b. good reason. **Determined and found proved**
8. On 21 August 2024, an interim orders tribunal ('IOT') placed conditions on your registration which included condition 4, as set out in Schedule 1. **Determined and found proved**
9. You failed to comply with the IOT conditions in that you posted the comment at paragraph 2e in contravention of condition 4, as set out in Schedule 1. **Determined and found proved**

10. On 14 November 2024, your IOT conditions were amended to an IOT order of suspension which prohibited you from undertaking any activities which require full registration and a licence to practise. **Determined and found proved**
11. On 28 November 2024 you provided a sick note ('the Sick Note') to a patient in contravention of your IOT suspension. **Determined and found proved**
12. You knew when you issued the Sick Note that you were subject to the IOT suspension. **Determined and found proved**
13. Your actions at paragraph 11 were dishonest by reason of paragraph 12. **Determined and found proved**

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

Determination on Impairment - 12/01/2026

111. 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 Munaf's fitness to practise is impaired by reason of misconduct.

The Evidence

112. The Tribunal has reviewed its findings of fact. It received no further evidence at the impairment stage of proceedings.

Submissions

Submissions on behalf of the GMC

113. Ms Tighe, Counsel, submitted that Dr Munaf's behaviour amounted to misconduct which is serious. She drew the Tribunal's attention to the relevant sections of Good Medical Practice (GMP).

114. When considering the matter of impairment, Ms Tighe submitted that the Allegation features a number of different incidents of misconduct. She stated that in the GMC's view, paragraph 6-7 of the Allegation which refers to Dr Munaf leaving a work placement without good reason or notice falls within the lower end of the spectrum of seriousness. Ms Tighe submitted that there are no factors increasing the seriousness of these actions. She noted that the same submissions apply to paragraphs 8-9 of the Allegation (breach of condition 4 of Dr Munaf's IOT conditions).

115. Ms Tighe submitted that Dr Munaf's posts on X (paragraphs 1-5 of the Allegation) fall at the higher end of the spectrum of seriousness. Ms Tighe submitted that the behaviour was repeated and persistent, amounting to 36 posts, over a significant period of time. Ms Tighe said that this behaviour, but for the fact it was already at the higher end of the spectrum, would further increase seriousness.

116. Ms Tighe submitted that Dr Munaf's action in dishonestly issuing a sick note to a patient whilst suspended from practice (paragraphs 10-13 of the Allegation) also falls at the higher end of the spectrum of seriousness. Ms Tighe submitted that this is dishonesty which took place within Dr Munaf's professional role. Ms Tighe said that this was a situation where Dr Munaf held himself out as a doctor capable of providing a service to a patient, when he was not permitted to do so. In doing so, Dr Munaf was putting his own interests before those of his patients. Furthermore, Ms Tighe stated that Dr Munaf's actions served to undermine the integrity of a system designed to protect the public. Ms Tighe submitted that consequently, the starting point for assessing current and ongoing risk to public protection would be high.

117. Ms Tighe went on to submit that there is no relevant context to be taken into account at this stage when the Tribunal consider the impact of any relevant context, such as working environment.

118. In consideration of how Dr Munaf has responded to the Allegation, Ms Tighe submitted that there is an absence of any evidence of insight or efforts to remediate. She said that Dr Munaf has not engaged with these proceedings, has not responded to the Allegation, save for the limited representations he made on 21 August 2024 at an IOT hearing. Ms Tighe submitted that in relation to Dr Munaf's conduct on X, there is a deep seated and ongoing attitudinal issue.

119. Ms Tighe submitted that Dr Munaf continued to post discriminatory material on X, despite the ongoing GMC investigation, which the Tribunal might consider became more

explicit in nature as the time progressed. Ms Tighe submitted that this demonstrates significant lack of insight by Dr Munaf.

120. Ms Tighe submitted that Dr Munaf poses a current and ongoing risk to public protection, that risk being high. She submitted that the risk is engaged in relation to all parts of public protection:

- Protect, promote and maintain the health, safety and well-being of the public (noting that colleagues are also members 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.

121. Ms Tighe concluded that given the circumstances, a finding of impairment is necessary.

The Relevant Legal Principles

122. There is no burden or standard of proof at this stage of the proceedings and the decision on 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. 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.

123. In approaching the 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, which was serious, poses a current and ongoing risk to public protection requiring restrictive action in response and therefore could lead to a finding of impairment.

124. To assess whether Dr Munaf poses any current and ongoing risk to public protection which may require restrictive action in response, the Tribunal considered:

- where on the spectrum of seriousness the allegation lies, based on the facts found proved;

- the impact of any relevant context known about Dr Munaf and/or their working environment, and;
- how Dr Munaf has responded to the allegations.

The Tribunal's Determination on Impairment

Misconduct

125. The Tribunal had regard to the submissions of Ms Tighe. The Tribunal note that both the 2013 and the 2024 versions of GMP are relevant due to the dates of the allegations. The Tribunal referred to the applicable version when considering the different findings.

126. The Tribunal noted the following paragraphs of GMP, which it agreed Dr Munaf's conduct had breached:

From GMP 2024:

Domain 4: Trust and professionalism

Introduction

- *Patients must be able to trust medical professionals with their lives and health, and medical professionals must be able to trust each other.*
- *Good medical professionals uphold high personal and professional standards of conduct. They are honest and trustworthy, act with integrity, maintain professional boundaries and do not let their personal interests affect their professional judgements or actions.*

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

88 You must be honest and trustworthy, and maintain patient confidentiality in all your professional written, verbal and digital communications.

89 You must make sure any information you communicate as a medical professional is accurate, not false or misleading. This means:

a you must take reasonable steps to check the information is accurate b you must not deliberately leave out relevant information

*c you must not minimise or trivialise risks of harm
d you must not present opinion as established fact.*

91 You must follow our more detailed guidance on Using social media as a medical professional.

From ‘Using social media as a medical professional’:

4 The standards expected of you as a medical professional do not change because you are communicating through social media, rather than face to face or through other methods of communication. However social media is constantly evolving, as are societal norms and expectations

7 How you behave when using social media matters. Medical professionals, like everyone else, have rights to freedom of belief, privacy, and expression. But exercising these rights when using social media as a medical professional has to be balanced with the possible impact on other people’s rights and interests.

14 You must not use social media to abuse, discriminate against, bully, harass or deliberately target any individual or group.

15 When interacting with or commenting about individuals or organisations on or using social media, be aware that communications are subject to the same laws of copyright, defamation, discrimination, and harassment as written or verbal communications – whether they are made in a personal or professional capacity.

From GMP 2013:

34 When you are on duty you must be readily accessible to patients and colleagues seeking information, advice or support.

38 Patient safety may be affected if there is not enough medical cover. So you must take up any post you have formally accepted, and work your contractual notice period before leaving a job, unless the employer has reasonable time to make other arrangements.

127. The Tribunal concurred with Ms Tighe’s submissions.

128. The Tribunal's findings were that on 36 occasions between October 2023 – July 2025, Dr Munaf posted/reposted (on his X social media account) content which was objectively antisemitic, racist, sexist, seriously offensive and/or motivated (in whole or in part) by racial or religious hostility and/or prejudice. The Tribunal further found that Dr Munaf left a locum placement without notice or good reason. The Tribunal also found that Dr Munaf posted on X in breach of his initial Interim Orders Tribunal (IOT) conditions. Finally, the Tribunal found that Dr Munaf issued a sick note in contravention of his IOT suspension and that this was dishonest.

129. The 3 categories of findings can broadly be described as: the posts, the placement and the IOT breaches. The Tribunal considered the issue of misconduct in relation to each of the 3 categories of findings.

The Posts

130. In relation to the posts, the Tribunal determined that the main breaches of GMP related to patient trust and the need for doctors to uphold high personal and professional standards of conduct. Specifically regarding use of social media, the Tribunal also found Dr Munaf to be in clear breach of the principle that, *'You must not use social media to abuse, discriminate against, bully, harass or deliberately target any individual or group.'* (GMP 2024 and 2013 guidance for using social media as a medical professional)

The Placement

131. In relation to the placement, the Tribunal determined that the main breaches of GMP related to trust, both by the public and that medical professionals must be able to trust each other. The Tribunal also noted that medical professionals should uphold high personal and professional standards of conduct. The Tribunal found that Dr Munaf's conduct in leaving the placement without notice and good reason was unprofessional and would not justify the trust of patients or colleagues. Further the conduct of Dr Munaf in leaving the placement prioritised his own interests over patient safety and was reckless as to any resulting adverse impact on colleagues or patients.

The IOT Breaches

132. In relation to the IOT breaches, the Tribunal determined that the main breaches of GMP 2024 related to trust and integrity, noting *'Patients must be able to trust medical professionals with their lives and health,'* and *'Good medical professionals uphold high*

personal and professional standards of conduct. They are honest and trustworthy, act with integrity, maintain professional boundaries and do not let their personal interests affect their professional judgements or actions’. The Tribunal concluded that the dishonest issuing of a sick note at a time when Dr Munaf was not able to practice medicine by virtue of the IOT suspension is a serious breach of trust and a failure to act with the honesty, integrity and professionalism that is expected of doctors.

133. The Tribunal considered that Dr Munaf’s behaviour fell far short of what would be proper and reasonably expected, would be capable of bringing the profession into disrepute and can properly be described as serious misconduct.

134. The Tribunal was satisfied that due to the clear and flagrant breaches of GMP (both the 2013 and 2024 versions) and the guidance on using social media as a medical professional, Dr Munaf’s misconduct amounted to misconduct which is serious.

Is there a legal basis for considering impairment?

135. The Tribunal considered whether there was a legal basis for considering impairment in Dr Munaf’s case.

136. The Tribunal determined that having found Dr Munaf’s actions amounted to serious misconduct, there was a legal basis for considering the issue of impairment.

137. Having established a legal basis for considering the issue of impairment, the Tribunal went on to establish whether Dr Munaf poses any current and ongoing risk to any of the three limbs of public protection, namely, protecting and promoting the health, safety, and well-being of the public, promoting, and maintaining public confidence in the medical profession and promoting and maintaining proper professional standards and conduct for members of the profession.

138. In considering this issue, and as part of its structured decision making, the Tribunal considered the spectrum of seriousness, any relevant context and any evidence of insight/remediation.

Where on the spectrum of seriousness does the allegation lie?

139. The Tribunal considered where on the spectrum of seriousness the allegations found proved in this case lie.

140. The Tribunal first considered the seriousness of Dr Munaf's conduct on X. The Tribunal noted that this conduct was sustained and repeated. Dr Munaf continued making discriminatory posts on X even in the face of an interim order condition, which he breached. The Tribunal found that Dr Munaf repeatedly posted/reposted material that was seriously offensive, racist, sexist, antisemitic and/or motivated (in whole or in part) by racial or religious hostility and/or prejudice. Consequently, the Tribunal determined that these allegations were high on the spectrum of seriousness.

141. Next, the Tribunal went on to consider the seriousness of Dr Munaf's actions in leaving the placement as a locum cardiology specialist registrar at University Hospitals Coventry. The Tribunal considered this conduct to be highly unprofessional and would have negatively impacted on both patients and colleagues, causing at least inconvenience and delay. It was however, an isolated incident with no suggestion of repetition or a pattern of this type of behaviour. The Tribunal took the view that there was no direct evidence before it that demonstrated any serious or specific harm had been caused by Dr Munaf's actions and therefore it considered that these allegations were low on the spectrum of seriousness.

142. The Tribunal went on to consider the seriousness of Dr Munaf's actions in providing the sick note to a patient when he was suspended. The Tribunal considered these actions to be very serious. Dr Munaf deliberately ignored his regulator's requirements and held himself out as a medical professional who was permitted to issue a sick note when he knew he was not. The Tribunal was of the view that Dr Munaf showed complete disregard and a lack of respect for the function of the regulator. Furthermore, Dr Munaf placed his own interests above that of his patients, showed a lack of integrity and demonstrated a willingness to act dishonestly. Consequently, the Tribunal determined that Dr Munaf's actions in this regard are high on the spectrum of seriousness.

143. Overall, the Tribunal considered that in all the circumstances, the risk to public protection is high given the existence of two allegations characterised as high on the spectrum of seriousness (the posts and the IOT breach sick note) coupled with two allegations assessed as low on the spectrum of seriousness (the placement and the IOT breach post). The overall starting point is considered to be high.

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

144. The Tribunal next considered whether there was any relevant context known about Dr Munaf and/or his working environment that could have an impact on the assessment of whether he poses any current and ongoing risk to one or more of the three parts of public protection.

145. The Tribunal noted that Dr Munaf has not provided any evidence. Therefore, there is nothing the Tribunal can reasonably infer in terms of relevant context. The Tribunal therefore found that there is not any relevant context to factor into its assessment of risk.

How has Dr Munaf responded to the allegations?

146. The Tribunal considered how Dr Munaf had responded to the allegations found proved in this case.

147. The Tribunal again considered that there is no information before it regarding insight or remediation. Dr Munaf has not engaged with these proceedings and therefore the Tribunal has no available evidence to assist it in answering this question.

148. The Tribunal did conclude that Dr Munaf has demonstrated a lack of insight by continuing to post discriminatory material on X following an IOT hearing which forbade him from doing so.

149. Further to breaching his IOT conditions, Dr Munaf went on to breach his suspension by supplying a sick note to a patient when he was not permitted to do so.

150. The Tribunal has no information about any further insight or remediation work Dr Munaf has undertaken.

151. The Tribunal do not consider that the findings against Dr Munaf would be easily remediable in any event. Regarding the posts, the Tribunal accepted the submission of the GMC that these indicate a '*deep seated and ongoing attitudinal issue*'. As there is no evidence of insight the possibility of remediation cannot reasonably be considered. With regard to the placement and dishonesty in issuing the sick note, the Tribunal took the same view when considering insight and remediation.

152. The Tribunal considered the issue of whether the behaviour is highly unlikely to be repeated. Dr Munaf's conduct on the placement and in dishonestly issuing the sick note were each one-off instances so it is difficult to assess the likelihood of repetition. The likelihood of

repetition is intrinsically linked to the insight into the wrongdoing as in the absence of any information regarding Dr Munaf's insight, it is difficult to exclude the possibility of repetition. Regarding the posts, the Tribunal note that the posts were numerous (36), over a protracted period (2 years) and persisted after the regulatory investigation commenced and after IOT conditions designed to constrain this behaviour. On this basis the Tribunal cannot conclude that this behaviour is highly unlikely to be repeated.

153. The Tribunal also has no information available to it to demonstrate whether Dr Munaf has kept his clinical skills and knowledge up to date.

154. In the absence of any factors increasing or decreasing seriousness and noting that the overall starting point is considered to be high in any event, the starting point for assessing seriousness/risk is confirmed as high.

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

155. The Tribunal went on to consider whether Dr Munaf poses any current and ongoing risk to public protection.

156. Given its findings, the Tribunal considered it to be clear that Dr Munaf poses a current risk to public protection.

157. The Tribunal considered the nature of the social media posts Dr Munaf made over a number of years, the dishonesty in Dr Munaf breaching his suspension and Dr Munaf's decision to leave his placement as a locum cardiologist and its previous findings in relation to these matters.

158. The Tribunal took the view that the public would be concerned about all of Dr Munaf's actions in this regard and found that he posed a current and ongoing risk to the health, safety and wellbeing of the public.

159. The Tribunal considered the principles from the Fifth Shipman Report as adopted by the High Court in the case of Grant noting that any of the following features are likely to be present when a doctor's fitness to practise is found to be impaired:

a. Has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or

b. Has in the past and/or is liable in the future to bring the medical profession into disrepute; and/or

c. Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or

d. Has in the past acted dishonestly and/or is liable to act dishonestly in the future.

160. The Tribunal considered that all four of the above features are either present or may in the future be liable to be present in relation to Dr Munaf due to the findings of behaviour including sustained and repeated discriminatory posts on social media, unprofessional and unacceptable behaviour on a placement and dishonesty during the course of his medical practice by issuing a sick note during his IOT suspension.

161. In all the circumstances, the Tribunal concluded that the current and ongoing risk posed by Dr Munaf to public protection is high, and that a finding of impairment is necessary, by reference to all three limbs of public protection:

- Protect, promote and maintain the health, safety and well-being of the public (noting that colleagues are also members 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.

162. The Tribunal determined that the posts impact on all three limbs of public protection but particularly public confidence in the profession and maintaining proper conduct.

163. The Tribunal determined that the placement impacts on all three limbs of public protection but particularly the need to protect, promote and maintain the health, safety and well-being of the public and to promote and maintain proper professional standards and conduct for members of that profession.

164. The Tribunal determined that the IOT breaches impact on all three limbs of public protection but particularly public confidence in the profession and maintaining proper professional standards and conduct.

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

Determination on Sanction - 14/01/2026

The Evidence

166. 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

167. On behalf of the GMC, Ms Tighe submitted that the appropriate sanction in this case is one of erasure.

168. Ms Tighe drew the Tribunal's attention to the relevant guidance, namely, '*Guidance for MPTS Tribunals, Section three: MPT hearing, Part C Sanction.*' The Guidance, which came into effect on 24 November 2025, replaces the previously applicable Sanctions Guidance. Any reference to the Guidance or Sanctions Guidance refers to the *new* Guidance which is applicable in this case. It is noted that the guidance provides a framework for the appropriate sanction based on the nature of the findings and the Tribunal's assessment of risk to public protection.

169. Ms Tighe submitted that there are no exceptional circumstances in this case which would justify taking no action and the public interest would not be met by taking no further action. Ms Tighe further submitted that undertakings would not be sufficient to protect the public and in any event, Dr Munaf has not engaged with the fitness to practice process to enable this to be considered.

170. In relation to conditions, Ms Tighe drew the Tribunal's attention to the relevant paragraphs of the Sanctions Guidance (SG) which support the assertion that conditions are neither appropriate, proportionate nor workable in this case. Ms Tighe reminded the Tribunal of its findings that Dr Munaf's posts on X and his issuing of the sick note when he was suspended were determined to be high on the spectrum of seriousness. Further, the risk to the public protection was deemed to be high and additionally, there is no evidence of insight or remediation in this case.

171. Ms Tighe referred the Tribunal to the relevant paragraphs of the SG that cover suspension and submitted that suspension would be insufficient to maintain public confidence in the profession and maintain professional standards. She drew the Tribunal's

attention to its previous findings that: there was no evidence of insight or remediation in this case, the misconduct could not be easily remedied, and that Dr Munaf's actions indicated a deep seated and ongoing attitudinal issue. Ms Tighe also noted that the Tribunal had previously stated that it could not conclude that Dr Munaf's behaviour was highly unlikely to be repeated.

172. Ms Tighe submitted that erasure is appropriate and proportionate in this case and referred the Tribunal to the paragraphs of the SG which support this.

173. Ms Tighe submitted that suspension would not be sufficient to protect the public. She noted that it has been found that Dr Munaf has deep seated discriminatory views and has breached both an interim order of conditions and an interim order of suspension, which were imposed to mitigate risk. Ms Tighe submitted that in doing so, Dr Munaf put his own interests above those of others and he acted dishonestly.

174. Furthermore, Ms Tighe submitted that Dr Munaf has a persistent lack of insight into the seriousness of the allegations. He continued to post discriminatory and offensive comments on X, despite being subject to an ongoing GMC investigation and being subject to IOT conditions, specifically prohibiting him from doing so.

175. Ms Tighe stated that Dr Munaf's misconduct is fundamentally incompatible with continued registration. She concluded that any lesser sanction would undermine the public's confidence in the profession and accordingly, she invited the Tribunal to erase Dr Munaf's name from the medical register.

The Tribunal's Approach

176. The Tribunal was advised that, when considering sanction, it must have particular regard to its statutory overarching objective. The Tribunal was reminded that the objective must be considered as a whole, and that no individual limb should be given disproportionate weight.

177. The Tribunal was advised that the decision as to the appropriate sanction is a matter for the Tribunal, exercising its own independent judgment. In doing so, the Tribunal should first consider the objective features of the case and assess the gravity of the doctor's actions, taking into account any aggravating features. The Tribunal should then consider any mitigating features, giving careful thought to the weight properly to be attached to each. The

correct approach is to balance the aggravating and mitigating factors against one another and determine what sanction, if any, best meets the overarching objective.

178. The Tribunal was further advised that it must apply the principle of proportionality, balancing the interests of the doctor with the wider public interest. The purpose of a sanction is not to be punitive, although it may have a punitive effect.

179. The Tribunal was reminded that it must consider the least restrictive sanction first and, only if necessary, move to consider the more restrictive options, taking into account all of the evidence and submissions it has heard. The Tribunal must also have regard to its own determination on impairment and ensure that those findings are reflected in its deliberations on sanction.

180. The Tribunal was advised that it should have regard to the SG, which is intended to assist tribunals in reaching fair, proportionate and consistent decisions. If the Tribunal departs from the Guidance, it must give clear reasons for doing so. The Tribunal should also ensure that it does not reach a final decision on sanction until it has carefully considered the sanctions immediately above and below the outcome ultimately chosen.

181. The Tribunal noted that the Guidance sets out a Sanction Banding for it to consider. The Guidance advises that where a Tribunal has found a high level of risk to public protection, in cases involving both dishonesty and discrimination, it suggests a period of suspension for a minimum of 9 months to erasure. The Tribunal is guided by this banding as an indicative appropriate sanction in this case.

The Tribunal's Determination on Sanction

182. The Tribunal's decision on sanction must be based on the findings and determinations made at stages one and two of this hearing.

183. The Tribunal's findings were that on 36 occasions between October 2023 – July 2025, Dr Munaf posted/reposted (on his X social media account) content which was objectively antisemitic, racist, sexist, seriously offensive and/or motivated (in whole or in part) by racial or religious hostility and/or prejudice. The Tribunal further found that Dr Munaf left a locum placement without notice or good reason. The Tribunal also found that Dr Munaf posted on X in breach of his initial Interim Orders Tribunal (IOT) conditions. Finally, the Tribunal found that Dr Munaf issued a sick note in contravention of his IOT suspension and that this was dishonest.

184. The Tribunal noted the 3 limbs of public protection which were all found to be engaged in light of the proven facts.

185. Public protection includes the duty and overarching objective to:

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

186. Before considering what action, if any, to take in respect of Dr Munaf's registration, the Tribunal considered whether there were any aggravating and/or mitigating factors in this case.

Aggravating features

187. The Tribunal considered that Dr Munaf's failure to engage with these proceedings was an aggravating factor. It noted that in breaching both his IOT conditions and suspension and not engaging with this hearing, Dr Munaf had showed a continual disregard for the regulator and its purpose.

188. The Tribunal also noted that there was no evidence before it of any insight on the part of Dr Munaf. Therefore, it considered there to be a lack of insight.

Mitigating Factors

189. The Tribunal next considered whether any mitigating features were present notwithstanding Dr Munaf's non-engagement and lack of attendance at this hearing. There was no evidence before the Tribunal of any mitigating factors save for the fact of Dr Munaf's good character. It was however noted that there is no evidence to suggest that Dr Munaf's behaviour on the placement and dishonest issuing of a sick note were anything other than isolated incidents of these type of behaviours.

190. The Tribunal noted that Dr Munaf made one limited expression of remorse at his IOT hearing on 21 August 2024, when he accepted that the words in the documents were '*not befitting of someone as educated as myself*' and were said '*in the heat of emotion*'. In addition, he failed to recognise the seriousness of his misconduct. Further, the Tribunal had

no evidence of Dr Munaf developing insight. The Tribunal could not identify any remediation, and there was no indication that Dr Munaf had taken any steps to address or reflect upon the allegations which are now found proved.

191. Dr Munaf's good character holds extremely limited weight in circumstances where the offensive and discriminatory posts were made over a two-year period and continued after the commencement of regulatory action and in breach of IOT conditions which sought to constrain the behaviour of concern. In those circumstances, the Tribunal concluded that there were no mitigating features in this case which could properly justify consideration of a lesser sanction when weighing up the evidence.

No action

192. The Tribunal first considered whether to conclude the case by taking no further action. Taking no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances. The Tribunal determined that there are no exceptional circumstances in this case to justify taking no action. Given the nature of the findings and the associated high level of risk to public protection, the Tribunal concluded that taking no action would be highly inappropriate and would fail to address the existing risk to public protection.

Undertakings

193. Dr Munaf's failure to engage with the process meant that this option was unavailable as undertakings must be offered and accepted before consideration by the Tribunal.

Conditions

194. The Tribunal went on to consider whether imposing conditions upon Dr Munaf's registration would be appropriate in this case. It was unable to identify any appropriate, proportionate, workable or measurable conditions to address all of the concerns surrounding Dr Munaf's behaviour. In the absence of any insight or expression of willingness to remediate from Dr Munaf this option was not considered to be appropriate.

195. The Tribunal noted that Dr Munaf breached his IOT conditions and IOT suspension. This fact, together with his behaviour in leaving the placement without notice or good reason gave little confidence that Dr Munaf would be willing to comply with any restrictions had appropriate conditions been identified.

196. Given the nature of the findings and the associated high level of risk to public protection, the Tribunal concluded that a period of conditional registration would not be an appropriate or proportionate sanction and would fail to address the existing risk to public protection, satisfy the public interest or uphold standards for the profession.

Suspension

197. The Tribunal next went on to consider whether a period of suspension would be sufficient and proportionate in Dr Munaf's case.

198. The Tribunal considered the relevant paragraphs of the SG:

44. Restrictive action of suspension is intended to address the level of current and ongoing risk to public protection and is not intended to be punitive. However, as it prevents a doctor from working and earning a living within that profession, it can have this effect. Suspension can also have a deterrent effect and be used to send a signal to the individual doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor.

45. Suspension may be proportionate in cases where some, or all, of the following factors are present:

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

199. The Tribunal considered the SG and noted that suspension has a punitive effect and may be appropriate for conduct that falls short of being fundamentally incompatible with continued registration. The Tribunal reminded itself that suspension is only appropriate where the misconduct, though serious, does not require erasure in order to satisfy the overarching objective.

200. In considering whether suspension would be a proportionate and appropriate response to the range of serious misconduct in this case, the Tribunal noted the serious nature of the posts and dishonest provision of the sick note and that there has been no acknowledgement of fault by Dr Munaf. Dr Munaf has neither shown insight nor taken any steps to mitigate his behaviour. Further, the Tribunal could not conclude that it was satisfied that the behaviour is highly unlikely to be repeated.

201. The Tribunal acknowledged that one of the findings, namely Dr Munaf's decision to leave a booked placement without good reason, if considered on a stand-alone basis was low on the spectrum of seriousness. However, the Tribunal considered that Dr Munaf's dishonesty in issuing a sick note to a patient when he was suspended by an IOT hearing was high on the spectrum of seriousness.

202. The Tribunal's most notable concerns surround Dr Munaf's posts on X. The Tribunal has found the posts made or reposted by Dr Munaf to be extremely offensive, racist, sexist and antisemitic. It also found that Dr Munaf has demonstrated deep seated attitudinal issues, which he appears not to have reflected upon and has never resiled from his comments. Further, the Tribunal considered that the posts on X were made over a significant period of time and showed no moderation, even in the face of an ongoing GMC investigation.

203. Overall, the Tribunal did not consider that suspension would be sufficient to protect the public. It further considered that Dr Munaf's behaviour, particularly the posts on X, was incompatible with continued registration.

204. Taking account of the seriousness of the misconduct and the considerations noted above, the Tribunal went on to consider erasure from the medical register, as the next available sanction, and whether it was the appropriate and proportionate sanction to meet the overarching objective.

Erasure

205. The Tribunal noted the relevant paragraphs of the SG.

56. Erasure takes away a doctor's registration which means they are no longer entitled to practise in the UK at all, or anywhere else where they are required to hold GMC registration. It is used to protect the public in the most serious cases. It also has a deterrent effect as it sends a signal to the individual doctor, the

profession and public about what is regarded as behaviour unbefitting a registered doctor.

57. Erasure may be the proportionate response where:

- d. conditions are not appropriate, measurable and/or workable and suspension is not sufficient to protect the public*
- e. 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*
- f. 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*
- g. 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.*

206. The Tribunal reminded itself that this sanction is reserved for the most serious cases, where no lesser sanction would sufficiently maintain public confidence in the profession, uphold proper standards, or protect the public.

207. The Tribunal noted that the findings against Dr Munaf include repeatedly posting discriminatory and seriously offensive material on social media with elements of racism, sexism and antisemitism. Further, he has been found to have acted dishonestly in the course of his medical practice by issuing a sick note at a time when he was not in fact authorised to do so by virtue of a suspension of his licence to practice.

208. Alongside these stand alone and serious incidents, Dr Munaf also acted unprofessionally and without any apparent care for patients or respect for colleagues in leaving the placement without notice or good reason. He also breached the IOT conditions. All of these behaviours indicate an arrogant disregard for patients and colleagues, the views of others and the regulator. Such behaviour, individually and taken as a whole, is unbefitting a registered doctor and indicative of the fact that Dr Munaf's character may be unsuitable to practice in the medical profession in part due to the determination of a deep seated and ongoing attitudinal issue.

209. The Tribunal further found that a number of the factors listed at paragraph 57 of the SG (as set out above) were engaged in Dr Munaf's case concluding that Dr Munaf has shown

a persistent lack of insight into the seriousness of the allegation about his behaviour. The Tribunal considered that there was no evidence of insight or even reflection in Dr Munaf's case, and no evidence of any attempt to remediate or prevent future recurrence.

210. The seriousness of the facts found proven and associated ongoing risk to public protection mean the effect of Dr Munaf continuing to hold registration would undermine public confidence in the profession.

211. The Tribunal was satisfied that Dr Munaf's behaviour overall is fundamentally incompatible with continued registration. Dr Munaf's behaviour fell significantly below the standards expected of a registered medical practitioner. The Tribunal determined that the most serious sanction was necessary in this case.

212. Overall, having had regard to the SG and its previous findings, the Tribunal concluded that erasure is the only appropriate and proportionate sanction capable of fulfilling the need to protect the public and the wider public interest.

213. Accordingly, the Tribunal has determined to erase Dr Munaf's name from the medical register.

Determination on Immediate Order - 14/01/2026

214. Having determined to erase Dr Munaf's name from the medical register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Munaf's registration should be subject to an immediate order.

Submissions

215. On behalf of the GMC, Ms Tighe submitted that in this case, an immediate order is required.

216. Ms Tighe drew the Tribunal's attention to the relevant guidance and submitted that it would be inappropriate for Dr Munaf to practise unrestricted until his erasure comes into place due to the Tribunal's findings.

217. Ms Tighe invited the Tribunal to make an immediate order of suspension in this case and accordingly, revoke the current IOT order on Dr Munaf's registration.

The Tribunal's Determination

218. The Tribunal may impose an immediate order (suspension in this case) if it considers it necessary for the protection of members of the public or is otherwise in the public interest.

219. The Tribunal had regard to the relevant paragraphs of the MPTS Guidance, including:

'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.'*

220. The Tribunal considered its findings at previous stages in relation to Dr Munaf's misconduct. It has previously determined that the level of current and ongoing risk posed to public protection by Dr Munaf, in relation to all three limbs of the overarching objective and of public protection, is high.

221. The Tribunal considered that an immediate order is necessary in this case in order to properly uphold all three limbs of public protection. The Tribunal considered that the only way to manage the current and ongoing risk is to impose an immediate order.

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

223. The interim order currently in place on Dr Munaf's registration will be revoked when the immediate order takes effect.

ANNEX A – 05/01/2026

Service and proceeding in absence

Service

224. Dr Munaf was neither present nor represented at this Medical Practitioners Tribunal ('MPT') hearing. The Tribunal therefore considered whether the relevant documents had been served in accordance with Rule 40 of the General Medical Council ('GMC') Fitness to Practise Rules 2004 ('the Rules') and paragraph 8 of Schedule 4 of the Medical Act 1983.

225. The Tribunal was provided with a Proof of Service bundle which included the following documents regarding service of the notice of hearing:

- Screenshot of Dr Munaf's GMC registered address and email address;
- Last correspondence GMC received from Dr Munaf's registered email address, 10 July 2025;
- Rule 34(9) letter sent by email to Dr Munaf's registered email address, 24 October 2025;
- Delivery receipt of Rule 34(9) letter sent by email, 24 October 2025;
- Letter sent by GMC to Dr Munaf by special delivery enclosing R34(9) letter, 27 October 2025;
- Returned post – letter sent by special delivery enclosing Rule 34(9) letter, 30 October 2025;
- Telephone note – attempted calls from GMC to Dr Munaf's registered mobile/landline numbers, 25 November 2025;
- GMC email to Dr Munaf's registered email address with Notice of Allegation, 2 December 2025;
- Delivery receipt of email with Notice of Allegation, 2 December 2025;
- Letter to Dr Munaf sent by special delivery to registered address with Notice of Allegation, 2 December 2025;
- MPTS Notice of Hearing sent to Dr Munaf's registered email address, 2 December 2025;
- MPTS Notice of Hearing sent to Dr Munaf's registered address by first class post, 3 December 2025;
- MPTS Notice of Hearing sent to Dr Munaf's registered address by special delivery, 3 December 2025;
- GMC email to Dr Munaf's registered address with updated bundle, 5 December 2025;

- Delivery receipt of email to Dr Munaf with updated bundle, 5 December 2025;
- Returned post – letter sent by special delivery with Notice of Allegation, 8 December 2025;
- Proof of delivery information of Notice of Allegation letter sent to Dr Munaf on 2 December via Special Delivery, 8 December 2025;
- Telephone note – attempted calls from GMC to Dr Munaf’s registered mobile/landline numbers, 9 December 2025;
- Returned post – Notice of Hearing sent by first class post, 10 December 2025;
- Returned post – Notice of Hearing sent by special delivery, 10 December 2025;
- Proof of delivery of information of Notice of hearing letter sent to Dr Munaf on 3 December 2025, 8 December 2025;
- Email sent to Dr Munaf’s registered email address enclosing letter with GMC proposed sanction submission (proposed sanction redacted), 11 December 2025;
- Delivery receipt for email enclosing letter with GMC proposed sanction submission, 11 December 2025.

226. Ms Tighe submitted that service had been effected in accordance with Rule 40 of the Rules by reason of the documents set out above.

227. The Tribunal had regard to the documents before it and the submissions made by Ms Tighe. It was satisfied that notice of this hearing has been served in accordance with Rule 40 of the Rules and paragraph 8 of Schedule 4 of the Medical Act 1983.

Proceeding in Absence

228. Having been satisfied that notice was properly served upon Dr Munaf, the Tribunal then considered whether to proceed with this hearing in his absence, in accordance with Rule 31 of the Rules. The Tribunal was conscious that the discretion to proceed in the absence of a doctor should be exercised with the utmost care and caution, balancing the interests of the doctor with the wider public interest.

Submissions

229. Ms Tighe submitted that the Tribunal could be satisfied that all reasonable efforts had been made to serve Dr Munaf with the notice of hearing, and that it was fair to proceed in his absence.

230. Ms Tighe submitted that Dr Munaf had voluntarily absented himself from these proceedings. She submitted that Dr Munaf has not requested an adjournment, that there was no indication that an adjournment would secure Dr Munaf's attendance at a future date and therefore nothing would be achieved by adjourning proceedings.

The Tribunal's Determination

231. The Tribunal was satisfied that the GMC had made every attempt to provide Dr Munaf with all relevant information and notice of hearings, often going above and beyond what would have been required. Dr Munaf has been given every opportunity to engage with the investigation and proceedings and has had some engagement with the GMC and Interim Orders Tribunal (IOT). The Tribunal was satisfied that Dr Munaf had voluntarily absented himself from these proceedings and that he has chosen not to engage further with his regulator in relation to the investigation and these proceedings.

232. The Tribunal considered that Dr Munaf had not requested an adjournment and that there was no evidence that were it to adjourn, Dr Munaf would engage or attend at any future date.

233. The Tribunal concluded that in balancing the interests of Dr Munaf, the GMC and the public interest, it would be appropriate for the hearing to proceed as scheduled. Further delay in bringing the proceedings to a conclusion would not be in the interests of justice or fairness nor would further non-purposeful delay be in the interests of Dr Munaf or the public interest.

234. The Tribunal therefore determined to proceed in Dr Munaf's absence.