

Dr Rahmeh Aladwan (7608388)
Interim Orders Tribunal: 24-26 November 2025
Suspension

Tribunal:

Legally Qualified Chair: Mr Lee Davies

Lay Tribunal Member: Mr Andrew Waite

Registrant Tribunal Member: Professor John Alcolado

Tribunal Clerk: Rowanna Willis

Dr Aladwan was present and was represented by Mr Kevin Saunders, Counsel. Ms Emma Gilsean, GMC Counsel, was present throughout.

1. Dr Aladwan, a Trainee in Trauma and Orthopaedics, is currently the subject of a fitness to practise investigation by the GMC. On 7 October 2025, pursuant to section 35C (8) of the Medical Act 1983 as amended ("the Act"), her case was referred to the MPTS by the GMC. The role of this Tribunal is to consider whether a doctor's registration should be restricted on an interim basis, either by imposing conditions on their registration or by suspension. In accordance with section 41A (1) of the Act, the Tribunal will make an order if it is satisfied that there may be impairment of a doctor's fitness to practise, which poses a real risk to the public or may adversely affect the public interest or the interests of the practitioner and, after balancing the interests of the doctor and the public, that an interim order is necessary to guard against such risk.

2. In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 'the Rules' a Tribunal ordinarily sits in private when considering whether to make an interim order, unless the doctor requests a public hearing. Dr Aladwan requested a public hearing, therefore a copy of this determination will be available on request for six weeks following the conclusion of the hearing.

3. Dr Aladwan was present at various times either in person or via a virtual hearing link. She was represented by Mr Kevin Saunders on 25 November 2025, who left prior to the end of the day. Mr Saunders returned at 10:00 am on 26 November 2025 to provide submissions on Dr Aladwan's behalf.

4. The Tribunal noted that following a complaint from UK Lawyers for Israel (UKLFI), the GMC closed an investigation with advice on 19 February 2025:

"We advise Dr Aladwan to consider how she expresses her views on social media and otherwise, in particular how her comments, including

Nazi/Holocaust comparisons, could be viewed as antisemitic or otherwise grossly offensive.”

5. The Tribunal had regard to the correspondence from UKLFI to the GMC on 30 March 2025 requesting a review of the decision to close the GMC investigation in February 2025. This information was initially considered by the GMC Rule 12 team before a decision was made that the information should be classed as a new concern. The GMC Assistant Registrar stated that:

“Allegations of antisemitism by Dr A were closed by CEs. No criticism made of this decision by requestor and having read the decision, no grounds for material flaw. However, since the date of the decision and before the date of the decision (but before CEs were notified), Dr Aladwan has made other posts, which appear to be a departure in tone from previous posts and use specific Hamas symbolism and refer to 'Jewish supremacy.' These posts do not all seem to benefit from the same rationale or defence Dr A made of her previous posts. I am not confident that these posts are 'new info' for the CE decision, as these are separate posts which in some cases post-date or closely pre-date the CE decision, which considered entirely separate posts. The allegation put to CEs in February 2025 was not a general 'Dr A is antisemitic' allegation but that she had made specific antisemitic/offensive posts. Therefore, any new posts we are being asked to consider should in my view be triaged separately.”

6. On 18 February 2025 the GMC received an anonymous complaint from a member of the public and an investigation was opened in relation to:

- Social media: Concerns that Dr Aladwan had made antisemitic or offensive comments on posts that also appeared to support terrorism.
- ‘Doxxing’ a former colleague on social media.

7. Further similar complaints were received from members of the public and various organisations.

8. On 22 August 2025 a decision was taken by the GMC to refer Dr Aladwan’s case to an IOT hearing. On 25 September 2025 an IOT determined that no interim order should be imposed upon Dr Aladwan’s registration.

9. On 3 October 2025 a decision was made to refer Dr Aladwan’s case to an IOT hearing, noting the “additional social media postings on the platform ‘X’ from 29 September to 2 October 2025”. The GMC alleged that there has been an escalation in the tone of Dr Aladwan’s social media posts subsequent to her initial IOT on 25 September 2025 and also since the Manchester synagogue attack on 2 October 2025. The Tribunal noted a number of social media posts provided in support of the referral.

10. The Tribunal noted that an IOT hearing commenced on 23 October 2025 and considered a number of preliminary matters. The hearing was adjourned on the

same day due to a lack of time. Today's proceedings are a recommencement of the hearing.

11. The Tribunal has considered all of the information presented to it and the submissions made by Ms Emma Gilsenan, GMC Counsel, on behalf of the GMC, and those made by Mr Kevin Saunders, Counsel, on Dr Aladwan's behalf.

12. Ms Gilsenan submitted that this hearing is a risk assessment of Dr Aladwan's social media posts on 'X' and a consideration of whether she poses a real risk to the public interest. Ms Gilsenan outlined a large number of Dr Aladwan's posts which she submitted involve social media activity which allegedly justifies terrorism, denies sexual violence, includes antisemitic conspiracy theories, misuses Holocaust and Nazi imagery and expresses support for proscribed groups and terrorist acts including the Al-Aqsa flood (the name Hamas gave to its large-scale surprise attack on Israel on 07/10/2023). Ms Gilsenan also outlined a number of social media posts made by Dr Aladwan published since 25 September 2025, including in relation to the attack on a Manchester synagogue on 2 October 2025, which she submitted showed an escalation in the tone and level of Dr Aladwan's communications. She outlined the impact that such alleged antisemitic, racist and highly offensive social media posts may have on public confidence in the profession and the confidence that patients are entitled to have in doctors.

13. Ms Gilsenan submitted that there is a risk that Dr Aladwan's comments undermine public confidence in her, as a doctor, and the profession as a whole, when applying the standard of what an ordinary reasonable member of the public, with a reasonable understanding of the main historical and cultural manifestations of antisemitism, would think. She submitted that moreover, that reasonable person would almost indubitably be shocked and alarmed to learn that Dr Aladwan was allowed to continue to practice when she is alleged to have made such comments.

14. Ms Gilsenan submitted that when considering all the information and applying the correct and straightforward legal test it is unconscionable to consider that Dr Aladwan should be permitted to continue to practise. She informed the Tribunal that it is more than likely that an MPT will be discharged with the function of considering this matter at a full substantive hearing.

15. Ms Gilsenan submitted that there is no human right under Article 10 European Convention on Human Rights (ECHR), or otherwise, to publish racist or antisemitic statements. She urged the Tribunal to consider every statement within the bundle of information and ask itself whether each statement could be regarded as antisemitic to an observer with a reasonable understanding of the main historical and cultural manifestations of antisemitism. Ms Gilsenan submitted that it is entirely antithetical to the provision of healthcare that registered doctors should be publishing "hateful" material that could discourage patients from seeking treatment from them. She submitted that it is appropriate for Dr Aladwan's freedom of expression rights to be restricted if she is found to have posted antisemitic or racist material. Ms Gilsenan submitted that many of Dr Aladwan's comments go well beyond what is objectively acceptable to the ordinary reasonable reader in an open and just multi-racial society and go well beyond her freedom of expression rights.

16. Ms Gilsenan stated that some of the available information of particular concerns in this case includes:

- Dr Aladwan's comments allegedly mocking victims of violence, calling on Jews to denounce Israel or renounce their Israeli citizenship; posts that appear to demonise Israelis and Jews;
- Dr Aladwan's efforts to define virtually all Jews as culpable for the actions of Israel;
- Dr Aladwan's embracing the label of antisemitism (even if intended ironically);
- Dr Aladwan's minimisation/denial of Jewish history in Palestine, ignoring the long history of European antisemitism;
- Dr Aladwan's comments about Israeli hostages' relations with their captors ('real men');
- questioning the ethics of 'Zionist' colleagues; calling for discrimination against all Israelis;
- descriptions of Israeli influence that echo antisemitic tropes of control of media, foreign governments, etc;
- linking posts about abortion and paedophiles to 'the "israeli" way of life';
- support for attacks on civilian targets; about sexual crimes by "israeli" Jews'; and
- insults towards other social media users with a racist tenor ('May God... gather you with the Jews, the killers of children, in the fire').

17. Ms Gilsenan submitted that Dr Aladwan's social media activity includes claims of:

- Jewish supremacy in the UK, Jewish control of government and the media and Jewish privilege;
- Jewish exceptionalism in the media coverage of the recent attack on the Heaton Park synagogue;
- Imagery redolent of historical 'blood libel' claims against Jews;
- Holding Jews in general responsible for the acts of the Israeli government and military;
- Celebrating and glorifying terrorist attacks on civilians including those of 7 October 2023;
- Mocking civilian victims of terrorist attacks;
- Supporting the use of violence and supporting or justifying terrorist attacks against civilians;
- Explicit support for proscribed organisations such as Hamas and Palestine Action which is a criminal offence and which has enabled many others to commit offences by sharing her content;
- 'Doxing colleagues in NHS for raising concerns about her;
- Referring to an NHS hospital as a 'Jewish supremacy cesspit';
- Denying, minimising or holding Jews responsible for the Holocaust;
- Denying the existence of or minimising antisemitism by taking a literal interpretation of the word rather than the widely accepted modern day

- definitions, for example by saying that Ashkenazi Jews cannot be victims of antisemitism;
- Denying the right of the state of Israel to exist and calling for Jews to leave the area ('decolonisation');
 - Demonise, or express and encourage hatred towards, Jews in general, their history and their way of life.

18. Ms Gilsenan submitted that Dr Aladwan has chosen to regularly post abusive, inflammatory and antisemitic remarks online in a manner calculated to provoke a negative reaction and that they are in breach of GMC guidelines on the use of social media. She further submitted that the posts are unprofessional and part of a course of conduct that falls well below the professional standards of a registered doctor and bring the medical profession into disrepute.

19. Ms Gilsenan submitted that it is therefore necessary and proportionate in the public interest for an interim order of suspension for 15 months to be imposed on Dr Aladwan's registration.

20. Ms Gilsenan submitted that a duration of 15 months would allow for the GMC investigation to be completed and for the Rule 7 and Rule 8 stages to be concluded and for a hearing to be listed if the matter is referred to an MPT hearing. Ms Gilsenan informed the Tribunal that the GMC is still collecting information.

21. Ms Gilsenan responded to a question by the Tribunal about why the GMC is now asking for an order of suspension for 15 months rather than the previous request in September 2025 for an order of conditions for 12 months. She informed the Tribunal that Dr Aladwan has continued to post following the hearing on 25 September 2025 and that there has been an escalation in her posts, which require further investigation.

22. Ms Gilsenan reminded this Tribunal that it is not bound by the determinations of previous IOTs. She drew the Tribunal's attention to the IOT determination dated 25 September 2025 and stated that it may be subject to a Judicial Review challenge in the future. She stated that the determination can be 'heavily criticised and susceptible to bonafide challenge' for a number of reasons:

- That IOT allowed Dr Aladwan to ask questions directly of the Tribunal and the GMC Counsel, which she alleged was "wholly inappropriate". Further, she was permitted to make submissions amounting to oral evidence and political statements.
- That IOT failed to recognise that there is no human right under Article 10 (ECHR) to publish racist or antisemitic statements and it proceeded on the basis that freedom of expression rights provided a central basis for declining to take any action. She submitted that because of this "error of principle" that Tribunal failed to consider whether any of the statements were in fact antisemitic or racist.
- That Tribunal failed to properly apply the statutory tests under Section 41A of the Medical Act 1983 in respect of the protection of the public and protection of the public interest.

- That Tribunal “irrationally” placed reliance on there having been no complaints from patients.
- That Tribunal had treated the list of matters set out at paragraph 3 of Annex A to the MPTS Guidance ‘Imposing interim orders – guidance for the interim orders tribunal, tribunal chair and the medical practitioners tribunal’ as an exhaustive list of factors which may justify an interference by the GMC with a doctor’s Article 10 ECHR rights. She submitted that whilst that list does not include things like racist or antisemitic conduct, or the support of proscribed terrorist groups, it is clear that an interference with a doctor’s freedom of expression rights would be justified if that doctor had supported terrorism or had made antisemitic statements.
- That the conclusion that ‘reasonable and fully informed’ members of the public would not be alarmed or concerned about the prospect of a doctor being permitted to continue in unrestricted medical practice having posted hateful and antisemitic material online was both “unreasoned and wholly unreasonable.”

23. In his submissions Mr Saunders reminded the Tribunal that the GMC now wishes to rely upon additional information which has been in the possession of the GMC prior to 25 September 2025.

24. Mr Saunders outlined Dr Aladwan’s beliefs in relation to the Palestinian people in that she believes it is her moral duty to oppose and speak out against racism, apartheid, colonialism, genocide, and the injustice that they face. Mr Saunders also outlined Dr Aladwan’s personal circumstances and stated that she is a victim of genocide and dispossession.

25. Mr Saunders submitted that the test for an interim order to be imposed is not satisfied on any limb. He submitted that there is not a shred of evidence that Dr Aladwan’s activities have had any impact on patient safety or her ability to fulfil her duties as a doctor. He submitted that it is not in the public interest for the MPTS to censor well-performing doctors because of the pressure brought to bear by lobbying groups who want to suppress Palestinians’ criticisms of Israel. He reminded the Tribunal that the IOT on 25 September 2025 had not thought it necessary to impose an interim order.

26. Mr Saunders submitted that Dr Aladwan has engaged in legitimate political speech, which entails the freedom to express opinions that may shock and offend and which is afforded the highest protection under Article 10 ECHR. He submitted that freedom of expression is one of the essential foundations of democratic society. He submitted that Dr Aladwan’s posts should be viewed in the wider context of the dominant view within the international human rights community that Israel is the perpetrator of a genocide against Palestinians. Mr Saunders drew attention to Dr Aladwan’s personal statement in relation to her experiences and beliefs.

27. Mr Saunders detailed the social media posts which Dr Aladwan has posted. He submitted that the posts fell into the category of legitimate political speech and debate. He submitted that Dr Aladwan denies making racist or hate speech.

Further, he submitted that Dr Aladwan has denied ever expressing support for a proscribed group and that any support had been given prior to their proscription.

28. Mr Saunders submitted that there is no information to suggest that Dr Aladwan presents a real and immediate risk to patient safety. He reminded the Tribunal that Dr Aladwan has posted support for the resistance of the occupation of her people and that this constitutes legitimate protected political speech. He submitted that Dr Aladwan has not contravened anti-terror laws. Mr Saunders stated that it is clear from Dr Aladwan's personal statement that the term "Jewish supremacism" is a synonym for Zionism, which constitutes protected political speech and not "*hate speech*" in relation to Jews.

29. Mr Saunders submitted that none of the factors contained within the IOT guidance are satisfied in the circumstances of this case. He stated that:

- Dr Aladwan is not encouraging members of the public to commit an offence.
- The posts on 'X' relied upon by the GMC do not constitute material that promotes or spreads misinformation. Nor can it be said that these posts have the potential to harm public health or undermine public confidence in the medical profession.
- The posts on 'X' relied upon by the GMC do not constitute material that encourages members of the public to engage in specified behaviours which expose them to a risk of harm.

30. Mr Saunders commented upon the seismic shift in the GMC position of requesting conditions in its failed application in September 2025 to now requesting the most draconian measure open to it. He submitted that his cannot be attributed solely to the additional information provided to it since that time.

31. Mr Saunders submitted that the average member of the public would be shocked and troubled to learn that the reputation and career of a doctor had been damaged by the imposition of an interim order due to simply engaging in legitimate political speech.

32. Mr Saunders submitted that Dr Aladwan invites the Tribunal to consider that thousands of people have been arrested in relation to the political debate in this case. Further, he reminded the tribunal that Dr Aladwan had previously been arrested in May 2025 but that no further action followed.

33. In response to Mr Saunders, Ms Gilsenan submitted that in the schedule provided by him, in relation to Dr Aladwan's social media posts he had oversimplified and understated the seriousness of the communications posted by Dr Aladwan.

34. Further, Ms Gilsenan made a rebuttal of Mr Saunders' submissions that Dr Aladwan had not expressed support of Hamas or any other proscribed group. She drew the Tribunal's attention to posts made by Dr Aladwan appearing to celebrate Hamas' 'victories' and in support of Hamas and other proscribed groups. She submitted that it was plainly wrong to state that Dr Aladwan has not expressed support for Hamas.

35. Ms Gilsean rebutted Mr Saunders' submission that 'Jewish supremacism" is used by Dr Aladwan as a synonym for Zionism. She submitted that Dr Aladwan had used recognised antisemitic tropes in her posts.

36. The Tribunal has assessed the risk arising from the information referred by considering the seriousness of the concerns, the likelihood of repetition and weight of the information available.

37. The Tribunal has noted the large number and nature of Dr Aladwan's social media posts, many of which are allegedly considered to be antisemitic, racist and highly offensive and are alleged to express support for violent action and terrorist organisations. The Tribunal has noted the additional information provided in support of the referral which has become available since the IOT took place on 25 September 2025. It has noted the allegation that this information may indicate an escalation in the tone and nature of Dr Aladwan's activities and posts which may be considered to be extreme, offensive and antisemitic. It is mindful of the many complaints which have been received from individual members of the public and various organisations.

38. The Tribunal has noted the additional information regarding Dr Aladwan's arrest in relation to four separate matters about communications and activities which may amount to offences of stirring up racial hatred, contrary to section 18 of the Public Order Act 1986, sending a malicious communication contrary to section 1 of the Malicious Communications Act 1988 and misuse of a public communications network contrary to section 127 of the Communications Act 2003.

39. The Tribunal considers that the allegations, if found proved, are serious and appear to have arisen from persistent and prolonged posting of potentially egregious material which has been widely disseminated by Dr Aladwan, resulting in a number of individual complaints made to the GMC. Whilst the Tribunal is mindful of Dr Aladwan's freedom of expression rights, it has noted a number of comments which allegedly support and celebrate terrorist acts and organisations, and promote violent action and offensive Jewish tropes. The Tribunal has noted that Dr Aladwan is alleged to have made general and specific attacks on Jewish people which may exceed a description of political speech or debate in a way which reaches beyond her freedom of expression rights in accordance with Article 10 ECHR.

40. The Tribunal considers that there is a high risk of repetition in this case, given that Dr Aladwan has allegedly continued to post material online over a long period of time, despite the advice received from the GMC that she should "...consider how she expresses her views on social media and otherwise, in particular how her comments, including Nazi/Holocaust comparisons, could be viewed as antisemitic or otherwise grossly offensive." The Tribunal has noted that Dr Aladwan denies any allegations of antisemitism or racism and that she describes many of her communications as political speech and debate. The Tribunal considers that in this circumstance Dr Aladwan may not have sufficient insight into the seriousness of the allegations and the potential impact they may have on public confidence in her as a doctor, and in the profession, if later found proved. The Tribunal notes that there is no information to suggest that any patient complaints have been raised or that any patients have

come to harm. However, it is concerned that such alleged conduct by Dr Aladwan may impact on patient confidence in both her and the profession and patients may be discouraged from seeking treatment from her.

41. The Tribunal acknowledges that the test for restriction on a doctor's practice is high when it is invited to only impose an order on the public interest limb alone. It considers that the nature of the media posts are alleged to be of the utmost seriousness and may have a real and serious impact on public confidence in the profession, if they are later found proved.

42. The Tribunal has determined that, based on the information before it today, there are concerns regarding Dr Aladwan's fitness to practise which indicate that an interim order is necessary in the public interest.

43. After balancing the risk to the protection of the public, the public interest and the interests of the doctor themselves against the adverse consequences that an interim order would have on Dr Aladwan, the Tribunal has decided, in accordance with Section 41A of the Medical Act 1983, as amended, that an interim order is necessary. The Tribunal has determined to impose an interim order of suspension for a period of 15 months to guard against such a risk.

44. Whilst the Tribunal notes that the order has removed Dr Aladwan's ability to practise medicine it is satisfied that the order imposed is the proportionate response. The Tribunal first considered whether workable or practicable conditions could be formulated to address the risks posed. The Tribunal determined that it was not able to formulate any such conditions. In reaching this decision the Tribunal considers that conditions would infringe upon Dr Aladwan's freedom of expression rights under Article 10 ECHR. Further, the Tribunal were firmly of the view that conditions would not address the risk of the potential seriousness of Dr Aladwan's alleged behaviour and the impact it may have on the public interest. In all the circumstances the Tribunal considers that suspension is the only proportionate response in this case.

45. In deciding on an interim order of 15 months the Tribunal has noted and accepted Ms Gilsenan's submissions in relation to the likely timescale of the GMC investigation. It has also noted the time required for the GMC Rule 7 and Rule 8 stages to be completed and the time it may take for the case to be listed if the matter is referred to an MPT hearing. It remains open to either party to request an early review if there is a material change in circumstances.

46. The order will take effect from today and will be reviewed within six months.

47. Notification of this decision will be served upon Dr Aladwan in accordance with the Medical Act 1983, as amended.