

PUBLIC RECORD**Date:** 16/12/2025

Doctor: Dr Herjyot DHARNI
GMC reference number: 7177173
Primary medical qualification: MB BS 2011 Imperial College London

Type of case **Outcome on impairment**
Review - Misconduct Not Impaired

Summary of outcome
Suspension to expire

Tribunal:

Legally Qualified Chair:	Mr Nathan Moxon
Registrant Tribunal Member:	Dr William Seligman
Registrant Tribunal Member:	Dr Stephen Clark

Tribunal Clerk:	Mr Michael Murphy
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Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Ms Libby Anderson, Counsel, instructed by Regulation Resolution Solicitors
GMC Representative:	Mr Ryan Donoghue, 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 Impairment - 16/12/2025

1. Parts of this hearing were heard in private in accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 (the Rules). This determination will be handed down in private due to the confidential nature of matters heard as evidence. However, as this case concerns Dr Dharni's alleged misconduct a redacted version will be published at the close of the hearing.
2. At this review hearing the Tribunal now has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') whether Dr Dharni's fitness to practise remains impaired by reason of misconduct.

The Outcome of Applications Made during the Impairment Stage

3. The Tribunal refused Dr Dharni's application, made pursuant to Rule 41 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), for the entirety of this hearing to be held in private. Ms Anderson highlighted that this case relates to Dr Dharni's family circumstances, XXX. She submitted that this case should be heard in private session as it would be challenging to switch between public and private during submissions and evidence. The GMC submitted that the Tribunal should hear parts of the hearing in public when possible and switch to private when necessary.
4. The Tribunal determined that the hearing should be held in public session when possible and switch to private when necessary. The Tribunal considered that Counsel could notify it when the case should go into private. The Tribunal had regard to the important public interest in open justice.
5. This determination will be handed down in private. However, as this case concerns Dr Dharni's misconduct a redacted version will be published at the close of the hearing.

Background

6. Dr Dharni qualified with MBBS at Imperial College London in 2011. Prior to the events which are the subject of the hearing, Dr Dharni completed her foundation training at hospitals in London and Oxford before starting core surgical training in London. Following that training, Dr Dharni started a trust grade registrar post at a hospital in London, before then moving to Birmingham to work at the Queen Elizabeth Hospital in a role equivalent to a trust grade registrar. After a period of work in Chester and then at the Birmingham Children's Hospital, her subsequent posts were generally ad hoc locum positions.
7. The facts found proved at Dr Dharni's hearing, which took place in March 2025, can be summarised as her failure to declare her work at HealthHarmonie Ltd to the GMC and Health Education England West Midlands (HEEWM). The March 2025 Tribunal found that Dr Dharni had been dishonest as she submitted an application to HEEWM and failed to disclose that she was subject to an investigation into her fitness to Practise by the GMC, when she knew she was, and declared that she had been on XXX leave, when she knew that she had not been.
8. The March 2025 Tribunal accepted that Dr Dharni had recognised that she made mistakes. However, it considered it to be of concern that Dr Dharni's demonstration of reflection, provided in her oral evidence and witness statement, contained a degree of denial and excuses in her responses. The March 2025 Tribunal considered Dr Dharni to have demonstrated limited evidence of remedial work and that further remediation was required. It concluded that Dr Dharni was at the beginning of her journey of insight and remediation and that further time was required for her to develop this.
9. The March 2025 Tribunal determined that Dr Dharni's fitness to practise was impaired by reason of misconduct and that that an 8 month suspension would give her adequate time and opportunity to complete her journey of insight and remediation and to show evidence of such to a review hearing to enable her, in due course, to return to practise.
10. The March 2025 Tribunal considered that it may assist the reviewing Tribunal if Dr Dharni were to provide:
 - A detailed reflective piece in relation to her dishonesty and further development of insight, and in particular the concerns raised by the Tribunal: Dr Dharni may wish to

reflect in more detail on the root causes of her past actions, and the impact of dishonesty upon public confidence, the reputation of the medical profession and upholding standards;

- Any further evidence of remediation, such as the completion of CPD in relevant and targeted courses such as professional probity, integrity and ethics;
- A reflection piece written post professional courses. She may wish to give the reviewing Tribunal each course aims and objectives, show examples of what she has learnt and demonstrate how she will apply that learning if allowed to resume practicing;
- Any other evidence to demonstrate the maintenance of medical skills and knowledge.

The Evidence

11. The Tribunal has taken into account all the evidence received, both oral and documentary.
12. Dr Dharni gave oral evidence at the hearing in which she was asked about the fact that she had denied the allegations of dishonesty that were subsequently proved by the March 2025 Tribunal, and the fact that by email to the GMC dated 6 October 2025 she presented as continuing to deny dishonesty.
13. In her oral evidence, Dr Dharni stated that she no longer feels that the previous Tribunal's determination amounted to a deep and misplaced sense of injustice as she has realised, through her reflections, that she has an obligation to make sure that any information she provides is accurate and honest. Dr Dharni also detailed that XXX just before her previous hearing and that this had an emotional impact on her such that she could not engage with the GMC appropriately as her mind was not in the right place at that time.
14. Dr Dharni explained that XXX. She accepts that this did not amount to being on XXX leave. She accepts that she declared she was on XXX leave when she was not. She would now ask for senior guidance on how to approach her situation and complete forms asking about her period away from work at the time that she was undertaking those caring responsibilities.
15. Dr Dharni said that she now understands how her dishonesty undermined public confidence in the medical profession as members of the public need to be able to trust

doctors. She explained that she would now implement the principles of probity in her actions in order to accurately reflect any events and that if she was not sure she would seek guidance. She described her reflections as difficult but essential due to her family situation which resulted in her being emotionally upset but that she recognised the importance of being honest going forward. She said that she would deal with any stressful situations in the future by protecting her workspace and prioritising tasks.

16. Dr Dharni explained that she started XXX approximately 12 months ago. This was initially in relation to XXX, but the focus changed after the March 2025 Tribunal. At that time, she felt worthless and ashamed about her actions. XXX has assisted her to focus on what she can change and what she can control. She now adopts coping mechanisms, such as journaling and mindfulness which will assist her in the future to regain the trust of others.
17. The GMC questioned Dr Dharni about an email she sent to the GMC on 6 October 2025 in which she stated:

'I feel like you are strangling me, to force me to say I am dishonest so that I can keep a doctor title in a speciality I cannot even work in because that's the only thing I have left now in my life otherwise I will become homeless and have no money to eat food. We can make mistakes but that does not mean we are dishonest'.

18. Dr Dharni explained that when writing the email she became emotional at XXX, on account of there being findings of dishonesty. She retracted the email a few hours after it was sent. Nevertheless, she does accept the previous Tribunal's findings. She said that a member of the public would consider her actions to have been dishonest as they would expect a doctor to provide accurate information on an application form.
19. Dr Dharni said that she was under considerable stress at the time of sending this email and retracted it later that day. She said she accepts that she knowingly provided false information and that accountability is important.
20. The Tribunal received documentary evidence which included, but was not limited to:

- Notice of Appeal to the High Court, dated 4 June 2025, which was subsequently abandoned;
- Emails from Dr Dharni to the GMC, dated 6 October 2025;

- Continuing professional development certificates (CPD);
- Testimonials;
- Dr Dharni's reflections.

Submissions

21. On behalf of the GMC, Mr Donoghue submitted that the GMC is neutral on the subject of Dr Dharni's current impairment. He stated the Tribunal should consider the conclusion of the last assessment of Dr Dharni's risk to public protection and noted that Dr Dharni's insight has developed since the last hearing which lowers the identified risk. He referred the Tribunal to an MPTS Circular, dated 26 November 2025, which stated that a reviewing Tribunal should consider:
- i. What was the last assessment of current and ongoing risk to public protection resulting in the doctor's fitness to practise being found impaired? (Look back at the previous tribunal's findings)*
- ii. What has happened since the last assessment of risk and what impact does this have?*
- iii. How has the doctor responded to the previous tribunal's findings?*
- iv. Has the risk to public protection requiring restrictive action in response changed and if so, how?*
22. On behalf of Dr Dharni, Ms Anderson submitted that Dr Dharni's fitness to practise is no longer impaired. She stated it is clear Dr Dharni has demonstrated insight since the last hearing and has accepted her dishonesty. She submitted that Dr Dharni's reflections show that she does understand the seriousness of her actions and how these impacted upon public confidence in the medical profession.
23. Ms Anderson submitted that Dr Dharni has accepted that there can never be any excuse for dishonesty.
24. Ms Anderson stated that it is important to consider the context of her dishonesty. Dr Dharni was in extremely stressful family circumstances which included XXX. She stated that Dr Dharni now recognises that XXX may provide context for her behaviour but does not excuse it. Dr Dharni now has coping mechanisms in place which have been developed XXX. Ms Anderson stated that these coping mechanisms minimise any risk of repetition.

25. Ms Anderson referred to the evidence of remediation submitted in this case which was directed at addressing the shortcomings identified by the previous Tribunal. She referred the Tribunal to the CPD certificates, sustained course of reflection undertaken by Dr Dharni and positive character references. She submitted that Dr Dharni has addressed the issues raised by the previous Tribunal. As such, she submitted that Dr Dharni has provided everything recommended by the March 2025 Tribunal; has fully remediated and developed insight; and is no longer a risk to public protection.

The Relevant Legal Principles

26. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. As noted above, the previous Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal is aware that it is for the doctor to satisfy it that she would be safe to return to unrestricted practise.
27. This Tribunal must determine whether Dr Dharni's fitness to practise is impaired today, taking into account her conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.
28. The Tribunal had particular regard to the Part B of the Guidance to Medical Practitioners Tribunals, which is to be considered during hearings from 24 November 2025. The Tribunal also had particular regard to the Tribunal Circular 20/25, '*Guidance for review hearings starting on or after 24 November 2025*', dated 26 November 2025.

The Tribunal's Determination on Impairment

29. In its deliberations, the Tribunal noted the March 2025 Tribunal's assessment of Dr Dharni's current and ongoing risk to public protection which resulted in her fitness to practise being found impaired. It considered what has happened since that assessment of risk.
30. It bore in mind the lapse of time since the previous hearing and that Dr Dharni has responded to the previous finding of impairment by undertaking significant and relevant remediation work along with a log of the work undertaken. This includes relevant courses and reflections about dishonesty, and an appreciation and acceptance of the March 2025 Tribunal's findings. The Tribunal was impressed by the extent to which

Dr Dharni had fulfilled all of the recommended actions as detailed in paragraph 10, above.

31. Dr Dharni has also developed support mechanisms, XXX. Whilst she has a complex family life, she is trying to develop the coping mechanisms to keep her personal challenges separate from her professional duties.
32. The Tribunal had concerns relating to Dr Dharni's email, dated 6 October 2025, but accepted that she was experiencing a challenging emotional time at this point and that she did retract the email only a few hours later. The Tribunal was satisfied that she does accept the findings of the March 2025 Tribunal and does accept that her actions, which resulted in the finding of misconduct, were dishonest.
33. In relation to insight, the Tribunal noted that Dr Dharni denied the allegations of dishonesty before the March 2025 Tribunal, initially sought to appeal, and sent the 6 October 2025 email where she reiterated her denials. The Tribunal considered that, whilst Dr Dharni has demonstrated significant insight, it has been late in development, continues to develop and is not yet complete. Nevertheless, it can be considered to be adequate and that there has been an acceleration of progress over time.
34. The Tribunal was satisfied that the risk of repetition of the misconduct can now be assessed as low, and far lower than in March 2025, in light of the development of significant remediation; development of adequate and developing insight; implementation of coping mechanisms; the significant impact that regulatory proceedings had on her life and career; and her clear understanding of the importance of probity and honesty by members of the medical profession.
35. The Tribunal was satisfied, in light of the re-assessed risk of repetition, that Dr Dharni does not pose a current and ongoing risk to one of the three parts of public protection requiring restrictive action in response. It considered the risk to public protection in this case to be low in all of the circumstances. As such, the Tribunal did not consider a finding of impairment to be necessary in this case.
36. The Tribunal noted that the March 2025 Tribunal did not consider that Dr Dharni posed a risk to the health and wellbeing of the public, but that she did pose a risk to public confidence in the profession and the maintenance of proper professional standards.

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37. The Tribunal was satisfied that the level of insight and remediation undertaken by Dr Dharni since March 2025, together with the fact that the seriousness of her misconduct had been marked by the period of suspension imposed in March 2025, was sufficient to maintain public confidence and promote proper professional standards. The Tribunal was satisfied that no further period of restrictive practise was required to satisfy those important public interests.
38. This Tribunal has therefore determined that Dr Dharni's fitness to practise is no longer impaired by reason of misconduct.
39. The Tribunal took the view that the current order of suspension on her registration should remain until it expires to uphold the concerns raised by the March 2025 Tribunal.
40. Case concluded.