RECOMMENDATIONS TO TACKLE ANTISEMITISM IN THE NHS

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ABOUT CAMPAIGN AGAINST ANTISEMITISM

Campaign Against Antisemitism (CAA) is a registered charity dedicated to exposing and countering antisemitism through education and zero-tolerance enforcement of the law. We do that through pioneering litigation, innovative communications campaigns, research and policy work and education at all levels. CAA operates nationally.

Representative polling of the Jewish community shows that 86% of British Jews believe that CAA is representative of their views on antisemitism, and more than half strongly agree.

For more information about our work or to schedule a meeting to discuss the fight against antisemitism, please e-mail policy@antisemitism.org. You can also find us on social media using the handle @antisemitism, or visit our website at antisemitism.org.

GLOSSARY OF TERMS AND ABBREVIATIONS

BMA — British Medical Association

BMJ — The BMJ (formerly the British Medical Journal), published by BMJ Publishing Group Ltd, a wholly owned subsidiary of the BMA

CAA — Campaign Against Antisemitism

CPD — Continuing Professional Development

CQC — Care Quality Commission

DHSC — Department of Health and Social Care

EDI — Equality, Diversity and Inclusion

GMC — General Medical Council

ICB — Integrated Care Board

MPTS — Medical Practitioners Tribunal Service

NHS — National Health Service

NMC — Nursing and Midwifery Council

PALS — Patient Advice and Liaison Service

PHSO — Parliamentary and Health Service Ombudsman

PSA — Professional Standards Authority for Health and Social Care

WRES — Workforce Race Equality Standard

Note: References in this report to the International Definition of Antisemitism refer to the definition also known as the IHRA Working Definition of Antisemitism.

BACKGROUND

On 14th September 2026, CAA published a documentary that revealed the extent to which antisemitism and extremism have penetrated and thrived in the NHS.

The documentary presents interviews with NHS practitioners and Jewish patients, detailing their horrendous experiences. It also includes representative polling of the Jewish community conducted by CAA, showing:

A clear majority of British Jews would be concerned about not receiving equal care because they are Jewish.

One-third of British Jews who have used the NHS since 7th October 2023 say that they were uncomfortable due to their Jewish identity.

More than four in ten British Jews who have used the NHS since 7th October 2023 took steps to hide their Jewish identity.

Fieldwork was conducted between 3rd and 20th November 2025. In total, 4,490 valid responses were obtained. Information about the methodology can be found on our website.

The anecdotal evidence presented in our film, together with the empirical data provided by our polling, demonstrates the magnitude and severity of this institutional crisis.

The NHS touches us all at times in our life when we are at our most vulnerable. This crisis requires a wide-ranging response that addresses the growing extremist culture within healthcare, the abysmal failure of regulation, the shocking lack of transparency and the total absence of accountability.

SUMMARY

The recommendations in this report present the necessary, wide-ranging policy response to this crisis.

The recommendations are designed to tackle the antisemitism that has metastasised in the NHS and the wider healthcare sector by making it much harder for extremists to flaunt their ideology, and by rooting out the culture of hate within our national healthcare provider. They also set out a clear route for complaints and escalation in the event that antisemitic incidents do occur, with governance structures that investigate swiftly, punish accordingly, and hold authorities to account.

While this review primarily focuses on medical settings in England, our recommendations apply to Scotland, Wales, and Northern Ireland, although some of the individual mechanisms vary.

We also note that NHS England is set to be abolished. After this occurs, any recommendations pertaining to NHS England should be read as applying to a restructured DHSC.

The recommendations are grouped under four headings:

1. Depoliticisation

2. Definition and training

3. Transparency

4. Accountability

We are also available to assist the DHSC and other relevant bodies in training or implementation of any of the recommendations set out below.

CASE STUDIES

CAA has included several illustrative case studies, complementing those that feature in the documentary, which further illustrate the depth of the antisemitism crisis in British healthcare.

CASE STUDY 1

A patient attending Whipps Cross Hospital for his regular dialysis session was attended to by a medical student wearing a T-shirt that showed the map of Israel as a map of Palestine.

When the medical student came to take his temperature, the patient objected to the shirt and took a photograph to support a complaint to the hospital. The ward sister demanded that he delete the photograph and threatened to terminate his treatment when he refused. Several nurses surrounded his bed and began shouting at him.

Security was called. On arrival, the guard demanded that the patient hand over his mobile phone. The patient refused to do so. The guard followed the patient to reception, where he was kept for an hour while being pressured to delete the photograph.

CASE STUDY 2

Dr Shabina Sultan is a General Rheumatologist at Airedale General Hospital, Keighley, and the Clinical Lead in Osteoporosis.

- On 11th February 2025, replying to a post about Zionists, she posted: “Yes they sold their soul to the devil a long time ago.”
- On 19th February 2025, she replied on X to Kim Johnson MP: “Thank u for standing on the right side of humanity. The PMs sell their soul to the Zionist that’s why [sic].”
- On 14th March 2025, she posted on X: “Zionists are willing to sacrifice every institution and every civil liberty in US society to protect their exterminationist state.”
- On 16th March 2025, she posted on X: “Hateful people. May they rot in hell. The Zionist are like zombies let loose [sic].”
- On 20th March 2025, in response to a post about a protest in Tel Aviv, she responded: “May the good people rise in Jihad and kill the beast from within.”
- On 24th August 2025, she posted on X: “The irony of Jews using gas to ethnically cleanse the Palestinians.”

CASE STUDY 3

Dr Menatalla Elwan is an Egyptian neurologist and former NHS specialty registrar.

Hours after the 7th October 2023 attacks, Dr Elwan shared video footage of people fleeing the Nova music festival alongside comments stating: “if it was your home, you would stay and fight,” and asserting that “Israel was never a country.”

The Home Office sought to deport her by removing her temporary right to remain in the UK, on the basis that her presence in the UK was “not conducive to the public good.” But Dr Elwan, who has lived in the UK since 2016, challenged the decision and was backed by an immigration tribunal judge in February 2025. The judge found that “the content and the timing of the offending parts of the posts was shocking and inexcusable and, frankly, involved gloating in the success of the Hamas terrorist attack against Israeli civilians.” Nevertheless, he determined that they partially constituted protected political expression and were “short-lived” and a “one-off”, concluding that a formal warning rather than expulsion was a proportionate response. The Crown Prosecution Service had also previously stated that there was no criminal case under the Public Order Act.

However astounding one may find that decision, one would have imagined that such a professional would at least be deemed unfit to serve in a medical capacity providing care to patients who may include Jewish people. Yet, the MPTS reviewed her case and decided in early 2026 – a year after the immigration case, illustrating the woeful lack of speed in regulation – that the relevant facts in the case were not proven.

The GMC subsequently found the MPTS’s decision inadequate, and is appealing.

Almost three years after the incident, Dr Elwan remains registered with the GMC with a licence to practise.

RECOMMENDATIONS

1. DEPOLITICISE

Healthcare should be a welcoming, inclusive environment where people of all backgrounds, faiths and beliefs can work or receive treatment with dignity and care. Until now, the prerequisite for this has always been the understanding that medical practitioners leave their politics at home.

Tragically, that is too often no longer the case. Not just politics, but extremism and antisemitism have been allowed to thrive in medical settings across the country. Practitioners, including Jewish staff who just want to treat patients, are forced to suffer in silence, and Jewish patients feel the need to hide their identity when they seek treatment.

A minuscule number of doctors have been sanctioned due to their extremist or antisemitic conduct, but enforcement is insufficient, and where it occurs it is slow and inconsistent. There has been no attempt to tackle the problem at source.

Our first set of recommendations aims to depoliticise healthcare settings, including clamping down on extremist behaviour from medical professionals and tackling an Equality, Diversity and Inclusion (EDI) agenda that too often protects extremists and excludes Jews.

1.1 Clothing/Symbols

- **The Department of Health and Social Care (DHSC) should issue statutory guidance requiring all hospitals and medical settings to adopt a staff dress code and code of conduct prohibiting the wearing or display of political or intimidatory symbols in medical settings by practitioners**, unless authorised in writing by the relevant NHS Trust leadership. This guidance should make clear that policies may permit symbols recognised as part of our shared national culture, such as poppies, while addressing the risk that symbols associated with a foreign national flag or a side in a foreign conflict can be reasonably interpreted as taking a position on a contested issue.
- **NHS England should monitor adherence to the dress code guidance** and issue a progress report on implementation six months after the guidance is issued.

1.2 Expressions of extremism and political activity by practitioners

- **All healthcare regulators should provide updated guidance on expectations around the conduct of medical professionals**, who must be required to abstain from any activity which is likely to interfere with the unbiased discharge of their medical

duties or give a realistic impression that it may interfere. Regulators must consider whether patients would reasonably be uncomfortable using a practitioner if they were aware of the practitioner's conduct.

- **The updated guidance should set out clearer expectations around political campaigning**, which includes refraining from campaigning in medical settings, wearing attire intended to identify themselves as a medical professional when campaigning outside of a medical setting, and breaching the International Definition of Antisemitism in their conduct inside or outside medical settings. This guidance should cover any activity on social media.

- **The DHSC, NHS bodies and royal colleges should end the BMJ's role in medical training, with no public money put towards the publication.** The BMJ is owned and published by a wholly-owned subsidiary of the BMA, itself an activist organisation that has demonstrated, wittingly or otherwise, a hostility to Jewish people. Its publications should have no status in the ongoing training of medical professionals. The BMJ itself has regularly lent its pages to divisive and incendiary activism, and for institutions to purchase and stock it as a matter of course is tantamount to endorsing that activism.

1.3 Equality, Diversity and Inclusion (EDI)

- **NHS England should ensure that Judaism is represented on an equal footing with other faiths in EDI-related activities carried out by NHS Trusts and organisations.**

- **The UK Government should withdraw funding from relevant organisations with EDI schemes (or similar) that do not explicitly mention Jews or antisemitism in their anti-racism strategies**, with reference to the International Definition of Antisemitism, unamended, in full, and to the exclusion of any other definition of antisemitism.

- **The Care Quality Commission (CQC) should embed representatives of the mainstream Jewish community** on any panel or working group on racism or race-related issues, and **the PSA should likewise ensure that representatives of the mainstream Jewish community are appointed** to its inter-regulatory EDI working group.

2. DEFINITION AND TRAINING

Combatting antisemitism requires unequivocal leadership from the Government and the NHS. That starts with defining antisemitism, and then using that definition to root it out, ensuring that the entire system works to that aim.

The current approach is piecemeal and inadequate. NHS England has adopted the International Definition of Antisemitism, but this does not apply throughout the system. Meanwhile, the GMC has not adopted any definition – and indeed our documentary revealed how a senior GMC official has even boasted about the regulator not having adopted the International Definition of Antisemitism – and is on record as stating that it refers to multiple definitions of antisemitism, some of which are contradictory.

It is shocking just how contested the definition of antisemitism is. In a society that generally permits identity groups to define the hatred that they encounter, Jewish people are persistently denied that latitude, and their allegations of racism are constantly downplayed or dismissed. This is itself a form of victimisation.

When it comes to combatting antisemitism, a clear, unequivocal approach is needed. The International Definition of Antisemitism must be adopted, unamended and in full, and embedded throughout the NHS, including training systems and codes of conduct, and by every medical regulator, and to the exclusion of any other competing definitions. All members of staff will thereby be expected to maintain the highest standards by following the Definition in practice, and NHS employers will be expected to apply the Definition when allegations of antisemitism arise, in a manner that is objective and coherent, and fair to the complainant and accused. Practitioners will know what is antisemitic before they are accused, and employers and regulators will know the Definition against which conduct is to be assessed.

2.1 Adoption and application of the International Definition of Antisemitism

- **The DHSC should be clear that the International Definition of Antisemitism is the only valid definition of antisemitism for public bodies, and should require all bodies operating under the DHSC to adopt the International Definition unamended and in full.** It should prohibit the simultaneous use of alternative definitions or reliance on a simple dictionary definition that has little practical utility when allegations arise.
- **The Government should clearly state its expectation that the BMA should withdraw its recent resolution calling for NHS England to stop and reverse adoption of the Definition, and include this demand as part of any future negotiations.** The abandonment of the Definition is a hostile act towards British

Jews, and the Government should be resolute in its insistence on its widespread adoption.

- **The DHSC should distribute practical guidance on what antisemitism looks like in contemporary settings to hospital leadership across the country,** including up-to-date examples in healthcare across England. This guidance should be prepared with the input of reputable antisemitism specialists.

2.2 Training

- **NHS England should ensure that NHS training courses (such as the UK Foundation Programme) specifically include a publicly available mandatory module on understanding and tackling antisemitism.** This should include an exploration of modern forms of antisemitism and their roots in ancient hatred, and it should be developed by a reputable provider.

- **NHS England should ensure that any EDI component of ongoing professional training includes antisemitism training,** developed by a reputable provider, especially for relevant decision-makers like fitness-to-practise adjudicators.

2.3 Recruitment

- **The DHSC should require the NHS Code of Practice for International Recruitment of health and social care personnel in England to include a new clause requiring incoming medical professionals to be screened for antisemitic discourse**, and include a mandatory antisemitism module for overseas-trained medical professionals to undertake when they arrive to practise in the UK. International health and social care personnel already undertake "appropriate pre-employment checks including those for any criminal convictions or cautions as required by UK legislation", and antisemitism should be included in this.

- **Where migrant medical professionals are found to have engaged in antisemitic conduct, the Home Office and the DHSC should review the above criteria and take steps to bolster them,** including identifying patterns of behaviour from people who have arrived via certain agencies, educational institutions or nations.

2.4 Clarity of expectations

- **NHS staff, including volunteers and people employed on a locum basis, should be made fully aware of the expectations placed on them regarding antisemitism and the International Definition of Antisemitism.** This includes straightforward access to governance documents, ways to complain about antisemitism and consequences if they engage in antisemitic conduct.

3. TRANSPARENCY

Patients and staff must feel safe when reporting anti-Jewish racism, and they deserve to have confidence that their allegations will be properly investigated and that offenders will be sanctioned.

Our documentary relates the experience of a senior Jewish medical practitioner who reported a colleague and whose identity was revealed to the accused, resulting in a deluge of abuse and death threats to the complainant. That is plainly unacceptable.

Investigations must be carried out in a timely manner. With a considerable increase in the fitness-to-practise caseload – especially pertaining to antisemitism – swift investigations are essential to restoring confidence in the regulatory system and delivering justice to both complainants and accused. Justice delayed is justice denied.

Even when investigations do conclude, too often the outcomes are wholly unsatisfactory, with offences excused or offenders getting off with a slap on the wrist. Complainants may also be left in the dark, unable to track the outcomes of cases or escalate their complaints following poor conclusions. Together, these shortcomings create a system that is increasingly unfit for purpose and which must urgently be remedied.

When antisemitic conduct is established, there must be a transparent sanctions regime where high standards are both expected and enforced, including removal from a relevant register.

3.1 How to complain and how to escalate

- **NHS England should bolster the Patient Advice and Liaison Service (PALS)**, making it independent of NHS Trusts and providing its representatives with specialist training on antisemitism so that they can better assist patients who have a complaint and can actively advise on how to escalate complaints if a patient is dissatisfied with the outcome.
- **The DHSC should eliminate the loophole whereby NHS Trusts treat patient complaints as HR issues**, which allows for confidentiality to be cited as a reason for never telling the complainant what, if anything, has been done. NHS Trusts that do that shirk their responsibilities under the NHS Constitution and the Health Act 2009.
- **NHS England should provide a dedicated confidential whistleblower service with the power to intervene to protect whistleblowers and scrutinise the quality of the investigations that whistleblowers trigger.** There must be safeguards in place for people who whistleblow and a strong, swift investigation process from the relevant authorities.

- **NHS England should enhance training for Freedom to Speak Up Guardians regarding antisemitism**, giving medical professionals the confidence to report matters to Guardians and share concerns.

- **The PHSO, CQC, and DHSC should establish a clear and publicised route to escalation where an employer or provider has failed to act appropriately in relation to a complaint of antisemitism or discrimination.** This information should be provided to any complainant on receipt of the outcome of a complaint, just as routes of escalation and appeal are provided to clients in other regulated industries.

3.2 Recording and reporting

- **The DHSC should direct hospitals, social care providers, and all other organisations operating under its remit to record "antisemitism" as a distinct sub-category within incident reporting frameworks, and "Jewish" as an ethnic category for victims.** If complainants are not able to report incidents as antisemitic, they cannot be treated as such, and if patients cannot identify as "Jewish" then regulators cannot discern patterns of conduct that otherwise may be missed. This should include the Workforce Race Equality Standard, specifically monitoring and including Jews and antisemitism.

3.3 Audit

- **Regulators should conduct an audit of all antisemitism allegations brought to healthcare regulators since 7th October 2023, and report on their findings within six months.**

- **The PSA should undertake an investigation into antisemitism in healthcare**, and issue a report that shares best practice on ways that regulators can tackle antisemitism and improve outcomes.

4. ACCOUNTABILITY

Weakness and indifference from politicians, regulators and hospital leaders have let antisemitism metastasise throughout the body of our healthcare system, leading to the intimidation of Jews within the sector. Practitioners and officials must be held responsible for this scandal, and there needs to be radical change to bring about real accountability.

Looking backwards, accountability means penalising those who have not discharged their duty to the public. There has clearly been a catastrophic failure of regulation in the medical sector, and officials who have overseen that failure must be removed. This is the route to restoring confidence in the regulatory system, and ensuring that their successors take their duties more seriously.

Looking forwards, accountability also requires naming and training antisemitism leads in relevant organisations, conducting thorough investigations and imposing statutory timescales.

The time for action is now. Despite a slew of reviews and well-meaning statements by successive governments, antisemitism is worse than at any time in living memory. We have reached the point where a refusal to act is tantamount to complicity.

4.1 Regulators and practitioners

- **Healthcare regulators should ensure that fitness-to-practise panels, committees or tribunals include an antisemitism expert when hearing cases of anti-Jewish racism.**
- **Members of these panels and committees should also be required to declare relevant affiliations or previous public expressions of relevant views, with a mechanism to recuse themselves from the process or be removed.** Complainants should also be able to appeal decisions if adjudicators have demonstrated racial or religious bias or prejudice in a professional or personal capacity.
- **Healthcare regulators' sanctions should be stricter than at present for medical professionals who are found to have engaged in antisemitic conduct.** Such a finding should be treated with a much higher degree of seriousness and be met not with a mere warning, but a concrete sanction that impacts their ability to practise. At a time when antisemitism and extremism have become rife in the NHS, the response must correspond to the new reality.
- **The DHSC should provide the resources necessary for regulators** to speed up fitness-to-practise investigations. There should be increased funding as necessary, ensuring that investigations are concluded within six months of the original complaint (excepting any appeals). This is fair to the complainant and the accused.

Serious consideration must be given to whether to suspend the accused during the period of investigation, particularly where their alleged conduct has taken place in a workplace setting.

- **The councils overseeing each regulator must carefully consider whether to hold their chief executive to account for any failure to contain the spread of antisemitism and extremism in their professions.** The medical sector is now in disrepute, and those who were charged with preventing this disgrace must be held to account.

- **In conjunction with the DHSC, the Home Office should introduce a rule that any medical professional who is a foreign national and is barred from practising for antisemitism-related misconduct should be deported from the UK.** That is what zero tolerance looks like.

4.2 Institutions

- **Each hospital or medical setting should have a senior leader charged with responding to antisemitism complaints, and proactively monitoring their progress and resolution.** These leads must undergo specialist training in antisemitism by a reputable provider.

- **This also applies to the regulators.** The individual can be an existing member of staff or a new recruit, but they must have explicit responsibility in this area.

4.3 Government and Parliament

- **The Health and Social Care Committee should conduct an urgent inquiry into antisemitism in the NHS**, to which Campaign Against Antisemitism would be happy to contribute.

- **The Secretary of State should make a twice-yearly statement to the House of Commons**, providing an update on steps taken to tackle antisemitism in the NHS and progress in eradicating it.