

PUBLIC RECORD**Date:** 06/06/2025

Doctor: Dr Mahdi ALJALLABI

GMC reference number: 7872380

Primary medical qualification: Bachelor of Medicine 2006 University of Bahri College of Medicine and Health Science

Type of case	Outcome on impairment
Review - Misconduct	Not Impaired

Summary of outcome
Suspension revoked

Tribunal:

Legally Qualified Chair	Mr Malcolm Dodds
Lay Tribunal Member:	Ms Rama Krishnan
Registrant Tribunal Member:	Dr Alan Smith
Tribunal Clerk:	Mr Michael Murphy

Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Ms Fiona Clancy, Counsel

Attendance of Press / Public

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

Overarching Objective

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

Determination on Impairment - 06/06/2025

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

The Outcome of Applications Made during the Impairment Stage

2. The Tribunal granted the GMC's application, made pursuant to Rule 31 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), to proceed in Dr Aljallabi's absence. The Tribunal's full decision on the application is included at Annex A.

Background

3. Dr Aljallabi qualified in 2006 from the University of Bahri College of Medicine and Health Science, Sudan. He held various medical posts in Sudan from 2007 to December 2012 and commenced a post as a General Practitioner in the United Arab Emirates ('UAE') from December 2012. Dr Aljallabi then practised as an Internal Medicine Specialist at the University Hospital Sharjah, UAE.
4. On 9 May 2024 a MPTS Tribunal (the 2024 Tribunal) considered the case of Dr Aljallabi. He admitted the following misconduct: between 8 April 2022 and 28 July 2022 he submitted an article which contained plagiarised material, and in which he was cited as an author, to the International Journal of Health Sciences; on or around 1 September 2022, Dr Aljallabi submitted an online application form to Health Education England ('HEE') for Speciality Training Year 4 in which he provided details of the article in support and made certain declarations. He accepted that knew that the article contained

plagiarised material and that the declarations he made were untrue and that he was dishonest in both submitting the plagiarised article and the application form.

5. The 2024 Tribunal determined that Dr Aljallabi's conduct was serious, that his actions had brought the medical profession into disrepute, and that he had breached fundamental tenets of Good Medical Practice (2013), namely probity and integrity. The Tribunal determined that Dr Aljallabi's dishonest actions amounted to misconduct that was serious, both when considered individually and cumulatively. The 2024 Tribunal went on to decide that Dr Aljallabi's fitness to practise was impaired by reason of misconduct. It decided to impose a period of suspension on Dr Aljallabi's registration for a period of 12 months in order to allow Dr Aljallabi the opportunity to develop further insight and to demonstrate remediation in relation to his dishonesty. The 12 months suspension took effect on 27 June 2024. The 2024 Tribunal directed that there be a review hearing which is the matter before this Tribunal.
6. The 2024 Tribunal set out that a future reviewing Tribunal may be assisted by:
 - Evidence of demonstrating further insight and remediation;
 - A full and detailed reflective statement: Dr Aljallabi may wish to reflect on his past actions, his dishonesty, and the impact upon public confidence in the medical profession and wider scientific process as well as on his colleagues;
 - Evidence of the plagiarised article being successfully withdrawn;
 - Evidence of using his experience to educate others as to the risks, consequences and impact of similar dishonest conduct;
 - Evidence that he has kept his clinical knowledge up to date during his period of suspension;
 - Evidence of any relevant training, mentoring or Continuing Professional Development courses undertaken;
 - Any other information which Dr Aljallabi considers would assist the reviewing Tribunal.

The Evidence

7. The Tribunal has taken into account all the evidence received. It received documentary evidence, which included but was not limited to:
 - Dr Aljallabi's written reflective statement;

- A number of CPD certificates provided by Dr Aljallabi.

Submissions

8. On behalf of the GMC, Ms Clancy reminded the Tribunal of the matters the 2024 Tribunal said might assist this Tribunal. She took the Tribunal through the reflections provided by Dr Aljallabi in which he acknowledged the seriousness of his actions and its impact on the medical profession and the public. She submitted that Dr Aljallabi has not provided sufficient evidence to demonstrate that he has kept his clinical knowledge and skills up to date and that Dr Aljallabi has not indicated if he is still practising medicine in the UAE or whether he is in Sudan. Ms Clancy also submitted that Dr Aljallabi has not provided any evidence relating to courses addressing probity and integrity nor has he provided and detailed CPD. She submitted that Dr Aljallabi had provided no evidence of his current practice.
9. Ms Clancy submitted that there is a lack of remedial evidence to suggest that Dr Aljallabi has addressed the concerns relating to his dishonesty. She submitted that it is difficult to remediate dishonesty. As such, she submitted that Dr Aljallabi's fitness to practise remains impaired.

The Relevant Legal Principles

10. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. As noted above, the previous Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal is aware that it is for the doctor to satisfy it that he would be safe to return to unrestricted practise.
11. This Tribunal is aware that it must determine whether Dr Aljallabi's fitness to practise is impaired today, taking into account his conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.
12. In its deliberations, the Tribunal had regard to the questions posed by Dame Janet Smith in the Fifth Shipman Report, as referred to in the case of *CHRE v NMC and Grant [2011] EWHC 927 (Admin)*, as follows:

'Do our findings of fact in respect of the doctor's misconduct... show that his/her fitness to practise is impaired in the sense that s/he:

- a. *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b. *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c. *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession*
- d. *has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

13. The Tribunal asked itself:

- a. What insight does the doctor demonstrate of his misconduct?
- b. Is the conduct remediable?
- c. Has it been remedied?
- d. What is the likelihood of repetition?

The Tribunal's Determination on Impairment

14. In its deliberations, the Tribunal noted that dishonesty is difficult to remediate. It had regard to all of the evidence provided by Dr Aljallabi and in particular to his written reflective statement. In this, Dr Aljallabi addressed his dishonesty and the impact upon public confidence in the medical profession and wider scientific process as well as on his colleagues. The Tribunal determined that Dr Aljallabi had demonstrated sufficient insight into his misconduct. The Tribunal determined that his misconduct was remediable, that there was enough evidence to demonstrate it had been remedied.
15. In terms of the likelihood of repetition the Tribunal determined that this was low. The Tribunal noted that Dr Aljallabi fully admitted the allegations at the 2024 Tribunal (albeit after initially denying them and in the face of overwhelming evidence). The Tribunal noted that Dr Aljallabi was of previous good character, the misconduct was now 3 to 4 years ago and had not been repeated. The Tribunal noted that while the 2024 Tribunal found that Dr Aljallabi's dishonesty had been repeated it was over a short time frame.

16. The Tribunal noted that prior to the 2024 Tribunal Dr Aljallabi had attended a probity and ethics course and had had a number of meetings with his mentor Professor A. The Tribunal noted that the 2024 Tribunal determined that Dr Aljallabi was capable of developing further insight and of further remediating his misconduct and that as of May 2024 the risk of repetition was not significant. This Tribunal accepted Dr Aljallabi's written assurance that the plagiarised article had been withdrawn. The Tribunal noted that this was a matter relatively easy to check and that if the article had not been withdrawn then Dr Aljallabi would be the subject of a fresh misconduct allegation. The Tribunal was satisfied that Dr Aljallabi fully appreciated the gravity of his misconduct, that no further concerns had been raised and that Dr Aljallabi had maintained his skills and knowledge. The Tribunal was satisfied that patients would not be placed at risk by Dr Aljallabi resuming practice.
17. The Tribunal considered the matters set out by the 2024 Tribunal that might assist this Tribunal. As set out above, this Tribunal was satisfied that that Dr Aljallabi provided a sufficient reflective statement reflecting on his past actions, his dishonesty and the impact on public confidence in the medical profession and wider scientific process as well as on his colleagues. The Tribunal accepted Dr Aljallabi's written assurance that the plagiarised article has been withdrawn. The Tribunal noted that the 2024 Tribunal referred to Dr Aljallabi using his experience to educate others. Dr Aljallabi had provided no evidence as to this. However, the Tribunal noted that not all doctors are in a position to educate others or provide evidence of doing so. The Tribunal was satisfied that Dr Aljallabi had provided sufficient evidence of keeping his clinical knowledge up to date during his period of suspension and of relevant training and continuous professional development via the certificates he had provided. It took the view that he has provided enough information to demonstrate that his clinical knowledge is up to date and that he is fit to return to unrestricted practise.
18. The Tribunal was satisfied that Dr Aljallabi has provided adequate evidence of further insight and remediation. His fitness to practise is no longer impaired. A finding of impairment is no longer necessary to promote the health, safety and well-being of the public, to maintain public confidence in the medical profession or to maintain proper professional standards and conduct for members of the profession.
19. This Tribunal has therefore determined that Dr Aljallabi's fitness to practise is not impaired by reason of misconduct.

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20. As the Tribunal found Dr Aljallabi's fitness to practise is not impaired, it determined to revoke the current order of suspension with immediate effect.
21. Case concluded.

ANNEX A – 06/06/2025

Determination on service and proceeding in the doctor's absence

22. Dr Aljallabi was neither present nor represented at these proceedings. The Tribunal has considered whether notice of this hearing has been properly served upon Dr Aljallabi in accordance with Rules 15 and 40 of the General Medical Council (Fitness to Practise) Rules 2004 (as amended)(the Rules) and Schedule 4, Paragraph 8 of the Medical Act 1983 (as amended). In so doing, the Tribunal has taken into account all the information placed before it, together with the submissions on behalf of the GMC.
23. The Tribunal has been provided with a service bundle, containing a copy of the Notice of Hearing dated 17 April 2025, which was emailed to Dr Aljallabi. No response was initially received from Dr Aljallabi so the notice was emailed to him again on 22 April 2025. Dr Aljallabi acknowledged receipt of this on 22 April 2025. The service bundle also contained a copy of the GMC Information Letter, dated 25 April 2025 which was also emailed to Dr Aljallabi. No response was received for this so the letter was emailed again on 1 May 2025 and was also posted to Dr Aljallabi's registered address. Dr Aljallabi acknowledged receipt of this on 2 May 2025.
24. Having considered all the information, the Tribunal is satisfied that notice of this hearing had been properly served upon Dr Aljallabi.
25. The Tribunal went on to consider whether to proceed in Dr Aljallabi's absence in accordance with Rule 31 of the Rules. In doing so, it bore in mind that it has a discretion to proceed with the case in the doctor's absence, though this discretion is to be exercised with caution with the overall fairness of the proceedings in mind.
26. The Tribunal was provided with an email from Dr Aljallabi, dated 27 May 2025, in which he stated '*I am writing to sincerely apologize for my inability to attend the hearing. I would like to explain that I have not been able to appoint a legal representative for my case*'.
27. On the basis of the information provided the Tribunal was satisfied that Dr Aljallabi has voluntarily waived his right to be present and represented at this hearing and that he is aware that the hearing can proceed in his absence. The Tribunal considered that were it to adjourn today, it is unlikely that Dr Aljallabi would attend a future hearing. The Tribunal

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has therefore determined that it is in the public interest to exercise its discretion and proceed in the absence of Dr Aljallabi.