PUBLIC RECORD

Date: 06/11/2026

Doctor:	Dr Ameen MARDANPOUR
GMC reference number:	7951562
Primary medical qualification:	MB ChB 2023 University of Bristol

Type of case

Review - Misconduct

Outcome on impairment

Not impaired

Summary of outcome

Suspension revoked

Tribunal:

Legally Qualified Chair	Ms Bushra Tabassum
Lay Tribunal Member:	Mr Darren Shenton
Registrant Tribunal Member:	Dr Deborah Brooke

Tribunal Clerk:	Ms Hinna Safdar

Attendance and Representation:

Doctor:	Attended and represented
Doctor's Representative:	Mr Richard Booth, KC, instructed by CMS
GMC Representative:	Ms Lucy Chapman, Counsel

Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held in public.

Protecting the Public

Throughout the decision making process the tribunal has borne in mind the statutory duty as set out in s1(1) of the Medical Act 1983 (the 1983 Act) to protect the public. The tribunal has considered the relevance and impact on each of the three distinct parts of public protection 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 – 06/11/2026

1. This determination was handed down in public. However, the Tribunal exercised its powers under Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 (the Rules), to sit in private when the matters under consideration were confidential.

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 Mardanpour's fitness to practise remains impaired by reason of his misconduct.

3. This is the first review of Dr Mardanpour's case.

The Outcome of Applications Made during the Impairment Stage

4. The Tribunal granted the GMC's application, made pursuant to Rule 41 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), for the hearing to be heard in private when matters of XXX were discussed. The Tribunal determined that this was uncontroversial, was in line with regular MPTS procedure and the original procedure adopted by the March 2026 Tribunal.

Background

5. Dr Mardanpour obtained a MB ChB in 2023 from the University of Bristol and was provisionally registered with the General Medical Council ('GMC') in July 2023. He worked as a Foundation Year 1 trainee at Southend Hospital between August 2023 and August 2024 and subsequently obtained full GMC registration with the GMC in August 2024. At the time of the events giving rise to these proceedings, Dr Mardanpour was a fifth-year medical student working on a GP placement at St Georges Medical Practice ('the Practice').

March 2026 Tribunal

6. A Medical Practitioners Tribunal (MPT) convened to consider Dr Mardanpour's case from 16 March 2026-20 March 2026 ('The March 2026 Tribunal'). Dr Mardanpour admitted the allegation in its entirety and the 2026 Tribunal therefore found those allegations proved, which amounted to serious misconduct.

7. The facts found can be summarised as Dr Mardanpour consulted with Patient A at the Practice on 23 May 2023 and used his professional position to attempt to establish an improper emotional relationship with her and his actions were sexually motivated. Between 23 May and 26 May 2023, Dr Mardanpour sent several text messages from his personal mobile to Patient A, whom he knew to be vulnerable as a result of having reviewed Patient A's medical records and having consulted with her. It was determined that Dr Mardanpour's actions were sexually motivated.

8. The March 2026 Tribunal determined that that Dr Mardanpour's actions amounted to misconduct and were in breach of several paragraphs of GMP and the 2013 Professional Boundary Guidance.

9. The March 2026 Tribunal set out that his behaviour was *'somewhat predatory in nature'*, *'represented an abuse of his professional position and his position of trust'*, and *'represented a reckless disregard for patient safety'*. The March 2026 Tribunal took into account the relevant personal and professional context, the extensive remediation Dr Mardanpour undertook and the insight he demonstrated and determined that *'it is highly unlikely that Dr Mardanpour's misconduct will be repeated in the future.*'

10. The March 2026 Tribunal noted that this case involved sexually motivated misconduct towards a vulnerable patient and such cases were ordinarily considered to have a high starting point for assessing seriousness. However, the March 2026 Tribunal did not consider Dr Mardanpour's actions reached this level of seriousness stating, *'the Tribunal noted that Dr Mardanpour's actions represented an attempt to initiate an improper emotional relationship with Patient A with sexual motivation, as opposed to actually establishing such a relationship. It noted that Dr Mardanpour's actions were confined to a number of text messages, and they occurred over a relatively limited period of time – around three days.'* As a result, the March 2026 Tribunal concluded that, the admitted facts fell just short of the higher end of spectrum of seriousness and more toward the upper end of the mid-range of seriousness.

11. The March 2026 Tribunal concluded that, '*in all the circumstances of this case, the overall risk to public protection is in the medium category, albeit that it is at the higher end of that medium category.*'

12. The March 2026 Tribunal found that Dr Mardanpour's failings, as admitted and found proved, did amount to serious professional misconduct and decided to suspend Dr Mardanpour's registration for a period of seven months. In doing so, the March 2026 Tribunal considered the sanctions banding, which sets out, for sexual misconduct cases, with a medium level of risk to public protection, the appropriate and proportionate sanction is one of suspension from between six to twelve months.

13. The March 2026 Tribunal took into account its '*findings with regard to remediation, insight and risk of repetition,*' and '*determined the appropriate sanction to be one of suspension for a period of seven months. It considered such a sanction to be necessary to maintain public confidence in the profession, and to promote and maintain proper professional standards and conduct for members of the profession.*'

14. The March 2026 Tribunal did not consider that, in light of Dr Mardanpour's remediation, insight and there being no risk of repetition, it was necessary to make a finding of impairment under limb one of public protection.

15. The March 2026 Tribunal indicated that, at the review hearing, '*the onus will be on Dr Mardanpour to demonstrate how he has kept his knowledge and skills up to date during his period of suspension. He can also provide anything else he considers will assist the Tribunal in assessing whether he is fit to return to unrestricted practice.*'

Today's hearing

The Evidence

16. The Tribunal has taken into account all the evidence received, both oral and documentary.

17. Dr Mardanpour provided his own witness statement dated 7 August 2026, a supplemental statement, dated 30 September 2026, and his Remediation Plan, prepared for this Tribunal.

18. Dr Mardanpour also gave oral evidence at the hearing. Mr Richard Booth, KC, took Dr Mardanpour through the CPD and he has undertaken as well as the teaching he has delivered.

19. The Tribunal had regard to the documentary evidence before it which included but not limited to:

- Record of Determination, dated 16-20 March 2026
- Letters from the MPTS to Dr Mardanpour, dated 23 April 2026 and 5 May 2026
- Letter from the GMC to Dr Mardanpour, dated 14 July 2026
- Dr Mardanpour's CV
- Dr Mardanpour's GMC learning portfolio
- Publication of Essex Medical Society Journal, dated 2026
- CMS letter to testimonial witnesses, dated 22 July 2026
- Testimonials
- CPD portfolio, dated 31 August to 29 September 2026
- Essex Medical Society Symposium
- BMJ portfolio
- Teaching session list
- Email from Professor E to CMS, dated 22 September 2026
- CPD certificates, dated 18 April to 30 September 2026

Submissions

On behalf of the GMC

20. Ms Lucy Chapman reminded the Tribunal that it is for Dr Mardanpour to satisfy the Tribunal of his current fitness to practise without restriction.

21. Ms Chapman referred to the March 2026 determination. She highlighted that the position in this case is somewhat unusual to the position at the majority of review hearings. Ms Chapman noted that the March 2026 Tribunal determined that Dr Mardanpour had remedied the misconduct as far as possible and his insight was at a level where there was no risk of reoccurrence or harm to the public.

22. Ms Chapman stated the March 2026 Tribunal had not directed a review on the basis that those matters were lacking and ought to be worked on during the period of suspension before he could safely resume unrestricted practice, rather to ensure that Dr Mardanpour had kept his knowledge and skills up to date during the period of his suspension.

23. Ms Chapman confirmed that the GMC was neutral on whether Dr Mardanpour remained impaired. She reminded the Tribunal that the March 2026 Tribunal found that Dr Mardanpour was not found impaired on the basis of deficient professional practice, but by reason of his misconduct and this decision cannot be revisited at this stage. Ms Chapman submitted that it was a matter for the Tribunal to determine whether Dr Mardanpour had kept his knowledge and skills up to date during the period of his suspension, as required by the March 2026 Tribunal.

24. Ms Chapman submitted that, in the event the Tribunal found that Dr Mardanpour's fitness to practise was no longer impaired, the GMC adopted a neutral position on whether the suspension should be revoked forthwith or allowed to expire naturally. However, she noted that the March 2026 Tribunal had considered the length of the suspension, namely seven months, to be a relevant factor in its determination of sanction.

On behalf of Dr Mardanpour

25. Mr Richard Booth, KC, outlined that the question for the Tribunal was whether Dr Mardanpour's fitness to practise remains impaired today by reason of his misconduct. He submitted that the Tribunal can and should properly answer that question with a resounding negative.

26. Mr Booth submitted that the events which led to this case occurred over three years ago when Dr Mardanpour was still a medical student. Dr Mardanpour has also described the massive impact the proceedings have had on him.

27. Mr Booth referred to the findings of the March 2026 Tribunal; that there was a direct link between Dr Mardanpour's personal circumstances and his misconduct. He highlighted the abundance of evidence provided by Dr Mardanpour in the findings of the March 2026 Tribunal and noted that he had expressed remorse, which the March 2026 Tribunal considered to be genuine and heartfelt. He also submitted that Dr Mardanpour had accepted the GMC's characterisation of his behaviour as being predatory, and he did not seek to diminish the seriousness of his actions. He made early admissions so that Patient A never had to give evidence.

28. Mr Booth submitted in his written and oral evidence, Dr Mardanpour demonstrated that he understood the serious impact of his actions on Patient A and how he has further developed coping strategies to minimise any risk of repetition of his misconduct. He highlighted that the March 2026 Tribunal had considered that Dr Mardanpour complied with his professional duty of candour, advised relevant colleagues and supervisors of the

investigation and the proceedings, and the Tribunal heard evidence from senior colleagues who confirmed they were aware of the reasons for the investigation. As a result of which, the March 2026 Tribunal was satisfied that Dr Mardanpour demonstrated significant insight into his misconduct.

29. Mr Booth submitted that the March 2026 Tribunal accepted there was little else Dr Mardanpour could do to demonstrate that he remediated his misconduct and therefore concluded that, whilst Dr Mardanpour's misconduct was inherently serious, it had been remediated and was highly unlikely to repeated in the future.

30. Mr Booth submitted that the March 2026 Tribunal found that there were no concerns regarding Dr Mardanpour's knowledge and skills. It determined that there was no ongoing risk to patients, and concluded that a finding of impairment was required, to promote and maintain public confidence in the profession, and to send a clear signal to Dr Mardanpour, the profession and the public that this type of misconduct is unacceptable.

31. Mr Booth submitted that those concerns under limbs two and three no longer carry significant weight today. He outlined the evidence provided by Dr Mardanpour at this hearing and read out testimonials on behalf of Dr Mardanpour. He highlighted the huge impact of these proceedings on him, including media articles regarding his misconduct. Nonetheless, he submitted, Dr Mardanpour has pursued his path of reflection and remediation.

32. Mr Booth submitted that the Tribunal can be fully satisfied due to the extensive evidence provided that Dr Mardanpour has kept his clinical knowledge and skills up to date. He asked the Tribunal to consider this together with Dr Mardanpour's involvement with the Essex Medical Society and his ongoing teaching with New Vision University. Mr Booth submitted that the Tribunal could conclude that there is not much more that Dr Mardanpour could have done to satisfy the Tribunal.

33. Mr Booth submitted that all of the evidence points to a doctor who no longer requires a finding that his fitness to practise is impaired. He invited the Tribunal to take into account the delays that have beset this case and to consider the possibility of varying the current sanction so that Dr Mardanpour's suspension can end on 18 November 2026 rather than 22 November 2026, so that he can apply for GP training with full registration before the annual application window for summer 2027 closes on 19 November 2026.

34. When it was put to Mr Booth by the Tribunal that it does not have jurisdiction under the Rules to reduce a suspension, Mr Booth submitted that, although it will rarely be appropriate to revoke a suspension immediately where it has been imposed under limbs two

or three, this was one of those exceptional cases. He argued that immediate revocation, which would in effect reduce the period of suspension by a few days, would not undermine or go behind the determination of the previous Tribunal. Rather, it would be consistent with the overall interests of justice in the circumstances of the case and be a proportionate response.

The Relevant Legal Principles

35. 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 may assist a future Tribunal. This Tribunal is aware that it is for the doctor to satisfy it that he would be safe to return to unrestricted practice.

36. This Tribunal must determine whether Dr Mardanpour's fitness to practise is impaired today, taking into account Dr Mardanpour's 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.

37. In reaching its conclusions on Dr Mardanpour's fitness to practise, the Tribunal was assisted by the *Guidance for MPTS tribunals Section three: MPT hearings – review hearings.*

38. In particular, it took account of *Step 1a: consider what has happened since the previous MPT's decision*, and bore in mind the following questions:

- What was the March 2026 Tribunal's assessment of risk to public protection and the reasons given for it?
- What new evidence has been received since the March 2026 Tribunal hearing and what impact does it have?
- What evidence is there of insight and is Dr Mardanpour's insight genuine?
- What evidence is there relating to remediation, has the Allegation now been remedied or is it still likely to be repeated?
- Has the doctor kept their knowledge and skills up to date?
- Has the risk to public protection that previously required restrictive action in response changed and if so, how?

The Tribunal's Determination on Impairment

39. The Tribunal considered whether Dr Mardanpour's fitness to practise is currently impaired by reason of his misconduct. In doing so the Tribunal had reference to the MPTS

Guidance relating to review hearings, specifically the section on the 'Process of decision making at an MPT review hearing'. The Tribunal first considered the questions posed in Step 1, which directs the Tribunal to first follow steps 1a to 1b.

What was the previous MPT's assessment of risk and reasons given for it?

40. At Dr Mardanpour's original MPT hearing, that Tribunal found that his actions were serious and that there was a need to mark this seriousness by making a finding of impairment to uphold the public interest and promote and maintain standards in the profession. It had regard to the following paragraphs of the decision of the March 2026 Tribunal, which states:

> *'… the overall risk to public protection is in the medium category, albeit that it is at the higher end of that medium category.'*

41. The March 2026 Tribunal determined that, although, Dr Mardanpour did not pose an ongoing risk to patients,

> *'a finding of impairment is currently necessary to promote and maintain public confidence in the profession'* and *'a finding of impairment is required to send a clear signal to Dr Mardanpour, the profession, and the public, that this type of misconduct is unacceptable.'*

42. The Tribunal also considered that the March 2026 Tribunal notably set out the following in its determination,

> *'The Tribunal considered Dr Mardanpour's written evidence, which was augmented by his oral evidence, demonstrated that he had reflected on his misconduct and had fully accepted just how inappropriate it was. Dr Mardanpour expressed remorse, which the Tribunal considered to be genuine and heartfelt. He accepted the GMC's characterisation of his behaviour as being 'predatory', and he did not seek to diminish the seriousness of his actions.*
>
> *…*
>
> *The Tribunal considered the evidence in respect of* [XXX] *and the steps he has taken to engage with support and develop protective strategies to avoid acting in a similar way in future if he were under similar stress factors. It noted Dr Mardanpour's statement about his engagement with professional support, and application of coping strategies…*

…

Overall, the Tribunal was satisfied from Dr Mardanpour's oral and written evidence that he has reflected on the impact of his actions on Patient A and the entirely inappropriate nature of those actions.

Taking all of the available evidence into account, the Tribunal was therefore satisfied that Dr Mardanpour has demonstrated significant insight into his misconduct.

Having determined that Dr Mardanpour has developed significant insight into the seriousness of his misconduct, the Tribunal went on to consider what he has done in the intervening period to remediate. The Tribunal asked itself whether the conduct was remediable, whether it has been remedied and whether it was likely to be repeated.

…

Taking all of the available evidence into account, the Tribunal considered that Dr Mardanpour has actively sought to remediate his misconduct. He has identified and attended relevant and focused courses, has been open with his clinical supervisors and colleagues about his actions, he has reflected on his misconduct and the reasons for it and has identified and put in place strategies to prevent recurrence. [XXX]. *The Tribunal also noted that Dr Mardanpour has also been engaged in using his learning and remediation to provide training on the GMC professional standards and maintaining boundaries in his role as a junior clinical lecturer at New Vision University.*

…

In the circumstances of this case, the Tribunal accepted that there is little else Dr Mardanpour could do to demonstrate that he has remediated his misconduct. It therefore concluded that, whilst Dr Mardanpour's misconduct in this case is inherently serious, it has been remediated.

…

The Tribunal considered that, due to its previous finding that Dr Mardanpour's misconduct is highly unlikely to be repeated, and having taken into account its findings with regard to Dr Mardanpour's insight and remediation, the first limb of public protection is not currently engaged in this case and Dr Mardanpour does not currently pose an ongoing risk to patients. This limb was clearly, and significantly, engaged at

the time of Dr Mardanpour's misconduct but, as things stand, the Tribunal determined that it is not engaged currently.

…

However, by virtue of the period of suspension imposed, Dr Mardanpour will be out of clinical practise for a period of seven months. The Tribunal therefore wishes to clarify that, at the review hearing the onus will be on Dr Mardanpour to demonstrate how he has kept his knowledge and skills up to date during his period of suspension. He can also provide anything else he considers will assist the Tribunal in assessing whether he is fit to return to unrestricted practice.'

What new evidence has been received since the previous MPT's assessment of risk and what impact does it have?

43. The Tribunal considered the evidence provided to it by Dr Mardanpour at this hearing.

44. The Tribunal noted the breadth of Dr Mardanpour's extensive CPD, and the commitment to reflection, remediation and routine of study he maintained. It also considered Dr Mardanpour's oral evidence and the very positive testimonials it received on his behalf.

45. The Tribunal noted Dr Mardanpour's structured and clear remediation plan with thoughtful reflections and analysis of the circumstances leading up to the misconduct showing a commitment to remediation in his future career.

46. Overall, the Tribunal considered that Dr Mardanpour has engaged with the regulatory process throughout. Particularly, he has fulfilled the recommendations of the March 2026 Tribunal by showing evidence that he has kept his knowledge and skills up to date, and he has demonstrated significant insight into his misconduct. He has identified and completed extensive and varied CPD courses and the testimonials on his behalf indicate that he has been open, honest and transparent with his colleagues about the ongoing regulatory proceedings and his determination to return to practising medicine.

47. The Tribunal was satisfied that Dr Mardanpour had accepted the findings of the March 2026 Tribunal and had responded positively to them. The Tribunal was particularly persuaded that he had used the period of suspension constructively to undertake a genuine process of reflection, remediation and professional development.

What evidence is there of insight and is the doctor's insight genuine?

48. As outlined above, the Tribunal considered that Dr Mardanpour's reflective statements, together with his oral evidence, sufficiently demonstrate that he has reflected on the seriousness of his misconduct and now appreciates the impact of his failings on public protection.

49. The Tribunal noted that the previous Tribunal had already found that Dr Mardanpour understood the seriousness of his misconduct involving Patient A and that his insight was genuine. However, the present Tribunal found that his insight had developed significantly further.

50. The Tribunal noted his oral and written evidence demonstrated a deeper understanding of the ethical and professional obligations placed upon medical practitioners and the importance of maintaining appropriate professional boundaries at all times.

51. The Tribunal also attached significant weight to the quality of Dr Mardanpour's reflective work. The Tribunal considered that he had engaged in a meaningful reflective journey during his suspension and had demonstrated exceptionally high levels of insight. His reflections demonstrated that he fully understood why his conduct had been unacceptable and the impact it had upon all those affected. The Tribunal considered this level of insight to be a strong indicator that he had responded positively to the findings made against him.

52. The Tribunal considered Dr Mardanpour provided open and frank reflections and his oral evidence expanded upon his written reflective statement. The Tribunal accepted that the remorse and insight outlined by Dr Mardanpour was genuine.

What evidence is there relating to remediation, has the allegation now been remedied or is it still likely to be repeated?

53. The Tribunal had regard to the conclusions of the March 2026 Tribunal that there was '*little else Dr Mardanpour could do to demonstrate that he has remediated his misconduct. It therefore concluded that, whilst Dr Mardanpour's misconduct in this case is inherently serious, it has been remediated.*'

54. The Tribunal noted Dr Mardanpour's Remediation Plan, prepared for this Tribunal, which identified the lessons learnt from his misconduct and the measures necessary to safeguard against any future concerns. The Tribunal accepted Dr Mardanpour's evidence that this work was ongoing and would continue throughout his professional career. It was

reassured that Dr Mardanpour did not view this as an exercise which would conclude upon the expiry of his suspension, but as continuing and developing process of learning and reflection.

55. Having considered the full circumstances and history of this case and, having reflected on its views as to insight and remediation as outlined above, the Tribunal was satisfied that there is now no ongoing risk to public protection as a result of Dr Mardanpour's previous misconduct. The Tribunal considered that Dr Mardanpour has satisfactorily shown that he has genuine insight and has remediated the misconduct to a sufficient level.

56. The March 2026 Tribunal determined that it was 'highly unlikely' that Dr Mardanpour would repeat his misconduct and, in all the circumstances, this Tribunal also considered that the risk of repetition in this case is now very low.

Has the doctor kept their knowledge and skills up to date?

57. The Tribunal had regard to the comprehensive material submitted on Dr Mardanpour's behalf, demonstrating his efforts to keep his knowledge and skills up to date.

58. The Tribunal noted that there has been no suggestion of a deficiency in Dr Mardanpour's clinical knowledge or skills. Even so, the Tribunal noted that this was the reviewing criteria for Dr Mardanpour to ensure that, during his suspension, he had maintained his knowledge and skills.

59. The Tribunal considered that Dr Mardanpour had used the period of suspension constructively. The extensive documentary evidence provided demonstrated a sustained commitment to maintaining professional competence and keeping his knowledge and skills up to date. This evidence provided the Tribunal with reassurance that he remained committed to the standards of the medical profession and supported the conclusion that there was a low risk of repetition.

60. Overall, the Tribunal was satisfied that Dr Mardanpour has comprehensively maintained his clinical knowledge and skills in the period of suspension.

Has the risk to public protection that previously required restrictive action in response changed and if so, how?

61. The Tribunal considered that public confidence in the medical profession would not be undermined if a finding of impairment were not made in this case. The seriousness of Dr

Mardanpour's misconduct has been reflected in the period of suspension imposed by the March 2026 Tribunal and a further finding of impairment is not necessary for public protection.

62. The Tribunal noted the fact that there have not been any adverse findings against Dr Mardanpour in any forum or jurisdiction, no new allegations and no further concerns since the MPT proceedings that concluded in March 2026.

63. The Tribunal was satisfied that Dr Mardanpour understood the seriousness of his failings, the adverse impact of his conduct, and the responsibilities placed upon him as a registered medical practitioner.

64. The Tribunal considered that the period of suspension imposed by the March 2026 Tribunal was sufficient to maintain public confidence and to ensure that professional standards are upheld, including by way of deterrent effect.

65. This Tribunal has therefore determined that, as of today, Dr Mardanpour's fitness to practise is no longer impaired by reason of misconduct.

66. With regard to Mr Booth's request to revoke Dr Mardanpour's suspension as of today, the Tribunal was mindful of the Guidance, particularly paragraph 118, which sets out:

> *'118 In cases where the current sanction was imposed to maintain public confidence in the profession and/or to maintain and promote professional standards, it is unlikely to be appropriate to revoke the sanction immediately. In these circumstances revoking the sanction immediately could risk undermining the earlier decision made by the MPT that the sanction was needed for a certain length of time to specifically uphold and promote public confidence and/or maintain and promote professional standards.'*

67. The Tribunal considered Mr Booth's submission that revocation of the suspension with immediate effect would enable Dr Mardanpour to apply for GP training before the application window closes on 19 November 2026. If the Tribunal determined that this suspension order should be allowed to lapse, then Dr Mardanpour would not be eligible to apply for GP training until November 2027 to commence in the summer of 2028. The Tribunal also noted the GMC's position was neutral on this matter.

68. Taking into account paragraph 118 of the guidance, the Tribunal concluded that the reasons that this case is exceptional included:

- Historically, Dr Mardanpour was accepted into GP training, but this opportunity was removed due to his substantive sanction
- It was anticipated that this case would be dealt with in November 2024, but, due to no fault of Dr Mardanpour, the hearing was postponed until March 2026
- In considering the public interest, the Tribunal was mindful to balance this with the return to unrestricted practice of a competent doctor
- The Tribunal was mindful to not be disproportionately punitive, given the time period in which the suspension would lapse in any event.

69. The Tribunal also considered an immediate revocation of Dr Mardanpour's suspension was proportionate. It was satisfied that Dr Mardanpour has demonstrated that he has kept his knowledge and skills up to date during the seven months he was suspended. The Tribunal did not consider that revoking the order would offend against the intentions of the March 2026 Tribunal, considering it had found no risk of repetition, full remediation by Dr Mardanpour, evidence of his ongoing insight and commitment to the medical profession. The Tribunal determined that the public interest and public confidence could be maintained if, having found Dr Mardanpour's fitness to practise was no longer impaired as of today, the suspension could be revoked to allow him to be able to apply for GP training promptly, thereby further serving the public interest.

70. The order of suspension is revoked with immediate effect.

71. That concludes the case.