

**PUBLIC RECORD****Dates:** 18/08/2025 - 22/08/2025**Doctor:** Dr Sandra, Chika NDIRIKA**GMC reference number:** 6088249**Primary medical qualification:** BM 2003 University of Southampton

| Type of case     | Outcome on facts                          | Outcome on impairment |
|------------------|---|-----------------------|
| New - Conviction | Facts relevant to impairment found proved | Impaired              |
| XXX              | XXX                                       | XXX                   |

**Summary of outcome**

Suspension, 12 months.  
Review hearing directed  
Immediate order imposed

**Tribunal:**

|                             |                 |
|-----------------------------|-----------------|
| Legally Qualified Chair     | Mrs Remi Alabi  |
| Registrant Tribunal Member  | Dr Ammar Ghouri |
| Registrant Tribunal Member: | Dr Maya Naravi  |

|                 |                   |
|-----------------|-------------------|
| Tribunal Clerk: | Mr Michael Murphy |
|-----------------|-------------------|

**Attendance and Representation:**

|                     |                           |
|---------------------|---------------------------|
| Doctor:             | Present, not represented  |
| GMC Representative: | Ms Fiona McNeill, 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/Impairment - 20/08/2025

### The Outcome of Preliminary Applications

1. Having noted that the majority of this hearing involved XXX the Tribunal, determined in accordance with Rule 42(2) XXX of the General Medical Council (GMC) (Fitness to Practise Rules) 2004 as amended ('the Rules'), that this hearing should be heard entirely in private. As such, this determination will be read in private, but a redacted version will be published following the conclusion of this hearing, XXX.
2. The Tribunal refused Dr Ndirika's application for her to be anonymised throughout the hearing. As the Tribunal had previously granted the application for the hearing to be heard entirely in private, it was of the view that anonymising Dr Ndirika would not be necessary considering that the redacted determination will remove any reference made to XXX. Further, all of the matters relating to Dr Ndirika's conviction were already in the public domain.

### Background

3. Dr Ndirika qualified in 2003 with a Bachelor of Medicine degree (MB) from the University of Southampton. Dr Ndirika is a ST6, urology trainee at the Royal Wolverhampton Hospital NHS Trust ('the Trust').
4. At the time of the events, Dr Ndirika was practising as a Urology doctor at New Cross Hospital, Wolverhampton.
5. Dr Ndirika first came to the attention of the GMC following an email dated 11 August 2023 to the GMC from Ms E, Information Assurance Officer, West Midlands Police.

6. The first complainant was a vulnerable patient who had attended Dr Ndirika's clinic for an appointment. While there, a member of staff picked up his coat and followed him to the ward. Dr Ndirika removed his wallet from his coat at an unconfirmed time and stole £30 and cloned his bank card. She then used the cloned bank card to make purchases on 22nd May 2023. In making online purchases, she falsely represented to be the lawful owner of the bank card.

7. The second complainant was a nurse who had left her bank card in her purse in the staff room. Dr Ndirika stole the purse from her handbag and then used a bank card to order food online.

8. Dr Ndirika was interviewed under caution and had admitted all the allegations.

9. Dr Ndirika's was suspended from her employment and MPTS investigations were instigated XXX.

Conviction

10. On 8 December 2023 at Wolverhampton Magistrates' Court, Dr Ndirika was convicted of two counts of theft and seven counts of fraud by false representation.

11. It is further alleged that, on 15 January 2024 at Dudley Magistrates' Court, Dr Ndirika was sentenced to a total of 32 weeks imprisonment, suspended for 18 months, and to pay compensation of £455.

XXX

12. XXX

13. XXX

14. XXX

15. XXX

16. XXX

17. XXX

18. XXX

19. XXX

20. XXX

### The Allegation and the Doctor's Response

21. The Allegation made against Dr Ndirika is as follows:

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

1. On 8 December 2023 at Wolverhampton Magistrates 'Court you were convicted of:
  - a. two counts of theft; **Admitted and found proved**
  - b. seven counts of fraud by false representation. **Admitted and found proved**
2. On 15 January 2024 at Dudley Magistrates 'Court you were sentenced to:
  - a. 16 weeks 'imprisonment suspended for 18 months; **Admitted and found proved**
  - b. pay compensation of £30.00; **Admitted and found proved**
  - c. 16 weeks 'imprisonment (consecutive) suspended for 18 months; **Admitted and found proved**
  - d. pay compensation of £425.00; **Admitted and found proved**
  - e. eight weeks 'imprisonment (concurrent) suspended for 18 months; **Admitted and found proved**

- f. eight weeks 'imprisonment (concurrent) suspended for 18 months;  
**Admitted and found proved**
- g. eight weeks 'imprisonment (concurrent) suspended for 18 months;  
**Admitted and found proved**
- h. eight weeks 'imprisonment (concurrent) suspended for 18 months;  
**Admitted and found proved**
- i. eight weeks 'imprisonment (concurrent) suspended for 18 months;  
**Admitted and found proved**
- j. eight weeks 'imprisonment (concurrent) suspended for 18 months;  
**Admitted and found proved**
- k. eight weeks 'imprisonment (concurrent) suspended for 18 months.  
**Admitted and found proved**

3. XXX

4. XXX

And that by reason of the matters set out above your fitness to practise is impaired because of your:

- a. conviction in respect of paragraphs 1 and 2; **To be determined**
- b. XXX

### The Admitted Facts

22. At the outset of these proceedings, Dr Ndirika made admissions to the entirety of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the Rules. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced the Allegation as admitted and found proved.

### Evidence

GMC

23. Ms McNeil on behalf to the GMC invited the Tribunal to find the allegations admitted proved. XXX

XXX

24. XXX

25. XXX

Dr Ndirika

26. Dr Ndirika provided a witness statement dated 17 July 2025 and responded to the facts again admitting the allegation in its entirety and reiterated that her fitness to practice was impaired.

**Documentary Evidence**

27. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to:

- MG5 Case Summary/ Police Report, dated 2 August 2023
- Police witness statement of Mr C, dated 4 August 2023
- Police witness statement of Ms D, dated 10 August 2023
- Victim personal statement of Ms D, undated
- Referral from West Midlands Police, dated 11 August 2023
- Further information from West Midlands Police dated 15 September 2023
- The Trust's response to Dr Ndirika's fitness to practise concerns, dated 31 October 2023
- Pre-sentencing report, dated 11 January 2024
- Sentencing details received from West Midlands Police, dated 22 January 2024
- Certificate of Conviction, dated 27 February 2024
- Email exchange between GMC Employer Liaison Adviser, NHS England and the Trust, dated 8 November 2023
- Response from NHSE Education West Midlands to fitness to practise concerns dated 10 November 2023

- Letters from Dr F, dated 24 May 2024 and 1 July 2025
- Letters from Ms G, dated 8 July 2024 and 16 June 2025
- Letters from Dr H, dated 10 July 2024 and 19 June 2025
- XXX
- Email from Dr Ndirika, dated 16 August 2024
- Response from Dr B, 13 September 2024
- Rule 7 Response, dated 12 and 15 November 2024

### The Tribunal's Approach

28. The Tribunal reminded itself that where an allegation has been admitted at the outset of proceedings it is deemed proved by virtue of the admission (Rule 17(2)(d) and (e). It was also reminded that in accordance with Rule 34(3), the production of a certificate of conviction or extract of conviction signed by a competent officer of a court in the UK or overseas, is conclusive evidence that the offence was committed.

29. The LQC advised that no further deliberation is required on admitted allegations at the fact-finding stage.

### The Tribunal's Determination on Facts

30. The Tribunal determined that the admitted facts are proved in their entirety.

### Determination on Impairment

31. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, Dr Ndirika's fitness to practise is impaired by reason of XXX her conviction.

32. The Tribunal took into account all the evidence received during the facts stage of the hearing, both oral and documentary. In addition, the Tribunal received further evidence. This consisted of a bundle provided by the GMC XXX and a further bundle XXX.

### Submissions

#### On behalf of the GMC

33. Ms Fiona McNeill submitted noted that XXX

34. In terms of the issue of current impairment, Ms McNeill submitted that this is a matter for the Tribunal's judgement. She noted that it is conceded by Dr Ndirika, and the GMC agrees, that her fitness to practise is currently impaired by reason of XXX her conviction XXX.

35. Regarding the conviction, Ms McNeill submitted that the nature of the criminal conduct is that of dishonesty which has brought the medical profession into disrepute and represent a clear breach of the fundamental tenet of acting honestly.

36. XXX

37. Ms McNeill acknowledged that there was a significant degree of overlap between the conviction and XXX, with a demonstrable link between the criminal conduct and XXX. While dishonesty is typically difficult to remediate and would usually impair fitness to practise, the connection to XXX offers a measure of cautious optimism. She further submitted that with full engagement on Dr Ndirika's part, together with XXX, structural support, and remediation, her fitness to practice may no longer be impaired.

38. However, Ms McNeill submitted that this stage has not yet been reached. Although Dr Ndirika has demonstrated partial insight and there has been historical progress, the lack of recent, meaningful intervention means her conduct has not been fully remedied. Crucially, given that XXX, Ms McNeill submitted that there is a real likelihood of repetition, posing a risk to her career and others.

39. Therefore, to uphold public confidence and maintain proper professional standards, Ms McNeill urged the Tribunal to find that Dr Ndirika's fitness to practise is currently impaired.

#### Dr Ndirika

40. Dr Ndirika acknowledged XXX, which she believes accounts for her previous out-of-character behaviour. She submitted that since last year, she has been making a concerted effort to address the XXX that led her criminal offending. XXX

41. XXX. Dr Ndirika submitted that that she understands the Tribunal may find her unfit to practise at this current moment, a conclusion with which she tentatively agrees. She

characterised herself as still being at the beginning of her journey towards meaningful change, XXX, but she firmly anticipates being ready to return to work in the future.

42. XXX

43. To maintain her professional knowledge, she has been actively engaged in continuing professional development. This includes working through modules in the British Journal of Urological Institute, which breaks topics into manageable sections, and reading updated guidelines from the European Urological Association. She has diligently logged these activities in her training portfolio to maintain a record of her ongoing learning.

44. Regarding her personal life and coping mechanisms, Dr Ndirika described returning to hobbies like baking, whose precision provides a helpful routine that XXX. While she hasn't resumed playing musical instruments, her primary focus has been on working on XXX. To manage previous difficulties, she now relies on technological supports, XXX.

45. When asked about her readiness to interact with patients, she submitted that she could manage this with the crucial support of a supervising senior doctor to ensure guidelines are followed. She emphasised the need for workplace accommodations to XXX, stating that while she could cope with seeing patients under supervision, she is not yet ready to do so independently. She expressed a strong belief that with the right support and resources to address administrative and executive function challenges, she can eventually return to training, complete her exams, and achieve her CCT, as she has successfully functioned at the ST6 level before.

46. Reflecting on the triggers for her past behaviour, Dr Ndirika submitted that it was not a single event but a culmination of factors that led to the criminal offending. XXX, and she struggled to find structure outside of work. The loss of two relatives at a young age, coupled with unprocessed grief and a neglect of her personal life in an effort to maintain professional standards, created a perfect storm. She states that at the time of the offences, there was no premeditation; her mind was in a "fog," and she acted without thought, only feeling shame afterwards. Dr Ndirika submitted that the biggest lesson she has learned from her XXX. She stated that she now understands the critical need to utilise available resources, including speaking openly with supervisors if work becomes overwhelming, and to engage proactively with XXX.

47. When projected into a future scenario where similar trauma or temptation might arise, Dr Ndirika submitted that she is clear on what she would do differently. She would immediately speak to her clinical supervisor, adhering to prescribed guidelines and using regular check-ins as a safeguard. XXX. Furthermore, she submitted that she has learned the vital importance of taking proper time to decompress and refresh, acknowledging that her previous pattern of never taking holidays and working incessantly was unsustainable and contributed to XXX.

### The Relevant Legal Principles

48. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof, and the decision of impairment is a matter for the Tribunal's judgement alone.

49. When considering impairment on the grounds of conviction, it must determine whether the doctor's fitness to practice is impaired today, taking into account the conduct at the time of the events and any relevant factors since then.

50. XXX

51. The LQC advised that there is no statutory definition of impairment of fitness to practice. However, the Tribunal will be assisted by the guidance provided by Dame Janet Smith in the fifth Shipman report as adopted by the High Court in Grant. The Tribunal should be aware that any of the following factors are likely to be present when a doctor's fitness to practise is found to be impaired, that is whether the doctor:

- '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 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 and/or is liable in the future to act in such a way that their integrity can no longer be relied upon.'*

52. The Tribunal was also reminded of the case of *Cohen v General Medical Council [2008] EWHC 581 (Admin)*, where it was advised that in determining if a doctor's fitness to practise is impaired, the Tribunal should consider whether the conduct is remediable, has been remedied and whether it is likely to be repeated.

53. The LQC advised that in coming to a conclusion as to whether Dr Ndirika's fitness to practise is impaired, the Tribunal must look forward and is obliged to consider whether a finding of impairment is required on public interest grounds.

54. Throughout its consideration of impairment, the Tribunal should have regard to the statutory overarching objective of protecting the public, which involves the pursuits of the following objectives:

- a) To protect, promote and maintain the health, safety and wellbeing of the public;
- b) To promote and maintain public confidence in the medical profession, and;
- c) To promote and maintain proper professional standards and conduct for members of that profession.

#### The Tribunal's Determination on Impairment

XXX

55. XXX

56. XXX

57. XXX

58. XXX

59. XXX

60. XXX

61. XXX

62. XXX

63. XXX

64. XXX

Conviction

65. The Tribunal considered whether Dr Ndirika's fitness to practise is impaired by reason of her criminal conviction.

66. The Tribunal reminded itself that, on 8 December 2023 at Wolverhampton Magistrates' Court, Dr Ndirika was convicted of two counts of theft and seven counts of fraud by false representation. She was later sentenced, on 15 January 2024 at Dudley Magistrates' Court, to two rounds of 16 weeks' imprisonment suspended for 18 months, to pay compensation of £455 as well as seven rounds of eight weeks' imprisonment (concurrent) suspended for 18 months.

67. The Tribunal considered Dr Ndirika's conviction to be extremely serious in nature. It bore in mind that Dr Ndirika had stolen from a vulnerable patient and from a colleague, using their bank cards to make purchases.

68. The Tribunal noted the Pre-Sentence Report, dated 11 January 2024 where it was stated that:

*"It is evident from interviewing Ms Ndirika that at the time of the offences she did not think about her actions, the consequences of them or the impact upon the victims or indeed the repercussions to herself in that she has jeopardised her lengthy career by her actions . It appears that she may have [XXX] at the time and that has impacted on her poor decision making. From discussion with her and information provided to me [XXX] there appears to be a lot of underlying concerns that need to be addressed. In my professional opinion, Ms Ndirika would benefit from intervention in the community to address the deficits with regards to her consequential thinking and behaviour."*

69. The Tribunal had regard to GMP and considered that Dr Ndirika's actions breached the following paragraphs:

**1** Patients need good doctors. Good doctors make the care of their patients their first concern: they are...honest and trustworthy, and act with integrity and within the law.

**46** You must be polite and considerate.

**47** You must treat patients as individuals and respect their dignity and privacy.

**48** You must treat patients fairly and with respect ...

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

70. The Tribunal found that Dr Ndirika's criminal offending, comprising acts of dishonesty, represented a fundamental breach of the principles set out in GMP and of the trust placed in medical professionals. These were not isolated incidents but a pattern of behaviour where the doctor took advantage of her vulnerable patient and colleague, directly contravening the expectation that doctors must be trustworthy and honest. This demonstrates a failure to maintain respectful collegial relationships, and a failure to treat her own patients with dignity and respect.

71. While there was a clear and acknowledged overlap between this conduct and XXX, which offers a potential pathway for remediation, the Tribunal was of the view that the dishonesty itself is inherently difficult to remediate.

72. The Tribunal concluded that the criminal offences are remediable and Dr Ndirika had to some extent remedied her actions by making attempts to apologise to the complainants and showing remorse in her reflective piece:

*13. "I recognise that my actions hurt two innocent individuals and affected their ability to trust in healthcare professionals and their colleagues and I am deeply sorry that I did that. I continue to feel ashamed and embarrassed by those behaviours that led to this tribunal. I am still trying to reconcile the person I know I am with the person who stole from two people. I am remorseful, guilty and feel shame at this and will do what I can to prove that."*

73. The Tribunal however determined that Dr Ndirika's insight into these matters lacked sufficient insight given the impact of the XXX. The Tribunal noted that Dr Ndirika provided insufficient evidence of her understanding of the impact of her actions on the public interest in the medical profession. A more active demonstration of reflection and a concrete understanding of the ethical breaches are needed, moving beyond a simple awareness of her behaviour and XXX to a full acceptance of the responsibility to manage them.

74. Although there was nothing to suggest deficiencies in Dr Ndirika's clinical practice, the external factors of XXX have directly led to her committing serious crimes within her workplace. Her own statement, describing how she "*allowed [herself] to fall apart*" after her arrest, is telling; it focuses on XXX but reveals a passivity and a concerning lack of initiative in seeking out and engaging with the structured support, courses, or reflective practice necessary for genuine remediation. Consequently, the Tribunal determined that Dr Ndirika's level of insight and remediation was not sufficiently developed and therefore the risk of repetition remains highly likely.

75. For all the reasons set out above, the Tribunal was of the view that all three limbs of the overarching objective are engaged. While the public may have sympathy for Dr Ndirika's situation, there would be justifiable concern if a finding of impairment were not made, given the impact of her actions on public confidence in the profession, upholding professional standards and conduct, and patient safety.

76. The Tribunal determined that Dr Ndirika's fitness to practise is impaired by reason of her conviction XXX.

#### Determination on Sanction - 22/08/2025

77. This determination will be handed down in private. However, as this case concerns Dr Ndirika's conviction XXX, a redacted version will be published at the close of the hearing.

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

79. The Tribunal has taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

## Submissions

### On behalf of the GMC

80. Ms McNeill submitted that this case is fundamentally centered on XXX. Ms McNeill adopted the Tribunal's determination on the gravity of these XXX, which it noted were of considerable concern and cannot be overstated. Critically, Ms McNeill asserted that, Dr Ndirika's failure to adequately manage XXX demonstrates a lack of sufficient insight and remediation. Ms McNeill submitted that these are not yet sufficiently established to reassure the public or the profession that she is ready to return to unrestricted practice at this stage.

81. Ms McNeill submitted that the conviction itself was extremely serious in nature, a point underscored by the vulnerability of one victim and the fact that the other was a colleague. In noting the demonstrable overlap between XXX and the conviction, which may indicate a pathway to recovery, she invited the Tribunal to have regard to its finding regarding Dr Ndirika's level of insight which remains paramount. Ms McNeil stated that while there have been attempts to apologise for the conduct, these do not extend beyond a mere desire to do so and fall short of demonstrating a clear and demonstrable understanding of remediation. This lack of insight is further reflected and enhanced XXX, Ms McNeill characterised Dr Ndirika's approach as reactive rather than proactive.

82. Ms McNeill identified mitigating factors, which included an overlap between XXX and the conduct, her attempts to apologise, and her efforts to keep her clinical knowledge up to date by undertaking some courses. Ms McNeill also highlighted significant aggravating features: XXX, the extremely serious nature of the criminal offence which involved dishonest behaviour and resulted in a suspended sentence and the particular vulnerability of one of the victims.

83. Applying these factors and given the finding of impairment, Ms McNeill submitted that taking no action would be inappropriate. She further submitted that there was also an absence of any exceptional circumstances that would warrant taking no further action.

84. Ms McNeil submitted that conditions would not be an appropriate response to the level of impairment. While conditions can be appropriate in XXX, the presence of the serious criminal conviction means conditions would not adequately address the gravity of the conduct or satisfy the need to protect the public. Furthermore, given Dr Ndirika's

underdeveloped insight and remediation, any conditions imposed at this stage would likely be unmeasurable and unworkable.

85. Consequently, Ms McNeill's submitted that a period of suspension is the appropriate and proportionate response. She stated that such a sanction is necessary to reflect the serious departure from good medical practice, to protect the public especially in view of the risks arising from XXX. She submitted that a suspension was necessary to send a clear message to Dr Ndirika and the public about the standards expected of a doctor.

86. Ms McNeil submitted that Dr Ndirika's conduct is so serious that it falls short of being fundamentally incompatible with continued registration but not so short so as to necessitate erasure. A significant period of suspension with a review would afford Dr Ndirika a crucial opportunity to engage meaningfully with XXX.

87. Finally, Ms McNeill clarified that Dr Ndirika's current employers have indicated that no firm commitment will be made regarding her future training until the outcome of these proceedings. Ms McNeil submitted that the Tribunal may consider this to be another reason for finding that an order of suspension was more appropriate than erasure if it so decided.

88. Ms McNeil confirmed that Dr Ndirika was on a current interim order of suspension which is in place until February 2026.

#### Dr Ndirika

89. Dr Ndirika submitted that she unequivocally accepted that her conduct fell short of GMP and had brought the profession into disrepute. As a primary mitigating factor, she highlighted her immediate and consistent admission of all allegations, noting that she has never sought to justify or minimise the impact of her actions on her victims or on the reputation of the medical profession. She expressed her belief that she has developed insight into the causes of her offending and a clear understanding of the critical importance of proactively managing XXX to avoid repeating such behaviour. While she characterises herself as being at the beginning of this journey, she outlined the concrete steps (as noted in her reflection piece) that she has taken towards remediation, and fulfilling the orders of the criminal court which included making financial restitution and successfully completing her probation requirements.

90. Addressing the harm caused, Dr Ndirika explained that she had attempted to offer a formal apology to her victims but that this was declined by both individuals. She acknowledged that her understanding of the triggers for her offending, while developing, could only be fully demonstrated over time. To that end, she detailed her current efforts, which include XXX. She conceded that a significant fault in the past was her failure to be upfront about XXX, a mistake she now understands could have prevented the situation she was in today. She pointed to her prior proactive self-referral to the GMC as evidence of her ability to seek help when needed. This proactivity had resulted in a successful period of undertakings that were eventually lifted.

91. Dr Ndirika submitted that she has been using her time away from work to keep her clinical knowledge up to date; reading guidelines and completing online educational modules with mock exams, in anticipation of an eventual return to practice. She affirmed her belief that with adequate support and structure, she can be rehabilitated and is prepared to cooperate fully with any requirements that would enable her to do so. She acknowledged that her return to work would, need strict supervision and reporting and she expressed her readiness to comply with such conditions.

92. Regarding the specific sanction, Dr Ndirika submitted that conditions would be the most appropriate and proportionate response. She argued that the most pressing need in her case was supervision, which would be best provided by a named clinical supervisor with whom she could meet regularly. This arrangement, she suggested, would provide a point of accountability, XXX, and a mechanism to demonstrate her progress to the regulator.

93. Dr Ndirika contended that a further period of suspension would be more onerous than proportionate, given the significant overlap between XXX and the offending and the fact that she has already been subject to an interim suspension order for over two years. She stated that a further period of suspension would not achieve any further protective goal and that the necessary rehabilitation and demonstration of insight can be more effectively pursued under a structured conditions of practice order

### **The Relevant Legal Principles**

94. The Tribunal was reminded that it must have regard to all the evidence placed before it, the submissions made on behalf of the GMC and by Dr Ndirika and the Sanctions Guidance (February 2024 edition) ('the SG').

95. The decision as to the appropriate sanction, if any is a matter for the Tribunal exercising its own judgement. In reaching its decision the Tribunal should take into account any mitigating and aggravating features in the and consider these in conjunction with the SG whilst bearing in mind the statutory overarching objective: protecting and promoting the health, safety and well-being of the public, promoting and maintaining public confidence in the profession and promoting and maintaining proper professional standards and conduct.

96. The Tribunal was advised on the relevant sanctions open to it in accordance with paragraphs 66 – 111 of the SG, and section 35D (5) of the Medical Act 1983 and was advised on the considerations for each of the sanction options.

97. The Tribunal reminded itself that the main reason for imposing any sanction is to protect the public and that sanctions are not imposed to punish or discipline doctors, even though they may have a punitive effect. In making its determination the Tribunal considered the least restrictive sanction first, before moving on to consider the other available sanctions in ascending order of severity. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Ndirika's interests with the public interest.

### The Tribunal's Determination on Sanction

#### Aggravating and Mitigating Factors

98. The Tribunal identified the following mitigating factors in this case:

- Dr Ndirika pleaded guilty at court and admitted the criminal offences to the Tribunal at the first opportunity
- Dr Ndirika has made efforts to remedy the criminal offences by expressing regret, attempting to apologise to the victims and by completing her probation requirements
- There have been no further criminal offences since the events
- The events occurred during the time of COVID-19 and added pressure of coping with close family bereavements.

99. The Tribunal identified the following aggravating factors in this case:

- Dr Ndirika's insight into XXX and the impact of her criminal convictions remains limited

- The criminal offending was on more than one occasion and included a series of incidences
- The nature of the criminal offences were of the higher level of seriousness in view of the dishonesty and financial gain
- The criminal convictions crossed the custodial threshold albeit suspended
- Dr Ndirika's conduct was a breach of the trust of a vulnerable patient
- There have been previous GMC findings of a similar nature
- XXX

100. The Tribunal balanced the aggravating and mitigating factors throughout its deliberations and went on to consider each sanction in order of ascending severity, starting with the least restrictive.

No action

101. The Tribunal first considered whether to conclude the case by taking no action. It noted that to take no action following its finding of impaired fitness to practise would be inappropriate.

102. Furthermore, the Tribunal was satisfied that there were no exceptional circumstances in Dr Ndirika's case which could justify it taking no action. It determined that to take no action, would be inappropriate for its findings and disproportionate to protect the public.

Conditions

103. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Ndirika's registration. It had regard to paragraphs XXX, 82, 83, and 84 of the SG, which state:

XXX

...

*82 Conditions are likely to be workable where:*

*a the doctor has insight*

*b a period of retraining and/or supervision is likely to be the most appropriate way of addressing any findings*

- c the tribunal is satisfied the doctor will comply with them*
- d the doctor has the potential to respond positively to remediation, or retraining, or to their work being supervised.*

**83** When deciding whether remedial training is possible, the tribunal needs to consider any objective evidence that has been submitted. For example, assessments of the doctor's performance, health or knowledge of English, or evidence about the doctor's practice, health or knowledge of English.

**84** Depending on the type of case (eg health, language, performance or misconduct), some or all of the following factors being present (this list is not exhaustive) would indicate that conditions may be appropriate:

- a no evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage*
- b identifiable areas of their practice are in need of assessment or retraining*
- c willing to respond positively to retraining, with evidence that they are committed to keeping their knowledge and skills up to date throughout their working life, improving the quality of their work and promoting patient safety (Good medical practice, paragraphs 1-5 (Being Competent) and 11-13 (Maintaining, developing and improving your performance')*

104. The Tribunal noted Dr Ndirika's submissions and acknowledged that conditions may be an appropriate sanction to support a doctor dealing with XXX. However, it reminded itself that this case was not solely about XXX but included serious criminal convictions.

105. XXX

106. The Tribunal also bore in mind that its objective was to ensure that any sanction imposed, addresses the overarching objective.

107. In conclusion, the Tribunal decided that conditions were not an appropriate or proportionate response to Dr Ndirika's criminal convictions XXX. It determined that more stringent measures were necessary to address the seriousness of the concerns.

### Suspension

108. The Tribunal then considered whether an order of suspension would be appropriate and proportionate in these circumstances.

109. The Tribunal has borne in mind paragraphs 91, 92, 93 and 97 of the SG:

*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. Suspension from the medical register also has a punitive effect, in that it prevents the doctor from practising (and therefore from earning a living as a doctor) during the suspension, although this is not its intention.*

*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 (ie 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...*

...

*97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate*

*a A serious departure from Good medical practice, but where the misconduct is not so difficult to remediate that complete removal from the register is in the public interest. However, the departure is serious enough that a sanction lower than a suspension would not be sufficient to protect the public.*

*b In cases involving deficient performance where there is a risk to patient safety if the doctor's registration is not suspended and where the doctor demonstrates potential for remediation or retraining.*

XXX

*d* ...

*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.*

*g The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour.'*

110. The Tribunal had regard to its finding at the impairment stage; Dr Ndirika's behaviour would be considered as deplorable by colleagues and warranted a significant response to mark its gravity.

111. The Tribunal reminded itself that Dr Ndirika had accepted that her fitness to practice remained impaired and that XXX. It also noted that the risk of repetition of her conduct was XXX.

112. The Tribunal concluded that paragraph 97 (a), (c), (e) and (f) of the SG were engaged and that these indicated that suspension could be the appropriate and proportionate sanction to impose on Dr Ndirika's registration.

#### Erasure

113. The Tribunal went on to consider if an erasure would be the more appropriate sanction to impose and referred to the following paragraphs of the SG:

**107** *The tribunal may erase a doctor from the medical register in any case – except one that relates solely to the doctor's health and/or knowledge of English – where this is the only means of protecting the public.*

**109** *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... 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*

...

*j Persistent lack of insight into the seriousness of their actions or the consequence...'.*

114. The Tribunal noted that Dr Ndirika's conduct especially her convictions were persistent and a serious departure from the GMP breaching fundamental tenets of the medical profession.

115. The Tribunal however accepted that Dr Ndirika acknowledged, admitted and apologised for her behaviour at the earliest opportunity. It also bore in mind that XXX contributed to the compulsive criminal conduct and was the source of the Tribunal's concerns. The Tribunal found that there was scope, if given more time, for Dr Ndirika to reach a satisfactory level of insight, sufficiently remediate her actions and further her recovery. Accordingly, the Tribunal concluded that the conduct was not fundamentally incompatible with her continued registration.

116. Having carefully considered its findings, the options before it and it's overriding objective, the Tribunal reached the conclusion that the facts of this case were finely balanced and that there were a number of aggravating factors which could denote that erasure would be the appropriate sanction. However, it considered the legal advice that the Tribunal should impose the least sanction necessary to protect the public and determined that an order of suspension would equally serve the overarching objective of protecting the public and therefore erasure would be an onerous and inappropriate sanction.

117. In light of the above, the Tribunal determined that a period of suspension would be the most appropriate and proportionate to protect, promote and maintain the health, safety and well-being of the public whilst having the sufficiently deterrent effect of sending a clear signal to Dr Ndirika and the public that her behaviour was unbefitting of a registered doctor and would not be tolerated.

118. A period of suspension would also allow Dr Ndirika time to further develop her insight and demonstrate further remediation to satisfy a future Tribunal that there was an unlikelihood of repetition and her fitness to practice is no longer impaired.

119. Having concluded on an order of suspension, the Tribunal went on to determine the length of the suspension.

#### Length of Suspension

120. In determining the length of the suspension, the Tribunal had regard to paragraphs 99 to 101 of the SG:

*99 The length of the suspension may be up to 12 months and is a matter for the tribunal's discretion, depending on the seriousness of the particular case.*

*100 The following factors will be relevant when determining the length of suspension:*  
*a the risk to patient safety/public protection*

*b the seriousness of the findings and any mitigating or aggravating factors .....*

*c ensuring the doctor has adequate time to remediate.*

*101 The tribunal's primary consideration should be public protection and the seriousness of the findings. Following any remediation, the time all parties may need to prepare for a review hearing if one is needed will also be a factor.*

121. The Tribunal considered the aggravating factors in this case and acknowledged the serious departure from the principles set out in GMP. The Tribunal noted that an appropriate length was needed to achieve any meaningful result. The Tribunal determined that a period of 12 months was necessary to afford Dr Ndirika the opportunity to fully engage in the desired process and for an appropriate and meaningful assessment of same.

122. Accordingly, the Tribunal determined to suspend Dr Ndirika's registration for a period of 12 months.

### Review

123. The Tribunal determined to direct a review of Dr Ndirika's case. A review hearing will convene shortly before the end of the period of suspension, unless an early review is sought either by Dr Ndirika or the GMC.

124. The Tribunal noted that, at the review hearing, the onus will be on Dr Ndirika to evidence the progress made in building on the steps taken so far and to demonstrate satisfactory levels of insight and remediation to ensure that her fitness to practise is no longer impaired at the time. It considered that the following may assist the reviewing Tribunal:

- Dr Ndirika's continued engagement with the regulatory process and her attendance at the next hearing;
- XXX
- A further reflection piece from Dr Ndirika detailing her developing insight, and remediation, the application of them in her professional and private life, and her understanding of the impact of her conduct on the profession, her victims and the wider public interest.
- Relevant CPD and training undertaken to evidence keeping medical skills and knowledge up to date; and
- Any other information that she considers will assist the reviewing tribunal.

### Determination on Immediate Order - 22/08/2025

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

### Submissions

#### On behalf of the GMC

126. Ms McNeill submitted that it is necessary to make an immediate order.

127. Ms McNeill stated that an immediate order would be necessary to protect members of the public and in the best interest of Dr Ndirika. She reminded the Tribunal that it has identified a concern that Dr Ndirika's behaviour may be repeated.

128. Although Dr Ndirika's behaviour is remediable, Ms McNeill submitted that there is a considerable amount of work to do in any view and in order to protect members of the public and to provide a measure of protection for Dr Ndirika.

#### Dr Ndirika

129. Dr Ndirika submitted that she does have some insight into her offending and the importance of XXX.

130. However, Dr Ndirika submitted that she understood progress can only be demonstrated over a period of time. She added that this has to be balanced by whether the Tribunal was of the view that she still posed a significant risk to public safety at present, given the nature of XXX and convictions.

#### **The Tribunal's Approach**

131. The Tribunal was advised that it is empowered by S38(2) of the Medical Act 1983 and is required by Rule 17(2)(o) of the Rules to determine whether any conditions or suspension should take place with immediate effect. In making such an order, the Tribunal must consider any evidence received and any submissions made by the parties. The Tribunal can impose an immediate order if it determines it necessary to do so in order to protect members of the public or if it is in the best interest of the doctor.

132. In reaching its decision, the Tribunal also considered the relevant paragraphs of the Sanctions Guidance and exercised its own independent judgment. In particular, it took account of paragraphs 172, 173 and 178.

*'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. ...*

**173** An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor's special position of trust, or where immediate action must be taken to protect public confidence in the medical profession.

**178** 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.'

### The Tribunal's Determination

133. The Tribunal considered the seriousness of the facts found proved against Dr Ndirika. The Tribunal further noted that Dr Ndirika did not make any submissions that an immediate order would be detrimental to her.

134. The Tribunal bore in mind the above paragraphs of the SG and took account of the specific basis upon which the Tribunal reached its determination on impairment and sanction.

135. The Tribunal determined that an immediate order of suspension is necessary to protect public confidence in the medical profession and it was in the wider public interest. The Tribunal considered that to do otherwise would be inconsistent with its earlier determination.

136. This means that Dr Ndirika's registration will be suspended from today. The substantive direction, as already announced, will take effect 28 days from the date on which written notification of this decision is deemed to have been served, 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.

137. The interim order is hereby revoked.

138. That concludes this case.