PUBLIC RECORD

Dates: 29/07/2025 - 01/08/2025
05/08/2025 - 07/08/2025

Doctor:	Dr Jairon MAJDNEYA
GMC reference number:	7408450
Primary medical qualification:	MB ChB 2013 University of Birmingham

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

Summary of outcome
Suspension, 12 months
Review hearing directed
Immediate order imposed

Tribunal:

Legally Qualified Chair:	Mr Neil Dalton
Lay Tribunal Member:	Mr Rob Cline
Registrant Tribunal Member:	Dr Laura Florence

Tribunal Clerk:	Miss Emma Saunders

Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Ms Anam Khan, Counsel

Attendance of Press / Public
In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held partly in public and partly in private.

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 - 31/07/2025

Background

1. Dr Majdneya qualified in 2013 and completed her General Practitioner (GP) training in 2020. At the time of the events in question, Dr Majdneya was practising as a GP at the Audley Mills Surgery ('the Surgery'). Dr Majdneya had completed her GP training at this Surgery and she had been offered a salaried post upon completion of training, which she held for at least four years. Dr Majdneya was contracted to work six sessions per week, in which a 'session' is defined as four hours of work, consisting of three hours of clinical duties and one hour of administration duties.

2. The Allegation that has led to Dr Majdneya's hearing relates to her conduct in respect of working without a licence to practise. Dr Majdneya was notified by the General Medical Council (GMC) on 11 September 2023 that her Responsible Officer (RO) had submitted a recommendation of non-engagement in respect of revalidation and that it was considering withdrawing her licence to practise. No response was received from Dr Majdneya.

3. It is alleged that the GMC then wrote to Dr Majdneya on 20 February 2024 to inform her that her licence to practise would be withdrawn on 27 March 2024 and that, from 27 March 2024, she must not undertake any form of medical practice within the UK which required her to hold a licence to practise. It is further alleged that on 27 March 2024, the GMC wrote to her again, indicating that (i) her licence to practise had been withdrawn; (ii) she must not work in any role which required her to hold a licence to practise; and (iii) if she was working in a role which requires her to hold a licence to practise she must stop immediately. However, despite this, Dr Majdneya is said to have continued to undertake her GP role at the Surgery until 23 April 2024 and that, by doing so, her actions between 27 March 2024 and 23 April 2024 were dishonest.

The Outcome of Applications made during the Facts Stage

4. The Tribunal determined that service of the notice of this hearing had been effected in accordance with Rule 40 of the GMC (Fitness to Practise) Rules 2004 as amended ('the Rules'), and paragraph 8 of Schedule 4 to the Medical Act 1983, as amended. The Tribunal also determined to proceed with the hearing in Dr Majdneya's absence in accordance with Rule 31 of the Rules. The Tribunal's full decision on this matter is included at Annex A.

5. The Tribunal agreed, in accordance with Rule 41 of the Rules, that parts of this hearing should be heard in private where the matters under consideration are confidential, namely Dr Majdneya's email and postal address. These details are not set out within this determination and so there is no requirement for this determination to be read in private.

6. The Tribunal granted the GMC's application, made pursuant to Rule 34(1) of the Rules, for the admission of further evidence. Redactions were made to one of the two documents. The Tribunal's full decision on the application is included at Annex B.

The Allegation and the Doctor's Response

7. The Allegation made against Dr Majdneya is as follows:

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

1. On 20 February 2024, the GMC wrote to you to inform you that:

    a. your licence to practise would be withdrawn on 27 March 2024;
    To be determined

    b. from 27 March 2024 you must not undertake any form of medical practice within the UK which requires you to hold a licence to practise.
    To be determined

2. On 27 March 2024, the GMC wrote to you to inform you that:

    a. your licence to practise had been withdrawn;
    To be determined

    b. you must not work in any role which requires you to hold a licence to practise;
    To be determined

    c. if you were working in a role which requires you to hold a licence to practise you must stop immediately.

To be determined

3. Between 27 March 2024 and 23 April 2024, you worked as a General Practitioner at Audley Mills Surgery ('the Role').
To be determined

4. When working in the Role as described at paragraph 3, you knew that:

a. your licence to practise had been withdrawn;
To be determined

b. you required a licence to practise to work in the Role.
To be determined

5. Your actions as set out in paragraph 3 were dishonest by reason of paragraph 4. 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

Witness Evidence

8. The Tribunal received evidence on behalf of the GMC in the form of witness statements from the following witnesses:

- Ms A, a Revalidation Manager at the GMC, whose witness statement was dated 21 June 2024; and
- Dr B, the senior partner at the Surgery, whose witness statement was dated 11 July 2024.

These witnesses were not called to give oral evidence.

9. For her part, Dr Majdneya did not provide a formal witness statement and nor did she attend to give evidence. Neither was she represented at the hearing. Instead, Dr Majdneya sent an email to the MPTS dated 28 July 2025. In that email, she did not address any of the facts set out in the Allegation, nor did she challenge - directly or implicitly - any of the GMC evidence served upon her in support of those facts. Rather, she made submissions based around the pressures she had experienced working as a GP. She also acknowledged that she had failed to perform revalidation, stating that she had no reservation in accepting the Tribunal's decision about her fitness to practise.

Documentary Evidence

10. The Tribunal had regard to the documentary evidence provided by the parties. In addition to Dr Majdneya's email (28 July 2025), the evidence included, but was not limited to, the following:

- Letter from the GMC to Dr Majdneya (11 September 2023) about consideration of withdrawal of her licence to practise;
- Letter from the GMC to Dr Majdneya (20 February 2024) confirming its decision to withdraw Dr Majdneya's licence to practise;
- Letter from the GMC to Dr Majdneya (27 March 2024) confirming her licence had been withdrawn;
- Death certificate signed by Dr Majdneya (16 April 2024);
- Email chain between Dr Majdneya and Dr B about her resignation from the Surgery;
- Significant Event Analysis report completed by Dr B dated 9 July 2024;
- Documentation between NHS England - Professional Standards and the GMC from June/July 2024;
- Dr B's online GMC referral form, which he completed on 24 April 2024 and email from Dr B to the GMC dated 3 May 2024 with additional information; and
- Screenshot of Dr Majdneya's registered address and email.

The Tribunal's Approach

11. In reaching its decision regarding facts, the Tribunal has borne in mind that the burden of proof rests solely on the GMC. Dr Majdneya does not need to prove anything. The standard of proof is that applicable to civil proceedings, namely the balance of probabilities.

12. In reaching its determination, the Tribunal took into account all the written and oral submissions from the parties.

13. The Tribunal also took into account the advice provided by the Legally Qualified Chair ('LQC') - which was provided in public session and upon which Ms Khan, Counsel on behalf of the GMC, was invited to comment. The Tribunal accepted that advice in full.

14. As part of his advice, the LQC reminded the Tribunal of the case of *Ivey v Genting Casinos (UK) Ltd Trading as Crockfords* [2017] UKSC 67 ('Ivey'), which sets out how the Tribunal should address the question of dishonesty. Namely,

- The Tribunal must first ascertain (subjectively) the state of the individual's knowledge or belief as to the facts. The reasonableness of the belief is a matter of evidence going to whether she genuinely held the belief, but it is not a requirement that the belief must be reasonable.

- Secondly, the Tribunal must then consider whether that conduct was dishonest by the (objective) standards of ordinary and honest people. There is no requirement that the individual must appreciate that what they have done was, by those standards, dishonest.

The Tribunal's Analysis of the Evidence and Findings

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

Paragraphs 1(a) and (b)

16. The GMC's evidence in support of both paragraph 1(a) and paragraph 1(b) is the unchallenged statement of Ms A. Therein, Ms A indicates that, consequent upon Dr Majdneya not having responded to the GMC's notice, the GMC was considering withdrawing her licence:

> *"[…] On 19 February 2024 an Assistant Registrar made a decision to withdraw Dr Majdneya's licence. On 20 February 2024 we notified Dr Majdneya by letter and email of the decision to withdraw their licence. We informed them we would withdraw their licence on 27 March 2024 and from that date they must not undertake any form of medical practice within the UK, which requires them to hold a licence to practise. We also informed them if they wanted to appeal our decision, they needed to notify us by 20 March 2024."*

17. In support of this claim, Ms A exhibits the letter itself, dated 20 February 2024. The letter states,

"Decision on withdrawal of your licence to practise

We have considered all the information and evidence received and an Assistant Registrar has made a decision to withdraw your licence to practise, in accordance with the GMC (Licence to Practise and Revalidation) Regulations 2012. I enclose a copy of their decision.

We will withdraw your licence to practise on ***27 March 2024****.*

You must not practice in the UK

From ***27 March 2024*** *you must not undertake any form of medical practice within the UK, which requires you to hold a licence to practise.*

Your name will remain on the medical register but will show you do not have a licence to practise."

18. Having regard to that letter, the Tribunal finds that its contents are clear and unequivocal. It notes that the letter was sent to Dr Majdneya's registered address (as captured in the GMC screenshot of her address). It also notes that neither the letter's contents, nor the fact of its delivery to her, is challenged by Dr Majdneya.

19. The Tribunal therefore determined that, on the balance of probabilities, the GMC did write to Dr Majdneya on 20 February 2024 informing her (per paragraph 1a) that her licence to practise was withdrawn on 27 March 2024 and also informing her (per paragraph 1b) that from 27 March 2024, she must not undertake any form of medical practice within the UK which required her to hold a licence to practise.

20. Accordingly, the Tribunal found the entirety of this paragraph of the Allegation proved.

Paragraphs 2(a), 2(b) and 2(c)

21. The GMC's evidence in support of paragraphs 2(a), 2(b) and 2(c) is again the unchallenged statement of Ms A. Therein, Ms A indicates that,

> *"We did not receive* [from Dr Majdneya] *a notice to appeal our decision* [i.e., the decision communicated to her in the GMC letter of 20 February 2024]. *On 27 March 2024 we withdrew Dr Majdneya's licence to practise and notified them of this by letter and email. In the notice we informed Dr Majdneya they must not work in any role that require them to hold a licence to practise."*

22. In support of this claim, Ms A exhibits the letter itself, dated 27 March 2024. The letter's contents include the following:

> *"From 27/03/2024 you are no longer licensed to practise medicine in the UK.*
>
> ***We have withdrawn your licence*** *for the reasons set out in our previous letter.*
> *…*
> ***You must not work in any role which requires you to hold a licence to practise***
>
> ***If you are currently working in a role which requires you to hold a licence to practise you must stop immediately.****"*

23. Having regard to that letter, the Tribunal finds that its contents are clear and unequivocal. It notes that the letter was sent to Dr Majdneya's registered address (as captured in the GMC screenshot of her address). It also notes that neither the letter's contents, nor the fact of its delivery to her, is challenged by Dr Majdneya.

24. The Tribunal has therefore determined that, on the balance of probabilities, the GMC did write to Dr Majdneya on 27 March 2024 informing her of the information set out in paragraphs 2(a), 2(b) and 2(c) of the Allegation.

25. Accordingly, the Tribunal found the entirety of this paragraph of the Allegation proved.

Paragraph 3

26. The GMC's evidence in support of paragraph 3 is the unchallenged statement of Dr B, the senior partner at the Surgery. His evidence is that *"for at least 4 years"* up to 23 April 2024, Dr Majdneya had worked at the Surgery in the capacity of a salaried GP.

27. He explains that,

"On 23 April 2024 Dr C ('Dr C'), my colleague on duty that day, informed me in person that they had taken a telephone call from a registrar regarding a signature on our patient's death certificate […] *The registrar had stated that they could not accept the death certificate as the doctor who had signed it, Dr Majdneya, was not holding a valid licence to practise* […]

I checked the GMC website and could see that Dr Majdneya's licence had been revoked on 27 March 2024. This meant that Dr Majdneya worked 18 sessions during the period she was unlicensed.

On 23 April 2024, Dr C and I, along with a couple of other partners had a doctor's meeting that evening where we talked amongst ourselves about the incident. Dr Majdneya would usually attend these meetings, but she did not turn up on this occasion. I called her that evening and asked 'What is going on? You are unlicensed according to the GMC website as of 27 March.' I asked what happened, but she did not give a clear explanation. During the phone call, I explained to Dr Majdneya that she could not work whilst unlicensed. She replied, 'I will clean up my tasks', to which I replied, 'You can't, you don't have a licence.' She said 'yes, I understand' and told me that she would leave with immediate effect. She said she had 'reached the end of the road' and handed in her resignation by email in the morning of 24 April 2024. […]

A couple of days later, Dr Majdneya came in to clear her desk. There were no hard feelings. We decided to write letters to around 135 patients that she saw during the period she did not hold a licence, informing them of the situation and her resignation. None of them have reached out with any concerns to date. Two patients reached out to wish Dr Majdneya well in the future."

28. In light of Dr B's evidence, the Tribunal determined that, on the balance of probabilities, Dr Majdneya worked as a GP at Audley Mills Surgery between 27 March 2024 and 23 April 2024.

29. Accordingly, the Tribunal found paragraph 3 of the Allegation proved.

Paragraphs 4(a) and (b)

30. On the basis of its findings in paragraph 2 of the Allegation, the Tribunal was already satisfied that the GMC wrote to inform Dr Majdneya, in correspondence dated 27 March 2024 ('the correspondence'), that her licence to practise had been withdrawn and that she required a licence to practise in the role she occupied at the surgery.

31. The Tribunal has therefore gone on to consider whether there is any evidential basis to find that she did not actually know of those matters set out in paragraphs 4(a) and 4(b). This might have occurred (for example) if having been sent the correspondence, Dr Majdneya had somehow not received it; or else, having received it, she had not understood it. However, the Tribunal noted that Dr Majdneya has at no stage disputed being aware of these matters: she did not dispute it when challenged by Dr B on 23 April 2024 (per paragraph 27 above), and neither does she raise it as an issue in her submissions to the Tribunal dated 28 July 2025.

32. In all the circumstances, the Tribunal is satisfied to the civil standard of proof that when Dr Majdneya was working in the role set out in paragraph 3 of the Allegation, she knew that (a) her licence had been withdrawn and (b) that she required a licence to work in the Role.

33. Accordingly, the Tribunal found the entirety of this paragraph of the Allegation proved.

Paragraph 5

34. Finally, the Tribunal considered whether Dr Majdneya's actions set out in paragraph 3 of the Allegation were dishonest by reason of paragraph 4.

35. In considering this question, the Tribunal applied the test established in the case of *Ivey*, as set out at paragraph 14 above.

39. In terms of the state of Dr Majdneya's knowledge or belief as to the facts, the Tribunal referred to its conclusions in respect of paragraph 4 of the Allegation.

36. The Tribunal had found proved that, when working in the Role described at paragraph 3 of the Allegation, Dr Majdneya knew that her licence to practise had been withdrawn and

that she required a licence to practise to work in the Role. She had known, in other words, that she should not have been continuing to discharge the Role of a General Practitioner at the Surgery.

37. The ordinary member of the public should be able to assume that a doctor they are consulting has a licence to practise. Set against this, the Tribunal was satisfied that, by continuing to work in the Role knowing that she required a licence to practise but it had been withdrawn, Dr Majdneya's conduct was dishonest by the standards of ordinary and honest people.

38. The Tribunal has therefore found paragraph 5 proved.

The Tribunal's Overall Determination on the Facts

39. The Tribunal has determined the facts as follows:

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

1. On 20 February 2024, the GMC wrote to you to inform you that:

    a. your licence to practise would be withdrawn on 27 March 2024;
    Determined and found proved

    b. from 27 March 2024 you must not undertake any form of medical practice within the UK which requires you to hold a licence to practise.
    Determined and found proved

2. On 27 March 2024, the GMC wrote to you to inform you that:

    a. your licence to practise had been withdrawn;
    Determined and found proved

    b. you must not work in any role which requires you to hold a licence to practise;
    Determined and found proved

    c. if you were working in a role which requires you to hold a licence to practise you must stop immediately.
    Determined and found proved

3. Between 27 March 2024 and 23 April 2024, you worked as a General Practitioner at Audley Mills Surgery ('the Role').
Determined and found proved

4. When working in the Role as described at paragraph 3, you knew that:

a. your licence to practise had been withdrawn;
Determined and found proved

b. you required a licence to practise to work in the Role.
Determined and found proved

5. Your actions as set out in paragraph 3 were dishonest by reason of paragraph 4.
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 - 05/08/2025

Hearing in Private

40. The Tribunal has decided, in accordance with Rule 41 of the Rules, that parts of this hearing should be heard in private where the matters under consideration are confidential, XXX. As such, this determination will be read in private but a redacted version will be published following the conclusion of this hearing, XXX.

Impairment

41. 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, Dr Majdneya's fitness to practise is impaired by reason of misconduct.

The Evidence

42. The Tribunal has taken into account all the evidence received during the facts stage of the hearing. No additional evidence was adduced at the Impairment stage.

Submissions

Submissions on behalf of the GMC

43. Ms Khan stated that the Tribunal, in determining whether the facts proved amount to misconduct, should consider how that term has been defined in case law. She submitted that 'misconduct' means serious professional misconduct and is conduct falling seriously below that expected of a medical practitioner. Ms Khan referred to the case of *Nandi v GMC* [2004] EWHC 2317 (Admin) which defined misconduct as that *"which would be regarded as deplorable by fellow practitioners",* and *Ashton v GMC* [2013] EWHC 943 (Admin), which identified it as conduct which would be considered *"an elementary and grievous failure"*.

44. Ms Khan submitted that, on the facts found proved, Dr Majdneya had acted dishonestly by knowingly working without a licence to practise at the Surgery. She did this for around one month, seeing 135 patients in that time. Ms Khan submitted that such conduct falls very far short of the conduct expected from those practising in the medical profession. Fellow practitioners would regard such conduct as deplorable and as an elementary and grievous failure. She submitted that the facts found proved amounted to misconduct.

45. In respect of impairment, Ms Khan stated that the Tribunal must focus on the need to uphold proper standards of conduct and behaviour, and to maintain public confidence in the profession. Ms Khan submitted that Dr Majdneya's misconduct was so egregious that her fitness to practise must be impaired.

46. Ms Khan referred to the approach set out by Dame Janet Smith in the Fifth Shipman Report, as referred to in the case of *CHRE v NMC & Grant* [2011] EWHC 927 (Admin) ('*Grant*'), as follows:

> *"Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination 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; and/or

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

47. Ms Khan submitted that *"all four limbs"* of the *Grant* test were engaged in Dr Majdneya's case. In respect of (a), Dr Majdneya presents a potential risk to patients as her licence to practise was withdrawn due to a failure to engage with revalidation requirements. She noted that revalidation is a process which keeps a doctor's fitness to practise under review and, by disengaging from that process, Dr Majdneya's Responsible Officer was unable to make any such assessment. Ms Khan stated that a licence to practise ensures that a doctor holds the necessary qualifications, skills and standards to provide safe and effective care to patients. Without the necessary safeguard of revalidation, there was a risk patients could have come to harm.

48. In respect of (b), Ms Khan submitted that given Dr Majdneya's actions could properly be considered deplorable, it followed that she had brought the profession into disrepute. She said a member of the public would be shocked to learn that Dr Majdneya knowingly continued to see patients after her licence to practise had been withdrawn.

49. With regard to (c), Ms Khan submitted that Dr Majdneya's conduct amounted to a serious breach of her professional responsibilities as well as a failure to act with honesty and integrity. In this regard, she invited the Tribunal to find that Dr Majdneya was in breach of a number of paragraphs of Good Medical Practice (30 January 2024 edition) ('GMP'). Namely:

"4. You must follow the law, our guidance on professional standards, and other regulations relevant to your work.

…

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

82. You must always be honest about your experience, qualifications, and current role. You should introduce yourself to patients and explain your role in their care.

…

84. You must be honest in financial and commercial dealings with patients, employers, insurers, indemnifiers and other organisations or individuals."

50. Referring to *Patel v GMC* [2003] UKPC 16 (Privy Council Appeal No. 48 of 2002) - a case which had concluded that *"a finding of dishonesty lies at the top end in the spectrum of gravity of misconduct"* - Ms Khan submitted that Dr Majdneya's dishonestly had breached a fundamental tenet of the profession.

51. In respect of (d), Ms Khan referred to various case law to support her contention that it would need to be an unusual case where dishonesty was *not* found to impair fitness to practise.

52. Turning to remediation, Ms Khan said Dr Majdneya's written representations (per paragraph 17 below) were the only relevant material available to the Tribunal. She submitted that, in terms of addressing the issue of remediation, Dr B's evidence had been limited in scope, being confined to describing the immediate steps Dr Majdneya took to resign from her post after being confronted about working without a licence to practise.

53. Referring to those written representations, Ms Khan stated these appeared to show Dr Majdneya acknowledging the alleged misconduct and accepting her failings, as well as demonstrating some remorse. However, she said, Dr Majdneya had also expressed the realisation of not being *"cut out for general practice"*.

54. It was therefore unsurprising, in Ms Khan's submission, that Dr Majdneya had not described any efforts at remediation. She observed that Dr Majdneya had not set out any reflections on how her conduct had impacted the profession, and nor had she identified how she could ensure she would behave differently if confronted by such challenges in the workplace again. In short, Ms Khan submitted there was very little evidence before the Tribunal upon which it could find that the misconduct in this case has been addressed by Dr Majdneya. As such, Dr Majdneya could not satisfy the Tribunal that the misconduct was *"highly unlikely to be repeated"*.

55. She submitted that, in any event, this was a case of such gravity the Tribunal should conclude Dr Majdneya's fitness to practise is impaired irrespective of the issue of remediation; that the Tribunal's role necessitated a finding of impairment in this case in order to uphold proper professional standards, and public confidence in the profession.

Written Submissions from Dr Majdneya

56. As indicated earlier, Dr Majdneya provided some general written representations in an email to the MPTS dated 28 July 2025 ('her account'). Therein, she stated:

> *"Medical training never really ends, it takes many years and asks us to make many sacrifices. It ended up defining me. So it is devastating to realise that I am not equipped for the task made clear to me when I became a GP.*
>
> *Medicine can just be a career choice, but for me it was more than that, it was all consuming, the privilege of helping my patients in their most vulnerable moments and trying to make a difference to individuals. By the time I had completed GP training the uneasy sensation that I was trying to hold back the swelling tide was forming. The value of helping others in the face of the administrative burdens, 10-minute consultations, increased to 15 minutes but which still stretched into emotional marathons, with little time to breathe in between. Even as I gave everything I had, the expectations I had of myself kept growing resulting in more testing, more referrals, more pressure to avoid mistakes or misdiagnosis, the feeling that sitting in my room, dealing with the health and social needs of my patients, that XXX. Disguised as dedication, hidden behind long hours and emotional investment XXX.*
>
> *When not at work my thoughts were taken up with possible diagnoses that I might have missed, referrals I still had to make, test results I was waiting on to help decide on management plans and the half-drafted letters I would have to complete. I have always read guidelines and case reports before writing referral letters to make sure they were of a good standard and that they included all the relevant information. A common complaint from Consultants are that Gp letters are perfunctory, lack relevant speciality-specific clinical information and are not always appropriate, so writing referrals took a lot of my time and mental effort. In an effort to keep referrals under control many Advice and Guidance letters were sent, but these required the same degree of effort and time investment. They all needed to be formulated by myself, typed by myself, any relevant proformas filled by myself before sending to the secretaries for them to send electronically.*
>
> *The work/ 'tasks' were piling up and every consultation seemed to generate more tests, more A+G, more referrals and I never seemed to be able to get on top of things. This task list became my nightmare/monster as it was never ending, always growing*

and dangerous. I believe that if I was working with a Gp assistant or an AI assistant I could have vanquished that monster and been able to grow as a clinician in both clinical expertise and also confidence. XXX.

Outside of work my newsfeed is filled with medical stories of patients presenting multiple times to their Gp only to be finally diagnosed with terminal cancer and this fuelled my fears of missing important signs or less common medical conditions.

On arriving an hour early to work each morning XXX. I carried on because that's what I had to do, that was my job. I kept turning up and kept going, XXX, trying to take strength from the benefits provided to the patients by my presence all the while knowing that XXX. I saw my colleagues seemingly managing 'it all' and I felt inadequate, defective, ineffective. What seemed to take them 5 minutes to do would take me half an hour reinforcing the realisation that I wasn't cut out for general practice grew. My confidence just disappeared and was replaced with self-doubt and shame. Feeling that I was wholly inadequate was embarrassing, embarrassing, shameful.

When I was not at work, I was on a countdown clock until I had to go back. XXX. Medicine, once my purpose, had become a poisoned chalice. It was costing me XXX, my identity, and my hope. All I could do was to show up (presenteeism), and I always gave my clinical work my all, XXX, to meet my other professional responsibilities.

I am well aware that there may not be a future for me in medicine and general practice as I have not been able to do all that is required of me clinically and professionally to meet GMC requirements. There is no malicious intent, no corruption, no intent to do harm. My care of my patients has always been my first concern, I have always referred to clinical guidelines and kept up to date with evidence-based medicine, my record keeping was comprehensive, I made concerted efforts to work with primary and secondary care colleagues to provide good patient care. I worked closely with my patients to respect their decisions and respond to their concerns and preferences. I have always treated my patients and colleagues with dignity and respect. I acknowledge the difficulties I had in keeping on top of my workload and the risks associated with this. I acknowledge that I have failed to perform revalidation to the detriment of my professional performance and practice.

I have no reservation in accepting your decision about my fitness to practice."

The Tribunal's Determination

57. Whilst the Tribunal has borne in mind the submissions made, the decision whether Dr Majdneya's fitness to practise is impaired is a matter for this Tribunal, exercising its own judgement.

58. It is clear from the design of section 35c of the Medical Act 1983 that the Tribunal must adopt a two-stage approach:

a. First, it must decide whether one of the circumstances set out in that section is present (and the relevant one here is misconduct);

b. Second, if misconduct is present, it must then go on to determine whether, as a result, fitness to practise is impaired. Thus, it may be that, despite Dr Majdneya having been guilty of misconduct (if that is what the Tribunal finds), it may decide that her fitness to practise is not impaired (*GMC v Cheatle* [2009] EWHC 645 [Admin] at paragraph 19).

Misconduct

59. The Tribunal reminded itself that misconduct has been defined in the case of *Roylance v GMC* (No.2) [2000] 1 AC 311 as "*a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances".* In that case, the Privy Council went on to say that "*The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a medical practitioner in the particular circumstances*".

60. Mere negligence does not amount to misconduct unless particularly serious. A single act/omission may amount to misconduct if particularly grave but is less likely to amount to misconduct than multiple acts/omissions (*GMC v Calhaem* [2007] EWHC 2606 (Admin) at paragraph 39).

61. For the doctor's conduct to amount to misconduct, *"it must be linked to the practice of medicine or* [else it must be] *conduct that otherwise brings the profession into disrepute, and it must be serious"*. (*Calhaem* at paragraph 36).

62. The behaviour must involve sufficiently serious misconduct in the exercise of professional practice such that it can properly be described as misconduct going to fitness to practise.

63. As to seriousness, this must be given its proper weight: it is conduct which would be regarded as deplorable by fellow practitioners (*Nandi* at paragraph 31, as approved by *Meadow v GMC* [2007] QB 462 at paragraph 200).

64. Reflecting upon these matters, the Tribunal bore in mind the following:

- By her actions, Dr Majdneya had breached a key principle of medical practice, the requirement of trust and professionalism. The Tribunal reminded itself of the general guidance within GMP Domain 4; namely, that "*Patients must be able to trust medical professionals with their lives and health, and medical professionals must be able to trust each other".* Here Dr Majdneya's patients, attending the Surgery to receive her advice and clinical care, had their trust undermined by Dr Majdneya's dishonesty. Equally her colleagues, reliant upon this doctor to undertake her Role only when properly so licenced, also had their trust undermined by Dr Majdneya's dishonesty. As such, the Tribunal found Dr Majdneya had breached paragraph 81 of GMP:

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

  For the avoidance of doubt, the Tribunal considered all of GMP, including those paragraphs to which Ms Khan referred. However, it considered paragraph 81 was wide enough to incorporate the totality of Dr Majdneya's misconduct, and that to introduce other paragraphs from GMP would, on the particular facts, be otiose.

- Although Dr Majdneya's conduct amounted to a single act, it was a sustained act of unlicenced practice, lasting from 27 March 2024 to 23 April 2024. During that period (a period where uncertainty existed regarding her fitness to practise, having not complied with the revalidation process), Dr Majdneya undertook 18 clinical sessions and saw no fewer than 135 patients.

- Moreover, Dr Majdneya did not cease this practice of her own volition. Rather, it stopped due to the intervention of the Surgery's senior partner, following an alert by a third party - a registrar who had checked Dr Majdneya's issuing status in relation to

a death certificate. Put another way: there is no objective basis to conclude that the conduct would not still be ongoing if Dr Majdneya's unlicenced practice had not been uncovered.

65. Set against those matters, in assessing seriousness the Tribunal was also mindful of Dr Majdneya's account at paragraph 17 above - an account unchallenged by GMC - of the background to how these matters came to pass.

66. Her position (in terms) was that, in concentrating upon the clinical care of her patients, she fell behind in the discharge of her other professional responsibilities. This included falling behind with the revalidation process, which led to her licence being withdrawn. She says,

> *"[…]I always gave my clinical work my all, XXX, to meet my other professional responsibilities."*

67. Dr Majdneya's inability to cope with surrounding non-clinical aspects of her work is corroborated in the statement of Dr B:

> *"[…] I was aware that she found the administrative duties challenging and has been behind on paperwork on occasion. She had never raised any concerns about her workload; however, we have a clinical system where it is possible to view how many tasks are outstanding. In the summer of 2023, she was quite behind, and she would often say 'I am not cut out for this'. It seemed like she carried the weight of the stress and responsibility more than other colleagues."*

68. It is also alluded to in an email exchange (September 2023) between different GMC personnel when exploring the reason for Dr Majdneya's non-engagement with the revalidation process:

> *"[the] last contact from doctor was on 22 Feb 2023 and mentioned work fatigue XXX and promised to sort out appraisal, but no response since."*

69. While all of this explains, to some extent, why Dr Majdneya failed to comply with the revalidation process and, resultantly, had her licence to practise withdrawn; it neither explains nor justifies her subsequent actions - those which form the subject of the Allegation - in having continued to practise in the Role when she knew she should have stopped.

70. Although Dr Majdneya does not address this directly, her rationale might though be discerned in this more general comment she makes:

> *"[…] I carried on because that's what I had to do, that was my job. I kept turning up and kept going, XXX, trying to take strength from the benefits provided to the patients by my presence…"* and *"All I could do was to show up (presenteeism)"*

71. The Tribunal certainly had no evidential basis to challenge her assertion that, in her actions, *"*[there was] *no malicious intent, no corruption, no intent to do harm".* Indeed, drawing upon its experience, the Tribunal considered that her general account had the patina of truthfulness and candour.

72. Nevertheless, this did not diminish the seriousness of her actions. Dr Majdneya knew she required a licence to practise in her Role at the Surgery, yet dishonestly she continued in the Role despite knowing her licence had been withdrawn. Accordingly, the Tribunal concluded that her conduct fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct which was serious. It was seriously below the standards that other medical professionals would expect of a competent medical practitioner.

Impairment

73. In considering this issue, the Tribunal reminded itself that:

a. Case law has established that it must be *"highly relevant"* in determining if a doctor's fitness to practise is impaired *"that, first, his or her conduct which led to the charge is easily remediable; that, second, it has been remedied; and, third, that it is highly unlikely to be repeated"* (*R (on the application of Cohen) v GMC* [2008] EWHC 581 [Admin]); and that

b. The attitude of Dr Majdneya to the matters which give rise to the specific allegation is (in principle) something which can be taken into account either in her favour, or against her, by the Tribunal (*Nicholas- Pillai v GMC* [2009] EWHC 1048 [Admin]).

74. The position here can be dealt with more briefly.

75. In her account, Dr Majdneya focused upon why she fell behind in her professional responsibilities, but the account is entirely silent on the misconduct which forms the specific subject of the Allegation; namely, her dishonesty.

76. In consequence, she provides no information to indicate her attitude towards the Allegation itself (per paragraph 34(b) above). There is no evidence of insight by her, either, regarding the impact of her dishonest actions - upon patients, colleagues, the public at large or the profession at large. Neither is there any evidence of attempts by her to remediate the conduct (per paragraph 34(a) above), such that the Tribunal could properly find it *"highly unlikely"* that such dishonesty would be repeated.

77. The Tribunal went on to remind itself of the question it should ask, with reference to *Grant*, namely:

> *"Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination 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; and/or*
> > *d. has in the past acted dishonestly and/or is liable to act dishonestly in the future."*

78. The Tribunal was not persuaded that Dr Majdneya had *"in the past acted or was liable in the future to act so as to put a patient or patients at unwarranted risk of harm"*. The Tribunal appreciated a function of revalidation was to seek to minimise the risk of patient harm, and that therefore - in not having revalidated - Dr Majdneya's subsequent dishonest practice had raised the spectre of such a risk.

79. However, Dr Majdneya's account makes clear the care and attention she put into her clinical work. The evidence from the GMC's own witness, Dr B, was that (i) historically he had *"never had any concerns about Dr Majdneya's clinical competence"* and that (ii), in relation to

those patients seen during the period of her unlicensed practice, an audit of Dr Majdneya's work concluded *"there were no clinical issues identified"*.

80. Further, Dr B's evidence to the Tribunal went on to confirm that none of the 135 patients seen by Dr Majdneya during that period *"reached out with any concerns"*.

81. On balance, therefore, the Tribunal has determined that it would be an overreach to find limb (a) of *Grant* established on the available evidence. It would be entirely speculative.

82. The Tribunal was persuaded, though, that by the very nature of Dr Majdneya's misconduct, as set out above, limbs (b), (c) and (d) of *Grant* were engaged. It considered that her fitness to practise is impaired by reason of each of these. In reaching that determination, the Tribunal took into account the need to protect the individual patient, and the collective need to maintain confidence in the profession, as well as declaring and upholding proper standards of conduct and behaviour.

83. For completeness, the Tribunal also determined that this was an occasion when a finding of impairment of fitness to practise would be justified in any event, on the grounds that it is necessary to reaffirm clear standards of professional conduct so as to maintain public confidence in the practitioner and in the profession.

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

Determination on Sanction - 07/08/2025

85. As this determination contains matters relating to XXX, this determination will be handed down in private. However, as this case concerns Dr Majdneya's misconduct, a redacted version will be published at the close of the hearing.

86. Having determined that Dr Majdneya's fitness to practise is impaired by reason of misconduct, the Tribunal now has to decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

The Evidence

87. The Tribunal has taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction. No additional evidence was adduced at the sanction stage.

Submissions

Submissions on behalf of the GMC

88. Ms Khan submitted that erasure of Dr Majdneya's name from the medical register would be the only sanction sufficient to meet the overarching objective, specifically to maintain public confidence in the profession and to uphold proper standards for members of the profession.

89. Ms Khan referred to various paragraphs of the Sanctions Guidance (5 February 2024) ('the SG'), including those relating to dishonesty. Ms Khan submitted that Dr Majdneya's dishonesty related to her clinical responsibilities and was therefore more serious than if it had related to conduct in her personal life.

90. With reference to paragraph 124 of the SG ('SG/124'), Ms Khan submitted that Dr Majdneya's actions undermined the public's trust in the medical profession. She also referred to SG/128: *"Dishonesty, if persistent and/or covered up, is likely to result in erasure"*. She stated that, had it not been for the registrar who rejected the death certificate and took steps to bring Dr Majdneya's lack of licence to practise to the attention of the Surgery, it is unclear whether Dr Majdneya would have stopped the dishonesty of her own volition. Ms Khan submitted that this was also a case of sustained dishonesty: the conduct took place over a period of just under one month, where Dr Majdneya worked 18 sessions and saw 135 patients. Ms Khan submitted that every time that Dr Majdneya turned up to work a session or see a patient, she knew she was doing so dishonestly.

91. Ms Khan went on to submit the dishonesty took place in the context of professional practice. She stated that Dr Majdneya was expected by the Surgery to comply with the terms of her employment contract and work with a licence to practise. She said that although there was no formal process in place, it was implied that GPs working at the Surgery would be licenced. Ms Khan submitted that Dr Majdneya, by continuing to work without a licence and without bringing the lack of licence to the attention of her employer, gave the false impression to her employer that she was licenced. Similarly, by continuing to see patients as normal and failing to bring to their attention the lack of a licence to practise, Dr Majdneya

gave them the false impression that she was licenced. Dr Majdneya did not take any reasonable steps to correct the false impression that she had created. Further, Ms Khan stated that Dr Majdneya failed to engage with her regulator.

92. Ms Khan submitted that SG/17 was relevant here:

> *"Patients must be able to trust doctors with their lives and health, so doctors must make sure that their conduct justifies their patients' trust in them and the public's trust in the profession (see paragraph 81 of Good medical practice). Although the tribunal should make sure the sanction it imposes is appropriate and proportionate, the reputation of the profession as a whole is more important than the interests of any individual doctor."*

93. Turning to sanctioning options, Ms Khan submitted that the Allegation in this case was clearly too serious to be dealt with by taking no action. She stated that 'no action' was neither appropriate, proportionate nor in the public interest. Ms Khan submitted that, although Dr Majdneya alluded to matters of XXX being at play in relation to her failure to revalidate, the information provided by her does not amount to anything unusual, special or uncommon such as to justify the Tribunal taking no action.

94. Ms Khan submitted that placing conditions on Dr Majdneya's practice would also be inappropriate in this case. Referring to SG/81 and its indication that conditions might be most appropriate in cases involving a doctor's health or deficiencies in the doctor's performance, she noted that this case did not fall within those categories of impairment. Moreover, Ms Khan submitted that conditions would in any event be insufficient to mark the seriousness of Dr Majdneya's conduct and, as such, would be an inappropriate and disproportionate sanction.

95. In terms of suspension, Ms Khan stated that the Tribunal may consider suspension suitable in this case as it would have a deterrent effect that could be used to send out a signal to the doctor, the profession and the public about what is regarded as behaviour unbefitting a registered doctor. However, Ms Khan highlighted paragraph 93 of the SG, which sets out that "*Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated"*. Ms Khan reminded the Tribunal of its findings at paragraph 37 of its Impairment determination. She highlighted the lack of evidence before the Tribunal so as to satisfy it that Dr Majdneya's behaviour was unlikely to be repeated. Ms Khan submitted that

the Tribunal's findings pointed away from suspension being an appropriate and suitable sanction in this case.

96. Ms Khan submitted that the conduct in this case is so serious that it is fundamentally incompatible with continued registration. She stated that Dr Majdneya has had over a year to reflect on her misconduct and produce evidence of any remediation efforts, but no such evidence has been produced. Ms Khan also stated that Dr Majdneya has failed to acknowledge that her conduct amounted to serious dishonesty and that failure can be construed as an indicator that the conduct in this case is difficult to remediate. Further, Ms Khan submitted that, given Dr Majdneya's written representations, Dr Majdneya was aware that there might not be a future for her in medicine, having asserted *"I have not been able to do all that is required of me clinically and professionally"*.

97. Ms Khan referred to SG/108:

> *"Erasure may be appropriate even where the doctor does not present a risk to patient safety, but where this action is necessary to maintain public confidence in the profession. For example, if a doctor has shown a blatant disregard for the safeguards designed to protect members of the public and maintain high standards within the profession that is incompatible with continued registration as a doctor."*

Although it was not clear why Dr Majdneya had chosen to work without a licence to practise, Ms Khan said that the fact this doctor had done so amounted to a blatant disregard for the safeguards designed to protect the public and maintain professional standards. Ms Khan stated that, even now, Dr Majdneya has not demonstrated any appreciation that her conduct was dishonest, the seriousness of that dishonesty, and the wider impact of it upon the profession.

98. Ms Khan referred to SG/109, which states *"Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive)"*:

> *"a. A particularly serious departure from the principles set out in Good medical practice where the behaviour is fundamentally incompatible with being a doctor.*
>
> *b. A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.*
>
> *...*

d. Abuse of position/trust (see Good medical practice, paragraph 81: 'You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession').

…

h. Dishonesty, especially where persistent and/or covered up (see guidance below at paragraphs 120–128).

…

j. Persistent lack of insight into the seriousness of their actions or the consequences."

99. Set against this, Ms Khan reminded the Tribunal of its assessment at the Impairment stage that (i) there had indeed been a breach of trust by Dr Majdneya, (ii) her dishonesty had been sustained and not brought to an end on her own volition, and that (iii) she had not demonstrated insight into the seriousness of her actions at any point since the misconduct first came to light.

100. Finally, Ms Khan concluded with reference to aggravating and mitigating factors in the case.

101. She submitted that lack of insight could properly be regarded as an aggravating feature, as could Dr Majdneya's failure to work collaboratively with colleagues in failing to advise them that her licence to practise had been withdrawn.

102. With reference to mitigating factors, Ms Khan referred to SG/25(d) (viz. *"Personal and professional matters, such as work-related stress"*). XXX. Given Dr Majdneya had not identified how and why XXX led to her working without a licence to practise, Ms Khan submitted any mitigation surrounding *"personal or professional matters"* was of limited impact.

Written Submissions from Dr Majdneya

103. The Tribunal had regard to the written representations set out within Dr Majdneya's email to the MPTS dated 28 July 2025, as quoted in the Tribunal's determination on Impairment.

The Tribunal's Determination on Sanction

104. The decision as to the appropriate sanction to impose, if any, is a matter for this Tribunal exercising its own judgement.

105. In reaching its decision, the Tribunal has taken account of the SG and GMP. It has borne in mind that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest, although it may have a punitive effect.

106. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Majdneya's interest with the public interest. It has also taken into account the statutory overarching objective.

107. The Tribunal has already given detailed determinations on facts and impairment and has taken those matters into account during its deliberations on sanction.

Aggravating and mitigating factors

108. The Tribunal identified the following aggravating factors in this case.

109. Firstly, the Tribunal noted that this was not an isolated act of dishonesty by Dr Majdneya, but a sustained one, as explained at paragraph 25 of its impairment determination.

110. Secondly, that dishonesty involved an abuse of the trust placed in Dr Majdneya by patients and colleagues, as well as by other professionals (like the registrar) with whom she came into contact in her salaried Role.

111. Thirdly, there is no expression of insight in relation to the dishonesty itself by Dr Majdneya. Paragraphs 36-37 of the Tribunal's impairment determination refers in this regard.

112. In terms of mitigating factors, the Tribunal considered the following germane.

113. Firstly, it noted that Dr Majdneya was a doctor of more than 10-years' post-qualification experience. During that time there had never been, so far as the Tribunal was aware, any regulatory findings made against her, nor did she have any criminal convictions or

cautions. Accordingly, the Tribunal was entitled to view Dr Majdneya's dishonesty as wholly out of character.

114. Secondly, when looking at this out-of-character behaviour, the Tribunal took into account the particular circumstances which led directly into the period of her misconduct - and the huge impact she describes those circumstances having had XXX and, concomitantly, upon her judgement. To recap, having been unable to deal with pressures linked to the non-clinical aspects of her responsibilities, Dr Majdneya says that,

> *"I carried on because that's what I had to do, that was my job. I kept turning up and kept going, XXX, trying to take strength from the benefits provided to the patients by my presence XXX […] Feeling that I was wholly inadequate was embarrassing, embarrassing, shameful […] XXX. Medicine […] was costing me XXX, my identity, and my hope. All I could do was to show up (presenteeism), and I always gave my clinical work my all, XXX, to meet my other professional responsibilities"*

115. Although, the Tribunal fully recognised that Dr Majdneya's account did not address the dishonesty itself - and this was an important and significant omission - nevertheless, her account spoke powerfully and persuasively to how the Tribunal might properly view the immediate circumstances of the misconduct's occurrence.

116. Overall, therefore, when assessing Dr Majdneya's conduct, and its aggravating and mitigating factors, the Tribunal was in no doubt the misconduct here was serious and that it was capable of requiring a significant sanction in order to satisfy the overarching objective.

117. Equally though, it reminded itself that, when deciding what (if any) sanction should be imposed, taking into account the SG, GMP and the overarching objective, fairness and justice required the Tribunal to bear in mind that Dr Majdneya's misconduct had been a one-off episode of behaviour. More, her behaviour had occurred against the background of (1) an otherwise unblemished career, and (2) an immediate set of circumstances that had been deeply impactive upon XXX and upon her better judgement. In the latter regard, the Tribunal considers notable that, when finally confronted by her employer, Dr Majdneya's response - in keeping with her skewed approach of *"turning up and [keeping] going"* - was to propose attending work again the following day (*"I will clean up my tasks"* she told Dr B). He had to explain that this was not permitted.

118. To be clear, none of this remotely excuses Dr Majdneya's conduct. However, in the Tribunal's assessment, it is strongly suggestive of how it came to occur.

The Tribunal's Determination on Sanction

No action

119. In reaching its decision as to the appropriate sanction, if any, to impose in Dr Majdneya's case, the Tribunal first considered whether to conclude the case by taking no action. Taking no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances.

120. The Tribunal determined that the seriousness of its findings required the imposition of a sanction. It determined that there were no exceptional circumstances, and it would not therefore be sufficient, proportionate or in the public interest to conclude this case by taking no action.

Conditions

121. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Majdneya's registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable and measurable.

122. It had regard to paragraph 81 of the SG which states:

> *"Conditions might be most appropriate in cases:*
>
> > *a. involving the doctor's health*
> > *b. involving issues around the doctor's performance*
> > *c. where there is evidence of shortcomings in a specific area or areas of the doctor's practice*
> > *d. where a doctor lacks the necessary knowledge of English to practise medicine without direct supervision."*

123. While the Tribunal recognised that paragraph 81 did not exhaustively limit the circumstances in which conditions might be appropriate; nevertheless, on the facts of this case, conditions would not be appropriate, proportionate or workable. They would be

insufficient to meet the public interest and to maintain proper professional standards of conduct for the members of the profession.

124. The Tribunal has, therefore, determined that it would not be sufficient to impose conditions on Dr Majdneya's registration.

Suspension

125. The Tribunal then considered whether imposing a period of suspension on Dr Majdneya's registration would be appropriate and proportionate.

126. The Tribunal had regard to SG/91-93, which state:

> *"91. Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor […].*
>
> *92. Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (i.e., for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession).*
>
> *93. Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions."*

127. It considered all the paragraphs in the SG relating to suspension, including those factors listed at paragraph 97; factors which, if some or all are present, would indicate suspension may be appropriate.

128. The Tribunal found the following factors were present in relation to Dr Majdneya:

"a. A serious breach of Good medical practice, but where the doctor's misconduct is not fundamentally incompatible with their continued registration, therefore complete removal from the medical register would not be in the public interest. However, the breach is serious enough that any sanction lower than a suspension would not be sufficient to protect the public or maintain confidence in doctors.

…

e. No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage.

f. No evidence of repetition of similar behaviour since incident."

129. Of these, the Tribunal recognised that SG/97(f) was only engaged because Dr Majdneya had not undertaken the Role since the time of the misconduct - whether at that Surgery or (so far as the Tribunal was aware) anywhere else. Accordingly, although SG/97f could be established, it carried limited weight in the Tribunal's assessment.

130. In relation to SG/97e, the Tribunal began by recognising that it is difficult to remediate matters of dishonesty. Nevertheless, insofar as a period of reflection, discussion and attendance on relevant courses could facilitate this (and in the nuanced circumstances in which dishonesty occurred here, as set out in paragraphs 30-34 above, and in paragraphs 17, 28-29, 31-32 of the Impairment determination, the Tribunal considers it could), there is no evidence available to indicate that it is unlikely to be successful. On the contrary, the clarity and cogency of Dr Majdneya's written account, when engaging with MPTS on 28 July 2025, is evidence that she retains a general ability to reflect and acquire significant insight on deficiencies in her conduct.

131. Against that background, the Tribunal has ultimately come to the determination, as per SG paragraph 97a that, while Dr Majdneya's behaviour amounts to a serious breach of GMP, her misconduct is not fundamentally incompatible with her continued registration. Therefore, complete removal from the medical register would not be in the public interest. However, the breach is serious enough that any sanction lower than a suspension would not be sufficient to maintain public confidence in the medical profession and uphold proper professional standards of conduct and behaviour.

132. Before arriving at that determination, though, the Tribunal confirms that it first considered the sanction of erasure.

133. In doing so, it noted the SG's indication that any of the factors present under SG/109 may indicate that erasure is appropriate.

134. Reflecting on those factors, in tandem with SG paragraphs 120-128 (which deal directly with dishonesty), the Tribunal found each of the following engaged:

- Paragraph 109 d (*"Abuse of position/trust"*)
  The Tribunal's reasons are set out in paragraph 25 of its Impairment determination.

- Paragraph 109 h (*"Dishonesty, especially where persistent and/or covered up"*)
  This was central to the Tribunal's decision-making. SG/109h was self-evidently a factor present in this case, insofar as dishonesty formed the core of the Allegation. The particular nature of Dr Majdneya's dishonesty has been discussed throughout the generality of this determination, and its immediate context is explored in paragraphs 30-34 above. For the avoidance of doubt, there is no evidence before the Tribunal that this dishonesty involved any element of 'covering up': rather, it arose directly as the bare result of those facts found proved in paragraphs 3 and 4 of the Allegation.

- Paragraph 109 j (*"Persistent lack of insight into the seriousness of their actions or the consequences")*

  As previously noted, Dr Majdneya has never commented upon the dishonesty at all, whether in terms of its seriousness or its consequences.

135. Accordingly, having found those factors present, the Tribunal gave the most careful consideration to whether Dr Majdneya's name should be erased from the register. However, the Tribunal kept in mind that, although the presence of factors in SG paragraph 109 '*may*' indicate erasure is appropriate, their presence does not necessitate that outcome. It reminded itself, too, that while all dishonesty is always serious, not all dishonesty necessarily requires the sanction of erasure.

136. Ultimately, therefore, bearing particularly in mind paragraphs 30-34 of this determination, the Tribunal was not persuaded that Dr Majdneya's behaviour, as serious as it was, was fundamentally incompatible with continued registration. Rather, on the Tribunal's detailed analysis of the circumstances, it was satisfied that the statutory overarching objective could be met with the imposition of a period of suspension.

137. In considering the duration of Dr Majdneya's suspension, the Tribunal determined that the maximum suspension of 12 months would be an appropriate period given the circumstances of this case. It considered that this would reflect the gravity of her conduct and send out a clear signal to Dr Majdneya, the profession and the wider public. It would also allow Dr Majdneya sufficient time to reflect further and demonstrate full insight and remediation.

Review hearing directed

138. The Tribunal determined to direct a review of Dr Majdneya's case. A review hearing will convene shortly before the end of the period of suspension, unless an early review is sought. The Tribunal wishes to emphasise that at the review hearing, the onus will be on Dr Majdneya to demonstrate how she has developed insight into, and remediated, her misconduct. It therefore may assist the reviewing Tribunal if Dr Majdneya provided the following at that hearing:

- Evidence of Continuing Professional Development and relevant training and/or courses undertaken in relation to:

    - time-management,
    - management of stress at work,
    - collaborative working with colleagues,
    - communication skills,
    - probity and ethics,
    - as well as other clinical based courses to show she has kept her medical skills and knowledge up to date.

- Documents that would be helpful to show the reviewing Tribunal how the findings of this Tribunal have been fully considered and applied to ensure she is fit to practise.

139. Dr Majdneya will also be able to provide any other information that she considers will assist a reviewing Tribunal.

Determination on Immediate Order - 07/08/2025

140. Having determined to suspend Dr Majdneya's registration for 12 months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Majdneya's registration should be subject to an immediate order.

Submissions

Submissions on behalf of the GMC

141. Ms Khan submitted that an immediate order was necessary in order to protect public confidence in the medical profession.

142. Ms Khan referred to paragraph 178 of the SG:

> *"Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect."*

143. She referred the Tribunal to its findings at paragraphs 47 and 53 of its Sanction determination, in that this is a case of serious misconduct of such gravity that nothing less than the maximum available period of suspension would be appropriate. Ms Khan submitted, in those circumstances, it would be contrary to the public interest not to make an immediate order.

144. In addition, Ms Khan submitted that the facts of this case are such that, as it stands, Dr Majdneya does not have a licence to practise medicine. She stated that Dr Majdneya is not, therefore, in a position to resume unrestricted practise and it is understood that Dr Majdneya is not currently working in a post which requires a licence to practise. Therefore, delaying the sanction coming into effect would not alter the status quo and so it was submitted that it would not be appropriate to find that Dr Majdneya ought to be able to continue in unrestricted practise before the substantive order takes effect.

145. Ms Khan submitted that the particular circumstances of this case point towards an immediate order being the appropriate order in this case.

146. Ms Khan confirmed that there is no interim order to be revoked.

The Tribunal's Determination

147. In making its decision the Tribunal had regard to the SG, including paragraph 178 as quoted above, and paragraph 172:

> *"172. The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order."*

148. The Tribunal had regard to the seriousness of its findings regarding the dishonesty found, which it has outlined in detail in its previous determinations and is yet to be remediated.

149. In all the circumstances, the Tribunal determined to impose an immediate order of suspension on Dr Majdneya's registration. The Tribunal concluded that it would be inappropriate to allow Dr Majdneya to practise in the intervening period before the substantive order takes effect. The Tribunal concluded that this was appropriate and necessary in the public interest.

150. This means that Dr Majdneya's registration will be suspended from the date on which notification of this decision is deemed to have been served upon her. 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.

151. There is no interim order to revoke.

152. That concludes this case.

ANNEX A - 29/07/2025

Service and Proceeding in Absence

Service

153. Dr Majdneya is neither present nor legally represented at this hearing.

154. The Tribunal was provided with a copy of a Service bundle from the General Medical Council (GMC). This included a GMC information letter dated 18 June 2025 and the Medical Practitioners Tribunal Service (MPTS) notice of hearing letter dated 20 June 2025. Both letters were sent by post to Dr Majdneya's registered address. The Tribunal had regard to the tracking information, which showed that the letters were delivered on 19 and 21 June 2025, respectively.

155. The Tribunal has also been provided with various other documents by the GMC, including its introductory letter to Dr Majdneya from 25 November 2024, a note of a telephone call made to her (no answer) and of a pathfinder email sent to Dr Majdneya to seek to determine if she would accept correspondence by email. The documents included correspondence from the GMC to Dr Majdneya in January 2025 in respect of the prospective hearing dates and the draft Rule 15 allegations. Further correspondence was sent by the GMC to Dr Majdneya in May 2025 regarding a pre-hearing meeting and the Rule 34(9) letter.

156. A further MPTS notice of hearing letter was sent to Dr Majdneya's registered address on 22 July 2025 to confirm the later start times and non-sitting day agreed. Tracking information showed that the letter was delivered on 23 July 2025.

157. In an email to the MPTS dated 28 July 2025, Dr Majdneya stated, *"please do continue the tribunal in my absence according to Rule 31"* and provided written representations.

158. Ms Khan, Counsel on behalf of the GMC, referred to the above documents and submitted that notice of this hearing had been properly served on Dr Majdneya.

159. The Tribunal had regard to the above documents, the submissions from Ms Khan and the written representations from Dr Majdneya. In all the circumstances, the Tribunal determined that notice of this hearing had been served on Dr Majdneya in accordance with Rule 40 of the GMC's (Fitness to Practise) Rules 2004, as amended, ('the Rules'), and paragraph 8 of Schedule 4 to the Medical Act 1983, as amended.

Proceeding in Absence

160. The Tribunal then went on to consider whether it would be appropriate to proceed with this hearing in Dr Majdneya's absence pursuant to 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 appropriate care and caution, balancing the interests of the doctor with the wider public interest.

161. Ms Khan invited the Tribunal to proceed with the hearing in Dr Majdneya's absence. Ms Khan stated that, within Dr Majdneya's written representations, Dr Majdneya did not ask for an adjournment and that any such adjournment would be unlikely to secure Dr Majdneya's attendance on a future date. Ms Khan submitted that Dr Majdneya had voluntarily absented herself from participation in this hearing and that this appeared to be consistent with Dr Majdneya's lack of engagement with the GMC investigation.

162. In deciding whether to proceed with this hearing in Dr Majdneya's absence, the Tribunal carefully considered all the information before it. The Tribunal had regard to the various documentation referred to above including the email from Dr Majdneya dated 28 July 2025 and the submissions from Ms Khan.

163. In the circumstances, the Tribunal determined that it was appropriate to proceed in Dr Majdneya's absence because she has voluntarily absented herself given her comment to *"please do continue the tribunal in my absence according to Rule 31"*, no application is made for an adjournment and, in any event, any such adjournment would be unlikely to result in Dr Majdneya's participation in the hearing.

ANNEX B - 31/07/2025

Application to admit further evidence

164. On 29 July 2025 Ms Khan, Counsel on behalf of the GMC, made an application for the admission of two further documents under Rule 34(1) of the Rules, which states:

> *"The Committee or a Tribunal may admit any evidence they consider fair and relevant to the case before them, whether or not such evidence would be admissible in a court of law."*

165. The documents consist of:

1. internal GMC correspondence, from a GMC Employer Liaison Adviser, regarding the non-engagement recommendation for Dr Majdneya; and
2. Dr B's online GMC referral form, which he completed on 24 April 2024 and email from Dr B to the GMC dated 3 May 2024 with additional information.

Submissions

166. Ms Khan stated that the two documents had been sent to Dr Majdneya on 24 July 2025 and no response had been received from her as to whether there was any objection to the admission of the documents.

167. Ms Khan submitted that the documents were identified as of potential significance as they contained information that could properly be considered as mitigation should the hearing later reach sanction stage, as well as also providing some additional context to the Allegation.

168. Ms Khan stated that the documents related to earlier statements made by Dr Majdneya about the pressures she was experiencing when working as a GP. She stated that the documents offer some corroboration for what Dr Majdneya sets out in her written representations.

169. Ms Khan submitted that the documents were relevant and that it would be fair to Dr Majdneya if the Tribunal was to admit them at this point. She stated that the documents were also useful as they could be put to Dr B in the course of his evidence and the Tribunal would lose the ability to do this if the documents were admitted at a later stage of these proceedings.

170. No written submissions were received from Dr Majdneya in respect of the admission of this further evidence.

Tribunal's Decision

171. The Tribunal had regard to Rule 34(1) of the Rules as quoted above.

Document 1

172. The Tribunal considered the content of this document and the submissions from Ms Khan. It noted that the document contained context and background to the GMC decision for the non-engagement recommendation and also contained a comment that was supportive of Dr Majdneya's position as to the pressures she was experiencing at the time in question. The Tribunal considered that it was this final part that was relevant to its considerations.

173. The Tribunal checked with Ms Khan whether it was this part of the document that she relied upon in her submissions that it would assist Dr Majdneya. Ms Khan confirmed this was the case.

174. In light of this, the Tribunal determined to grant the GMC's application for the admission of this document but in a redacted version only (principally containing the date and one bullet point). This would set out the comment that was supportive of Dr Majdneya's position as to the pressures she was experiencing and go no further. The Tribunal determined that the remainder of the document was not probative, there were aspects that were capable of possibly being prejudicial, and it was not fair or relevant to admit it.

Document 2

175. The Tribunal noted that the document provided additional information, albeit limited, and further documentary support to what Dr B has said in his witness statement. The Tribunal also noted that the 3 May 2024 email did include a comment that was supportive of Dr Majdneya's position as to the pressures she was experiencing at the time in question. In all the circumstances, the Tribunal determined that the document was relevant and it was fair to admit it. The Tribunal determined to grant the GMC's application for the admission of this document.