

Dr Alberta Kriesels (4657413)
Interim Orders Tribunal: 14 November 2025
Suspension 9 months

Tribunal:
Legally Qualified Chair: Gillian Temple-Bone
Registrant Tribunal Member: Dr Jeffrey Phillips
Lay Tribunal Member: Timothy Skelton

Dr Kriesels was present at the hearing and was represented by Mr Richard O’Dair, Counsel.

1. Dr Kriesels, a Consultant Developmental Paediatrician, is currently the subject of a fitness to practise investigation by the GMC. Pursuant to section 35C 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 it is necessary for protection of members of the public or is otherwise in the public interest or it is in the interests of the doctor, for the registration of that person to be suspended or to be made subject to conditions.
2. This determination will be handed down in public because Dr Kriesels 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. The matters before the Tribunal relate to concerns regarding Dr Kriesels’ conduct. The GMC received correspondence from UK Lawyers for Israel (UKLFI) dated 8 September 2025 in which they claimed that,

“We have been informed by several different sources, including her patients, and those who work with her, and those who have seen her on anti-Israel demonstrations, that she has expressed blatant antisemitic views both in the streets in demonstrations, and on her social media page on X.”

4. Dr Kriesels is a Consultant Paediatrician for the Whittington Health NHS Trust (‘the Trust). The concerns about Dr Kriesels relate to the public expression or alleged antisemitic views. In particular:
 - I. Displaying a sign in public on various dates including 4 June, 2025, 19 July 2025, 6 September 2025 which contained the words ‘rape, steal, cry, kill,

cheat, lie' around the Star of David with horizontal blue stripes similar to the Israeli flag

- II. Giving the middle finger sign on 6 September 2025 to persons demonstrating in support of Jewish people
- III. Posting on the social media platform X comments such as:
 - (a) On 7 August 2025 'Every Zionist Jew (including liberal and 'non' Zionist Jews) has feelings of supremacy
 - (b) On 7 August 2025 'The secular Jews are very much part of all this evil and they certainly have feelings of supremacy'
 - (c) On 8 August 2025 'The root of all this is this racist, imperialist, and genocidal religion. All our ancestors knew this religion was a problem, but we simply ignored the warnings'
 - (d) On 12 August 2025 'What underpins this Jewish supremacy? Why do Jews both religious and secular, feel superior?'
 - (e) On 15 August 2025 'Most Jews, Zionist or not, centre their Jewish identity in the midst of this genocide which is 'proof' of supremacy.'
 - (f) On 25 August 2025 'Do not inadvertently white wash the murder of Hamas members. They are a political party and oppressed resistance fighters, NOT terrorists.'
 - (g) On 23 August 2025 [Mein Kampf] isn't a best seller, but EVEN IF, then what?'
 - (h) On 1 September 2025 'Germany suffers from genocide nostalgia'
 - (i) On 3 September 2025 'They make me sick. Jewish supremacy'
 - (j) On 2 September 2025 'Jewishness is not an ethnicity but Ashkenazi Jews ARE a (sub) ethnicity, Like Slavics or Scandinavians are. In theory you could thus be racist towards this group. The fact is that very few are truly racist towards this group (and the other groups). It truly is a hoax.'

5. The Tribunal had regard to the Responding to fitness to practise concerns form received from Whittington Health NHS Trust ('the Trust') dated 15 October 2025 in which it was advised that there are no additional concerns but,

"The Trust received over 1,500 emails to our communications team, PALS, and the CEO/ Chair alleging antisemitic and/or racist actions by Dr Kriesels including one from a parent of a patient raising concerns about whether Dr Kriesels provided appropriate care to their Jewish son. Neighboring [sic] Trusts and GPs have raised concerns about the impact of her actions on working relationships in the local community. UCL medical school have requested that their students are not exposed to Dr Kriesels. Colleagues within Whittington Health have expressed concerns about working with her. Dr Kriesels actions have been reported in the Jewish and National newspapers, causing concern in the local community."

6. The Tribunal noted that Dr Kriesels was asked to take down her posts on X but refused.
7. Dr Kriesels was excluded from the Trust and an investigation is ongoing. The Trust made a report to the Metropolitan Police ('the MET') on 11 September 2025.
8. The Tribunal had regard to the Preliminary Investigation Report into Allegations Against Dr Kriesels, dated 23 September 2025. In this report Dr Kriesels is said to have,

" acknowledged her responsibility for what she said and did but noted that she was not responsible "for how people are interpreting this." She reiterated that "she had been acting in her personal capacity not as a doctor... [and that she was] ...entitled to free speech."
9. The Tribunal noted the email received from the MET dated 4 November in which they confirm that this matter has been reported and they are awaiting information as to whether the investigation is ongoing.
10. The Tribunal also had regard to the information provided by Dr Kriesels which included her statement in which she advised that she has no prior fitness to practise history and that her posts on X were in response to other people's posts. Dr Kriesels also provided positive 360 feedback and letters of support.
11. The Tribunal has considered all of the information presented to it and the submissions made by Ms Isobel Thomas, Counsel, on behalf of the GMC, and by Mr Richard O'Dair, Counsel, the doctor's representative.

Dr Kriesel's witness evidence

12. Dr Kriesels gave evidence to the Tribunal. Dr Kriesels stated that she has been a consultant for over 10 years and has no fitness to practise history. Dr Kriesels said that she works in a Jewish area and has Jewish colleagues whom she gets on with. Dr Kriesels said that she treats all of her patients to the best of her ability and does not discriminate. Dr Kriesels asked how she can do her job, read and see the news and not speak up against the treatment of Palestinians in Gaza and the West Bank. She stated that she sees it as her duty as a doctor as well as a human being to speak out. Dr Kriesels stated that her beliefs are as follows:

"I believe that the Palestinians in Gaza have been subjected to a genocide by the State of Israel.
I believe that Western governments have been morally complicit.
I believe that by staying silent, I would be morally complicit in that genocide.
I believe my professional commitment as a doctor requires me to speak out.
I believe there exists a morally repugnant ideology known as Zionism, which is the idea that there should be a state exclusively for Jews or near exclusively for Jews on the historical land of Palestine. I believe Zionism results in terror for the Palestinians.
I believe Zionism must be dismantled.

And I believe Zionism is underpinned by the ideology that is Jewish supremacy.”

Dr Kriesels said that free speech is an important human right and currently under threat, especially when speaking out against Israel. Dr Kriesels said that policing free speech should not be part of the GMCs remit.

Submissions

GMC

13. Ms Thomas spoke at length. She provided the Tribunal with the background of the case and submitted that an interim order of suspension is necessary and proportionate. Ms Thomas submitted that the Tribunal can be satisfied that Dr Kriesels’ fitness to practise may be impaired by reason of misconduct and an order may be necessary on the grounds of public protection and the public interest.

14. Ms Thomas submitted that Dr Kriesels’ has expressed antisemitic and seriously offensive views, both at protest and online. Ms Thomas submitted that there is no right under Article 10 to publish racist or antisemitic statements. Ms Thomas submitted that these are serious allegations and Dr Kriesels’ actions pose a threat to patient's safety. Ms Thomas submitted that Jewish patients may feel that they did not receive safe care, and this threatens to undermine public confidence in the profession.

15. Ms Thomas reminded the Tribunal that Dr Kriesels does not dispute that she posted the comments online nor that she attended a demonstration with a placard stating the words set out in paragraph 4 (1) above. Ms Thomas submitted that the GMC accepts that some of the posts will attract the protection of Article 10 but some of the posts may be found by a substantive Tribunal to be offensive or antisemitic and do not attract the protection of Article 10. The GMC relies on the placard of the Israeli flag with the words. Further, Ms Thomas highlighted posts that the GMC considers will not be covered by Article 10.

16. Ms Thomas submitted that there is a risk to patient safety in this case. The concerns have been reported in the national press, the hospital has received emails, colleagues in local training schemes have expressed concerns and a family has raised concerns about the care that Dr Kriesels provided to their Jewish son. Ms Thomas acknowledges that there are no concerns regarding any harm coming to a patient but there is a concern that families may feel that they will not receive impartial care from Dr Kriesels and it may prevent families from accessing appropriate health care, putting vulnerable patients at risk. Ms Thomas submitted that Jewish or Israeli families may be fearful that they will not receive impartial care from Dr Kriesels.

17. Ms Thomas stated that the GMC acknowledges that Dr Kriesels has been suspended from the Trust. However, these local measures do not prevent Dr Kriesels from moving Trust or working in a private setting. Ms Thomas submitted that an interim order is necessary for the protection of the public

18. Regarding the public interest, Ms Thomas submitted that Dr Kriesels' posts have the potential to undermine public confidence in the profession. Dr Kriesels is entitled to express her political views and attend lawful protests. However, her actions at the protest and the nature of some of the social media posts clearly do not meet the professional standards the public are entitled to expect. There is a risk that Dr Kriesels' comments will undermine public confidence in her as a doctor and in the profession as a whole.

19. Ms Thomas acknowledged that some of Dr Kriesels' posts are political and may be protected under Article 10. But there are limits in law for all citizens. Ms Thomas provided case law to the Tribunal.

20. Ms Thomas submitted that a period of 18 months suspension would be appropriate to allow evidence gathering, the Rule 7 and Rule 8 procedures to be undertaken if appropriate and a possible MPT listing which could take up to 9 months. Ms Thomas reminded the Tribunal that the investigation remains at an early stage and the GMC is awaiting information from the police and, therefore, 18 months is a realistic timescale.

21. Upon being questioned by the Tribunal whether the GMC has evidence that Dr Kriesels' posts have continued. Ms Thomas acknowledged that the only evidence relied on by the GMC is before the Tribunal in the bundle. Ms Thomas also provided different definitions of antisemitism.

On behalf of Dr Kriesels

22. Mr O'Dair spoke at length. He submitted that the 18 months suspension sought by the GMC is a substantial length of time. He reminded the Tribunal that there are no clinical concerns in this case. Mr O'Dair submitted that it is a serious matter that Dr Kriesels would be left without income and would waste her clinical skills. Mr O'Dair indicated that the GMC application is made on very slim grounds.

23. Mr O'Dair referred the Tribunal to the photograph of Dr Kriesels holding a placard on which was the flag of Israel on one side with words which the GMC allege are offensive, written "Judaism yes, Zionism no" on the reverse side and submitted that this puts to bed the idea that Dr Kriesels is anti-Jewish. Mr O'Dair submitted that there is nothing racist about being anti-Zionist. Mr O'Dair stated that there is no evidence that Dr Kriesels wrote one of the X posts as provided by LFIUK and, on the information before it, the Tribunal cannot be satisfied that Dr Kriesels is expressing racist beliefs. Mr O'Dair stated that these demonstrations were held outside Parliament buildings at a rally and was not dressed in any clothes or other identification indicating that she was a doctor. Mr O'Dair indicated that she had been the victim of a targeted campaign.

24. Mr O'Dair submitted that it is ill founded that Dr Kriesels should be suspended to protect the reputation of the profession. Mr O'Dair indicated that it is not reasonable to make out a case that Dr Kriesels' actions would damage the reputation of the profession.

25. Regarding public safety, Mr O’Dair submitted that Dr Kriesels has been practising without complaint for 14 years. Mr O’Dair stated that the evidence is that she is a good practitioner. She has practised in the same area for 14 years, one which has a large Jewish community. Dr Kriesels had the same views that she has now during that 14-year period and having those views has not caused her to treat patients badly.

26. Mr O’Dair stated that a great deal comes to depend on the definition of antisemitism. If the Tribunal says that antisemitism includes criticism of the state of Israel then Dr Kriesels is “guilty”. He stated that it shows that if too broad a definition of antisemitism is taken then it stifles freedom of speech. Dr Kriesels was speaking only about a specific world context of events in Gaza and the West Bank and her comments were rooted in that context.

Legal Advice

27. The Legally qualified chair gave the following legal advice:

An Interim Order Tribunal [IOT] should remind itself that :

- (i) Its function is not to make findings of fact, or to resolve factual disputes, but to assess potential risk based on the information before it.
- (ii) Article 10(1) of the ECHR includes the freedom to hold opinions and to receive and impart information and ideas without interference by a public authority. It is more likely to be engaged where a doctor expresses their opinion on a public platform, rather than privately. The right to freedom of expression protects an individual’s right to hold their own opinions and express them freely without interference. It is a qualified right subject to formalities, conditions, restrictions or penalties as are ‘prescribed by law.’ The obligations within GMP and the social media guidance are sufficient for the purposes of this ‘prescribed by law’ condition.
- (iii) Paragraph 91 of GMP requires a practitioner to follow the detailed guidance on ‘Using social media as a medical professional’ and that guidance at paragraph 14 sets out ‘*You must not use social media to abuse, discriminate against, bully, harass or deliberately target any individual or group.*’
- (iv) As an IOT may consider imposing interim conditions that restrict the doctor’s freedom of expression, the additional test under section 12(3) of the Human Rights Act 1998 must be applied. That additional test is that it is more likely than not that the MPT will go on to make a finding which justifies the interim order being made in the particular circumstances of the case. More cogent evidence may be needed to support the concern than would usually be the case.

The Test to be applied when considering granting an interim order:

1. When an IOT considers whether to grant an interim suspension order for up to 18 months or to place conditions upon the registration of a registrant for up to 18 months, the test the Tribunal must apply pursuant to s.41A Medical Act 1983 is :
 - whether the Tribunal is satisfied it is necessary for the protection of members of the public or
 - is otherwise in the public interest, or
 - is in the interests of the doctor, for the registration of that person to be suspended or to be made subject to conditions
2. The IOT Guidance published by the MPTS of the GMC, should be taken into consideration.

Paragraph 23: *If The IOT is satisfied that :*

- a. *In all the circumstances that there may be an impairment of the doctor's fitness to practice which poses a real risk to members of the public, or may adversely affect the public interest, AND*
- b. *After balancing the interests of the doctor and the interests of the public, that an interim order is necessary to guard against such risk*

the appropriate order should be made

Paragraph 24 : *In reaching a decision the IOT should consider:*

- a. *The seriousness of risk to members of the public if the doctor continues to hold unrestricted registration. In assessing this risk, the IOT should consider the seriousness of the allegations, the weight of the information, including information about the likelihood of a further incident or incidents occurring during the relevant period.*
- b. *Whether the public confidence in the medical profession is likely to be seriously damaged if the doctor continues to hold unrestricted registration during the relevant period.*

Paragraph 25 : *In weighing the factors, the IOT must carefully consider the proportionality of their response in dealing with the risk to the public interest (including public safety and public confidence) and the adverse consequences of any action on the doctor's own interests.*

The Principle of Proportionality:

3. The judgement of Mrs Justice Steyn in the case of *MXM v GMC* [2022] EWHC 817 (Admin) makes it clear that the IOT should consider the principle of proportionality, first when considering whether to make an interim order or impose conditions, and secondly when considering the duration of the proposed interim order or conditions.

The Effect of a Suspension :

4. A suspension has potentially three very important consequences for a practitioner the impact upon the person's right to earn a living, the detriment to her in terms of her reputation, it deprives the practitioner of showing that during the relevant period she has conducted herself well and

competently, and ‘so as it were enhanced her prospects in front of the panel undertaking a final hearing.’ [Houshian v GMC 2012 EWHC 3458]

Duration of an order :

5. IOT Guidance states at Paragraph 48 : *In considering the period for which an order should be imposed an IOT should bear in mind the time that is likely to be needed before the matter is resolved(eg: time to complete investigations & list for MPT hearing). The IOT should also bear in mind that there is provision enabling it, or a MPT, to revoke, vary or replace an interim order on review.*
6. Good Medical Practice may be relevant to the Tribunal’s consideration.
7. The Tribunal will take into consideration the evidence before it including the oral evidence of Dr Kriesels and the submissions on behalf of the doctor and the GMC.

Giving Reasons :

8. IOT Guidance provides at paragraph 52:
Although IOT decisions should be fairly concise, they must include the following information with specific reference to the distinct features and particular facts of each individual case.
 - a. *The risk to patients should be clearly identified to support the proportionality of any action it was necessary to take*
 - b. *The risk to public confidence in the profession if the doctor continued to work without restriction on their registration and the allegations are later proved, to support the proportionality of any interim action taken.*
 - c. *Where an order is made primarily because it is desirable in the public interest to uphold confidence and there are no concerns about clinical practice specific reasons should be given for why this is appropriate.*
 - d. *Reasons for the initial period of time for which an interim order is imposed*
 - e. *Where no order is imposed, clear reasons must be given.*

The Tribunal’s decision

28. The risks identified by the Tribunal are that
 - 1) A risk that Dr Kriesels strongly held convictions which could be seen to be discriminatory by the public will continue to lead to adverse consequences for her Trust and patients. Dr Kriesels has to date neither removed the posts nor indicated she will not post further comments on X nor attend marches carrying placards which may invite different interpretations from her own. Therefore the risk is that the consequences to date will continue.
 - 2) A risk of damage to the reputation of the profession and the relationship with colleagues.
 - 3) A risk there could be evidence of serious misconduct and that the public would be concerned that if whilst awaiting full investigation, Dr Kriesels continues the behaviours alleged against her whilst registered as a doctor.

- 4) A risk that the public's trust and confidence in the profession will have been undermined through the doctor's conduct if she failed to adhere to the guidance in Good Medical Practice (GMP).
- 5) A risk that colleagues will refuse to work with her or refer cases to her. This poses a risk of disrupting the care provided to patients.
- 6) A risk that her conduct would adversely affect trainee doctors and students.
- 7) A risk that a GP might not refer a patient to her due to her views and the ethnicity of the patient.

29. In accordance with Section 41A of the Medical Act 1983, as amended, the Tribunal has determined, based on the information before it today, that it is necessary to impose an interim order. It has determined to impose an interim order of suspension for a period of 9 months.

30. The Tribunal has determined that, based on the information before it today, there are concerns regarding Dr Kriesels' fitness to practise which pose a real risk to members of the public and which may adversely affect the public interest. After balancing Dr Kriesels' interests and the interests of the public, the Tribunal has decided that an interim order is necessary to guard against such a risk.

31. In reaching its decision, the Tribunal had borne in mind the serious nature of the allegations made regarding Dr Kriesels' conduct. The Tribunal reminded itself that Dr Kriesels is a senior consultant who works in a largely Jewish area. The Tribunal considered that Dr Kriesels is entitled to hold strong views and to express them. The Tribunal also noted that Dr Kriesels refused to take down the X posts when asked. The Tribunal also reminded itself of Mr O'Dair's submissions that one of the X posts referred to by UKLFI was not written by Dr Kriesels. The Tribunal further reminded itself that there are no previous fitness to practise concerns and there are also people supporting Dr Kriesels as evidenced in the documents provided.

32. The Tribunal reminded itself that it has details of one complaint from one patient and also reminded itself of the concerns from various parties including Trusts, GPs and UCL medical school. The Tribunal considered that a member of the public might believe that Dr Kriesels holds biased views and may be hesitant to be treated by her. Taking all of the information before it into account, the Tribunal is satisfied that there is sufficient information to suggest that Dr Kriesels could pose a real risk to public safety.

33. The Tribunal has balanced Dr Kriesels' Article 10 (1) rights against her obligations under GMP. The weight of the evidence against Dr Kriesels, conduct on public marches, comments on social media, concerns expressed from individuals, a patient's mother, colleagues and two NHS Trusts, and her acceptance of the conduct alleged against her, have caused this Tribunal to conclude that an interim order is necessary.

34. Further, the Tribunal is satisfied that a reasonable and properly informed member of the public would be surprised and concerned if no interim order were made today.

35. Whilst the Tribunal notes that the order will remove Dr Kriesels' ability to practise medicine it is satisfied that the order imposed is the proportionate response. The Tribunal determined that there are no conditions which would adequately address the risks identified. Taking all the information into account, the Tribunal determined that interim conditions are not a workable, enforceable or sufficient means of addressing the risks identified in this case.

36. In deciding on a period of 9 months the Tribunal has considered the submissions of Ms Thomas however is of the view that nine months is a reasonable period to allow the conclusion of the GMC investigation and the listing of an MPT hearing.

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

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