PUBLIC RECORD

Dr Yaghmaei has lodged an appeal against decisions of this Tribunal. Her registration remains suspended while the appeal is considered.

Dates: 07/09/2026 - 18/09/2026
23/09/2026 - 30/09/2026

Doctor:	Dr Elmira YAGHMAEI ** Please note at least one other Doctor faced allegations at this hearing*
GMC reference number:	7477027
Primary medical qualification:	Doctor - Medic 2012 Universitatea de Medicina si Farmacie ''Grigore T Popa''

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

Summary of outcome
Erasure
Immediate order imposed

Tribunal:

Legally Qualified Chair:	Miss Samantha Gray
Lay Tribunal Member:	Mr Matthew Fiander
Registrant Tribunal Member:	Dr Sarah Woodford

Tribunal Clerk:	Miss Emma Saunders

Attendance and Representation:

Doctor:	Not present, represented (07/09/2026 - 08/09/2026) Not present, not represented (09/09/2026 - 18/09/2026,

	23/09/2026 - 30/09/2026)
Doctor's Representative:	Ms Clodagh Bradley, KC, instructed by Temple Bright LLP (07/09/2026 only) Mr Noel Wardle, Temple Bright LLP (08/09/2026 only)
GMC Representative:	Ms Chloe Fairley, 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.

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 Facts - 18/09/2026

1. The Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'), to sit in private when the matters under consideration or heard as evidence were confidential. This determination will be handed down in private but, as this case concerns Dr Yaghmaei's alleged misconduct, a redacted version will be published in due course.

Background

2. Dr Yaghmaei qualified in 2012 in Romania. She moved to the UK and applied to register with the GMC, passing the Professional and Linguistic Assessment Board (PLAB) test 1 in March 2015 and the PLAB 2 test in June 2015. Dr Yaghmaei became fully registered with the GMC in December 2016.

3. The allegations that have led to Dr Yaghmaei's hearing relate to her conduct. It is alleged by the GMC that, whilst working as a tutor for Common Stations Limited ('Common Stations'), a company providing educational courses relating to part 2 of the PLAB test ('PLAB 2'), Dr Yaghmaei solicited and procured confidential information about the content of PLAB 2 ('the Information') from candidates and in doing so induced them to breach the terms and conditions of the test. It is also alleged that Dr Yaghmaei created and distributed teaching materials containing the Information to students being tutored by Common Stations, assisting them to obtain an unfair advantage. It is alleged that Dr Yaghmaei's actions were dishonest.

4. The PLAB test is used by International Medical Graduates seeking GMC registration in the UK, to demonstrate that they have the necessary skills and knowledge to practise as fully registered medical practitioners. PLAB is the main route for International Medical Graduates to achieve full registration with the GMC. The PLAB test is in two parts:

- Part 1: a written multiple-choice exam, known as the knowledge test, which tests a doctor's ability to apply medical knowledge for the care of patients. Candidates must pass Part 1 of the PLAB test before they can apply to undertake Part 2.

- Part 2: an Objective Structured Clinical Examination ('the OSCEs'). PLAB 2 takes place in the GMC's Clinical Assessment Centre.

  The OSCEs comprise 18 clinical stations set out on a circuit. For each station, the candidate is taken to a testing room where there is either an actor, who has been briefed by the GMC to play a role such as a patient or concerned relative, or a hi-fidelity simulator. On any given testing occasion, the 18 stations are drawn from a large bank of stations. The information in the bank is confidential and not released publicly.

  In each station, the candidate is required to deal with a clinical scenario. An examiner (a doctor appointed and trained by the GMC) is present in the room, who marks the candidate's performance against three domains, and makes an overall 'global' judgment on the candidate's performance in that station. On the basis of the marks awarded by the examiner for the 18 stations, the candidate passes or fails PLAB Part 2.

5. Once a PLAB candidate has passed both parts of PLAB, they are then eligible to apply for full registration with the GMC, and their application is assessed against the statutory criteria.

6. The initial concerns in this case arose following a PLAB 2 exam day on 15 February 2019 when a GMC member of staff found a folder left at the Clinical Assessment Centre. The folder contained a large volume of information about the PLAB exam and wording within the pages claimed copyright on behalf of Common Stations. The folder appeared to contain information that would compromise the integrity of the examination for any candidate who had access to its contents prior to taking the PLAB 2 exam and was escalated for investigation within the GMC. As part of this the GMC commissioned an external company, BDO Limited, to undertake a review of the security of the GMC's PLAB test information.

7. The GMC does not operate a training programme for doctors looking to undertake PLAB 2, but it is aware of the existence of a number of organisations, like Common Stations, which provide courses to assist doctors in preparing for PLAB 2. The GMC is not affiliated with any of these companies, nor does it produce any guidance for the running of such courses. While the GMC does not have any relationship with companies providing these PLAB skills courses, it does not take issue with responsible course providers preparing candidates to take the PLAB test, so long as it provides information and materials that do not encroach on the GMC's Intellectual Property rights and do not compromise the integrity of the PLAB Test.

The outcome of applications made during the facts stage

8. On 8 September 2026 the Tribunal refused Dr Yaghmaei's application, made pursuant to Rule 29(2) of the Rules, for adjournment of this hearing. The Tribunal's full decision on the application is included at Annex A.

9. On 9 September 2026 (with the determination finalised on 11 September 2026) the Tribunal determined that service of the notice of this hearing had been effected in accordance with Rule 40 of the Rules and determined to proceed with the hearing in Dr Yaghmaei's absence in accordance with Rule 31 of the Rules. The Tribunal's full decision on this matter is included at Annex B.

10. On 11 September 2026 the Tribunal determined, pursuant to Rule 41 of the Rules, that parts of the hearing relating to the content of PLAB scenarios and stations, if mentioned,

would be heard in private as they were confidential and it is in the public interest to maintain the integrity of the examination.

The Allegation and the doctor's response

11. The Allegation made against Dr Yaghmaei is as follows:

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

1. The GMC is the owner of the copyright and database rights in the Professional and Linguistic Assessment Board Test ('the PLAB Test').
To be determined

2. At all material times you were a tutor for Common Stations Ltd ('Common Stations'), a company providing educational courses regarding part 2 of the PLAB Test ('PLAB 2').
To be determined

3. You and/or a third party acting on your general instruction:

a. procured information about the content of PLAB 2 ('the Information'), which is:

i. confidential;
To be determined

ii. not made publicly available by the GMC;
To be determined

b. solicited some or all of the Information from PLAB 2 candidates, and in doing so you induced them to:

i. breach the terms and conditions of the PLAB Test;
To be determined

ii. engage in conduct which might constitute misconduct under the provisions of the Medical Act 1983 (as amended);
To be determined

c. created teaching materials containing the Information ('the Teaching Materials');
To be determined

d. distributed the Information and/or the Teaching Materials to prospective PLAB 2 candidates being tutored by Common Stations ('Common Stations Students');
To be determined

e. represented one or more of the documents contained within the Teaching Materials to be the original work of Common Stations.
To be determined

4. The representation you made as outlined at paragraph 3. e. was untrue.
To be determined

5. You knew that:

a. your actions as set out at paragraph 3. d. would assist Common Stations Students to obtain an unfair advantage in PLAB 2;
To be determined

b. the representation you made as set out at paragraph 3. e. was untrue.
To be determined

6. Your actions as set out in paragraph(s):

a. 3. d. were dishonest by reason of paragraph 5. a.;
To be determined

b. 3. e. were dishonest by reason of paragraphs 4. and 5. b..
To be determined

And that by reason of the matters set out above your fitness to practise is impaired because of your misconduct.
To be determined

Witness evidence

12. The Tribunal received evidence on behalf of the GMC in the form of witness statements from the following witnesses who were not called to give oral evidence:

- Mr A, who formerly and at the material time was Head of Assessment at the GMC. His witness statements were dated 6 April 2019, 27 November 2020, 23 November 2021 and 6 January 2023;

- Ms B, who formerly and at the material time was an Assessment Officer within the Assessment Development Team at the GMC. Her witness statements were dated 5 November 2019 and 25 January 2021;
- Dr C, who worked as an internal medicine trainee and attended a PLAB 2 preparation course run by Common Stations in March 2017. Her witness statement was dated 1 March 2021;
- Dr D, who worked as a trust grade doctor in an Accident & Emergency department and attended a Common Stations course from 24 February 2019 to 10 March 2019. His witness statement was dated 1 March 2021;
- Dr E, who worked as a locum registrar in cellular pathology and attended a Common Stations course in Spring 2016. His witness statement was dated 31 March 2021; and
- Dr F, an international medical graduate who was not registered as a doctor in the UK at the time of her witness statement, which was dated 22 November 2022. She attended a Common Stations course in 2017.

13. Dr Yaghmaei did not provide a witness statement for these proceedings and no witness evidence was received by the Tribunal on her behalf. The Tribunal has had regard to a letter dated 6 May 2022 that was sent to the GMC by Dr Yaghmaei's legal representatives setting out Dr Yaghmaei's response to the Allegation at the Rule 7 stage ('Dr Yaghmaei's Rule 7 response').

Documentary evidence

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

- the *'Booking Declaration'* wording completed by candidates registering to book a PLAB test;
- details of the *'Misconduct procedure'* on the GMC website within the PLAB 2 guide;
- student testimonials on the Common Stations website and Facebook group;
- details of Dr Yaghmaei's PLAB 1 and PLAB 2 bookings. Dr Yaghmaei passed Part 1 on 12 March 2015 and Part 2 on 11 June 2015;
- various versions of the PLAB Examination regulations Part 1 and Part 2;
- Guidance for PLAB test candidates;

- BDO PLAB Test Security review dated 16 October 2019 and BDO Open Source Intelligence for PLAB 2 test report dated 18 October 2019; and
- Analysis of the folder found on 15 February 2019.

The Tribunal's approach

15. The Tribunal was advised that, in reaching its decision on the facts, the Tribunal will apply the civil standard of proof. This means that the Tribunal must decide whether, on the balance of probabilities, the GMC is able to prove it is more likely than not that the matters occurred as alleged. The burden of proof rests with the GMC and it is for the GMC to prove the case that it is presenting against the doctor. There is no burden on the doctor to prove or disprove anything.

16. The Tribunal will approach fact finding by firstly identifying agreed facts and evidence. To reach a decision on the disputed facts, the Tribunal will assess the evidence in the round and will consider what conclusions and inferences can be drawn from the documentary evidence. It is for the Tribunal to decide what weight it attaches to the evidence before it. With reference to *Okpara v GMC* [2019] EWHC 2624 (Admin), the fact that a doctor denies an allegation cannot be a factor to be held against them when assessing their evidence. The Tribunal's role is to determine if the denial is supported or undermined by the evidence.

17. The Tribunal reminded itself that Dr Yaghmaei had not given evidence in these proceedings and whilst it had available to it her Rule 7 Response, this was not to be regarded as her evidence. However, the Tribunal was entitled to consider its content as her position to the allegations as at May 2022 but in doing so it noted that its content may not carry significant weight as it was not her evidence.

18. As to individual pieces of evidence the Tribunal is entitled to draw proper inferences, that is to come to common sense conclusions based upon the evidence which it accepts as reliable; but it must not speculate. Similarly, the Tribunal must not speculate about what other evidence there might have been.

Dishonesty

19. In determining whether or not the paragraph of the Allegation regarding dishonesty has been proved, the Tribunal will apply the test set out in the case of *Ivey v Genting Casinos (UK) Ltd t/a Crockfords* [2017] UKSC 67. This is a two-limb test:

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

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

20. When considering the test for dishonesty in *Ivey*, the objective standards of ordinary and decent people must involve the expectation that registered professionals will have at least some regard to the professional standards under which they are required to operate, pursuant to a system of regulation that is designed to protect the public.

21. The Tribunal accepted the advice of the Legally Qualified Chair.

The Tribunal's analysis of the evidence and findings

22. The Tribunal has considered each paragraph of the Allegation separately and has evaluated the evidence to make its findings on the facts.

Paragraph 1

23. The Tribunal considered whether the GMC is the owner of the copyright and database rights in the PLAB Test.

24. The Tribunal had regard to Mr A's statement dated 6 January 2023, in which he stated that PLAB 2 scenarios are created by associate medical practitioners contracted by the GMC to write new scenarios and edit existing ones. He stated that the associates sign a contract, which includes requirements around confidentiality and the assignment of any intellectual property from the work undertaken to the GMC.

25. The Tribunal was provided with a copy of a blank template *'Contact for services (Associate)'* agreement, which included the following:

"GMC property

35 The Contractor acknowledges that all correspondence, patient lists and records, drawings, designs, documents, products or work products developed by the Contractor in the course of the Appointment with the GMC and other materials owned by the GMC or used by it in connection with the conduct of its role shall at all times remain the sole property of the GMC.

…

Intellectual property

46 The Contractor may, during the course of performing the Services, produce work in which copyright or other intellectual property rights may subsist. The Contractor agrees to promptly disclose to his or her Reporting Head of Section such work and full particulars of the work together with all information and data in the Contractor's possession relating to its production. Such work may include (but not be limited to) any idea, improvement, know-how, plan or other matter. The Contractor assigns to the GMC full title guarantee of those rights and shall do and execute all necessary acts and documents to give effect to this assignment. This duty shall persist irrespective of whether the Contractor ceases to provide the Services."

26. The Tribunal was clear that the documents created by the contractors for the PLAB tests were the property of the GMC under the terms of the relevant contracts and that the GMC held the copyright.

27. The Tribunal was satisfied on the evidence that the GMC is the owner of the copyright and database rights in the PLAB Test. Accordingly, the Tribunal found this paragraph of the Allegation proved.

Paragraph 2

28. The Tribunal considered whether, at all material times, Dr Yaghmaei was a tutor for Common Stations.

29. In Mr A's statement dated 27 November 2020, he stated that he understood that Dr Yaghmaei worked for Common Stations as a tutor.

30. In Dr Yaghmaei's Rule 7 response dated 6 May 2022, it was stated that *"Dr Yaghmaei ceased teaching for Common Stations in March 2019 when the GMC first raised concerns about the course material being provided by Common Stations and has not taught for the company since".* It also stated that it was *"Admitted"* that Dr Yagmaei was a tutor for Common Stations at all material times. The Tribunal was conscious throughout that, in respect of the Rule 7 response, it has not heard Dr Yaghmaei's own version of events in evidence before it and only has this response from 6 May 2022 as indicative of Dr Yaghmaei's position at that time. As such, the Tribunal concluded, as of 6 May 2022, Dr Yaghmaei accepted that this paragraph of the Allegation was correct.

31. On the evidence before it, the Tribunal determined that, at all material times, Dr Yaghmaei was a tutor for Common Stations. Accordingly, the Tribunal found this paragraph of the Allegation proved.

Paragraph 3(a)

32. The Tribunal considered whether Dr Yaghmaei and/or a third party acting on her general instruction procured information about the content of PLAB 2, which is confidential and/or not made publicly available by the GMC.

33. The Tribunal first considered whether the Information was confidential and/or not made publicly available by the GMC. In Ms B's witness statement dated 5 November 2019, she stated that:

> *"The information in the Station Bank is highly confidential and it is never released publicly. The Station Bank is securely stored on the GMC's document management system… and on the exam software."*

34. The Tribunal had regard to Mr A's statement dated 6 January 2023. He stated that access to the scenarios was limited to GMC staff who had an essential operational need to access the system, i.e. members of IT support and members of the GMC Assessment Team. He stated that audit trails of activity were recorded and that the Assessment Team was:

> *"very aware that the data is highly confidential and should not be published or disclosed to any third parties. I can confirm that no disclosure incidents have been identified or reported in relation to PLAB 2 stations, and that no member of the*

Assessment Team has been in breach of the acceptable use policy in this regard. There has been no known disclosure and/or breach of the PLAB 2 data from the GMC."

35. In Mr A's statement dated 6 April 2019, he wrote:

"The information contained in the file would compromise the integrity of the examination for any candidate who had access to its contents prior to taking the PLAB exam."

36. The Tribunal noted that the GMC was clear that the Information was confidential and that this was important to maintain the integrity of the tests.

37. The Tribunal had regard to the report from BDO Limited who reviewed the security of the GMC's PLAB test information following the finding of the folder following a PLAB 2 exam day on 15 February 2019. The independent review report from BDO dated 16 October 2019 included:

"The purpose of the assignment was to undertake a review of the PLAB processes, policies and procedures in place at the Clinical Assessment Centre (CAC), plus attempt to identify any diversion or copying of intellectual property. We spent a day (25 September 2109) at the CAC shadowing the process to check that it is fraud-proofed and not open to compromise.

…

2.1 The process is well engineered and robust. It is highly likely that the briefing pack in question came about as a result of sharing of information outside of the CAC by verbal de-brief. It is highly unlikely that it was as a result of the use of recording equipment or leakage of electronic data." [sic]

38. In all the circumstances, the Tribunal determined that the information about the content of PLAB 2 was confidential and was not made publicly available by the GMC.

39. The Tribunal next considered whether Dr Yaghmaei procured the information about the content of PLAB 2 either directly or via a third party acting on her general instruction.

40. The Tribunal noted that procurement was shown via the folder that contained confidential information, albeit it was not the only evidence of procurement.

41. The Tribunal had regard to Mr A's witness statement dated 6 April 2019, in which he referred to the contents of the folder that had been found. He stated that it:

> *"contained a large volume of information about the PLAB exam, much of which was confidential to the GMC and which was, therefore, not provided to candidates at any stage… It included extensive information about many of the GMC stations, some of which appeared to be based on candidates' experiences of the OSCEs. The information in the folder included advice to candidates about what to say, how to perform, and specific advice about how to respond to the clinical scenarios…"*

42. Ms B stated that the GMC PLAB 2 documents for each station included the following: Overview page, Candidate instructions, Role player instructions, Examiner guidance, Supporting information, Marking criteria, Miscellaneous documents, and Role player requirements and equipment list.

43. In Ms B's witness statement dated 5 November 2019, she stated that she had reviewed each of the documents found in the folder to look for similarities to the GMC PLAB 2 documents. Ms B stated that she *"found that the information in the Folder documents closely matched 89 of the GMC's PLAB 2 stations"*. Ms B also stated that:

> *"The Folder contains very specific information which bears striking similarity to the corresponding GMC PLAB 2 scenario, such as the patient's presenting condition, age, gender, test results, role player responses.*
> *…*
> *Of these 89 stations, I identified 39 as having extremely consistent similarities to the GMC PLAB 2 documents, to the extent that much of the information is an exact match in terms of aspects such as the scenario, the specific values, anecdotal information, role player and examiner responses."*

44. In her statement dated 25 January 2021, Ms B stated that every page within the folder contained either a 2018 or 2019 copyright mark on behalf of Common Stations, claiming copyright over the information relating to the 89 stations. Ms B stated that pages relating to 24 of the 89 stations included the name *'Dr Elmira Yaghmaei'* within the copyright mark and provided the Tribunal with an extract of the documents showing this copyright mark. The copyright mark directly linked Dr Yaghmaei to the information about the content of PLAB 2.

45. In determining whether the information was procured as alleged, the Tribunal has had regard to its findings in relation to the whole of paragraph 3 of the Allegation.

46. The Tribunal had regard to Dr Yaghmaei's Rule 7 response dated 6 May 2022, in which it stated:

> *"This is denied. It is denied that Dr Yaghmaei "procured" information from students. The material which was, at the material time, used* by [the director of Common Stations] *as inspiration when producing materials for the Common Stations PLAB2 course was, to the best of Dr Yaghmaei's knowledge and belief, information which was widely available and widely shared. This included information which was (and still is) widely shared on social media (whatsapp, Facebook, Telegram, youtube) and inspiration was also taken from the materials of other course providers that was widely shared online."*

47. The Tribunal determined that, given all of the evidence before it, Dr Yaghmaei and/or a third party acting on her general instruction procured information about the content of PLAB 2, which is confidential and not made publicly available by the GMC. It determined that the details of PLAB 2 tests were owned by the GMC and were confidential so as to protect the integrity of the PLAB 2 exam. It further determined that it was apparent that Dr Yaghmaei had obtained confidential information as evidenced by the content of the folder that had copyright marks bearing Dr Yaghmaei's name. Taking into account the results of the analysis undertaken particularly that of Ms B, the Tribunal did not find Dr Yaghmaei's representation that Common Stations had used material as inspiration only plausible. Accordingly, the Tribunal found this sub-paragraph of the Allegation proved.

Paragraph 3(b)

48. The Tribunal considered whether Dr Yaghmaei and/or a third party acting on her general instruction solicited some or all of the Information from PLAB 2 candidates, and in doing so she induced them to breach the terms and conditions of the PLAB Test and/or engage in conduct which might constitute misconduct under the provisions of the Medical Act 1983 (as amended).

49. The Tribunal had regard to Dr Yaghmaei's Rule 7 response dated 6 May 2022 in which she denied this sub-paragraph of the Allegation and stated that information about the PLAB 2

test was widely shared and available. It was stated that *"Students were not solicited or induced to provide any information"* and that:

> *"Dr Yaghmaei was not aware, at the material time, that sharing the PLAB test information was a breach of the terms and conditions of the PLAB test… To the extent that she became aware of PLAB2 scenarios through her discussions with students, this was incidental to those discussions. She does not recall directly and deliberately contacting students after PLAB2 tests to find out about scenarios.*
> *In any event, Dr Yaghmaei had no reason to believe that it was not permitted for students to discuss the PLAB2 scenarios. Dr Yaghmaei does not recall being informed by the GMC when she took the PLAB2 test that its contents were confidential or seeing any posters or terms and conditions to that effect. During general discussions with students (both before and after the PLAB2 test), no student ever raised a concern that they had been told not to share the information in the scenarios, for example."*

50. The Tribunal took account of witness statements from students of Common Stations and testimonials from students on the Common Stations website or Facebook group, including:

- Dr C, who attended a Common Stations course in March 2017, passed the PLAB 2 exam in May 2017 on her first attempt, and provided a testimonial on the Common Stations website in June 2017.

  Within her witness statement dated 1 March 2021, Dr C stated:

  > *"As far as I remember, there were several new stations that appeared in other examinations shortly before I was due to take mine. This made many of us worried about the changes in the format. I believe that myself and approximately 2 or 3 others went into Dr Yaghmaei's room to enquire about how Commons Stations would be incorporating any new stations into the course. She reassured us that we did not need to worry and said that they already knew the basic information and would be able to teach it to us properly. During this conversation, she requested that we should try to obtain information about the new questions… Dr Yaghmaei did not say or imply how she wanted us to obtain this information. I had no further contact with her specifically, but I was called by someone else from Commons Stations, as I will explain below.*

…

On the day of my PLAB2, someone from Common Stations called me; I am not sure who this person was but I can confirm that it was definitely [not Dr Yaghmaei]... There were many other members of staff working on the course, and I cannot be sure who it was that I spoke to; they did not mention their name. Commons Stations did not tell me to expect a call, but I was anticipating it because some of the former students had informed me that they had received a call after their respective exams.

The caller from Commons Stations asked me several questions. Firstly, they asked me how the exam went in a general sense. They then asked me to describe each of the stations that appeared in the exam and which of these had not been taught by Common Stations. They also wanted to know about the various questions that I was asked at each station and what responses I gave to these.

I spoke to several of the other people who took the course with me, in my batch, and they all told me that Commons Stations contacted them on the same day as their exam… I am aware that Commons Stations also called my friends who initially suggested the course to me. When I discussed it with them, I learned that Commons Stations had asked all of them the same questions as me".

Within the testimonial from Dr C from 8 June 2017 on the Common Stations Facebook group, it stated:

"Dr Elmira - she is one gem of a person. Her way of teaching is beyond amazing. She teaches you examinations so perfectly that they will stay in your mind forever. I cant thank you enough for what you did for us. I will never forget how you guys prepared new stations for us spending sleepless nights. I still remember the way you asked me to get answers to all the missing questions in the new stations. I ask those questions for you Dr Elmira and i passed all those new stations with good marks." [sic]

- Dr D, who attended a Common Stations course in February/March 2019, passed the PLAB 2 exam in August 2019 on his third attempt, and provided a testimonial on the Common Stations Facebook group in September 2019.

  Within his witness statement dated 1 March 2021, Dr D stated:

  > *"Approximately 2 to 3 hours after my second failed PLAB2 examination, I received a call from Commons Stations. This took me completely by surprise as nobody from Commons Stations had told me to expect a call. Commons Stations did not ask me to obtain any details of the exam prior to taking it. I was travelling by train on my way to visit a friend.*
  >
  > *The caller identified themselves as being from Commons Stations, but they did not disclose their name, despite me asking for it...*
  >
  > *The caller started by asking me general questions like how I felt about the exam and whether the teaching was helpful or not. They then asked me if there were any major differences in the exam compared to what we were taught by Commons Stations. Unfortunately, I cannot remember any specific examples about the questions they asked me because it was a very brief conversation and it also happened a long time ago. I had difficulty understanding the conversation as I was travelling by train and had poor signal. I shied away from answering any further questions as I remembered that somebody from the GMC told me that I had a duty of confidentiality about the contents of the PLAB2 exam. I then hung up the call."*

  Within the testimonial from Dr D from September 2019 on the Common Stations website, it stated:

  > *"Updated knowledge abt the exam is another important factor. Each of us got a call from Common Stations after our respective exam dates asking about the changes in the scenarios and discussing about the new stations. This explains how closely they are looking for the updates to help the next batch students...!!" [sic]*

- Dr F, who attended a Common Stations course in 2017 and, as of November 2022, had not passed PLAB 2.

Within her witness statement dated 22 November 2022, Dr F stated:

> *"We were told that the examples were taken from people who had taken the PLAB 2 test and during the course,* [the director of Common Stations] *said that he or someone from Common Stations would contact us to see what stations had come up during our PLAB 2 test. He said that the GMC add new stations and so by contacting people who had taken it, they can update the Common Stations course information.*
> *…*
> *After I had completed the course, I sat the PLAB 2 test. I cannot recall exactly when I finished the test but I know that not long after I had finished, I was contacted by someone from Common Stations to ask what stations had been included in my PLAB 2 test."*

- Mr H - Within a testimonial from 7 June [year unknown] on the Common Stations Facebook group, it stated:

> *"Then comes to Dr Elmira Yaghmaei ; I can't find words to fulfill what she did for me. I'll never forget how she was keen to let attend the review class (from which I got 4 successful stations in my exam), her phone call to me after the exam and her congrats phone after the results. I promised her 2 promises; one is to get all the missing questions in the new stations and to be the 1st one to know my results." [sic]*

51. The Tribunal considered that the evidence and posts from past students of Common Stations showed examples of Dr Yaghmaei's involvement in the contacting of students after they had completed their PLAB 2 examination to seek to obtain confidential information from them about the content of the exam. The Tribunal noted that one of the students specified that Dr Yaghmaei had requested before the exam that they *"try to obtain information about the new questions"* and they had received a call from Common Stations after the exam, while another said that Dr Yaghmaei had asked them to *"get answers to all the missing questions in the new stations"* and had called them directly after the exam. The Tribunal determined that Dr Yaghmaei was involved directly and/or indirectly in the solicitation of some or all of the information from PLAB 2 candidates.

52. The Tribunal was clear that the information should not have been solicited due to the importance of the integrity of the PLAB 2 examination. It referred to the comments of Mr A in his witness statement dated 6 April 2019, that, in having access to details of the scenarios before taking PLAB 2: *"The overriding concern for [the GMC] is that candidates could pass Part 2 of PLAB without having the necessary skills and knowledge to practise safely as a fully Registered Medical Practitioner. This represents a risk to public safety".*

53. The Tribunal next considered whether, by soliciting the information, Dr Yaghmaei had induced the PLAB 2 candidates to breach the terms and conditions of the PLAB test and/or to engage in conduct which might constitute misconduct under the provisions of the Medical Act 1983 (as amended).

54. The Tribunal had regard to Mr A's statement dated 6 April 2019, in which he stated:

> *"Candidates are told both when booking their PLAB appointment, and again on the day of the test, that they must not share information about the stations. This requirement is part of the terms and conditions to which each candidate agrees before they take the PLAB test. In addition, there are posters in the PLAB centre reminding the candidates of this requirement.*
> *…*
> *PLAB 2 Terms and Conditions*
> *…*
> *The booking declaration, which must be accepted by each candidate at the point that they are booking their PLAB 2 appointment, contains a link to 'Guidance for PLAB Test Candidates', and requires candidates to confirm that they have read and understood that guidance before they proceed.*
>
> *Paragraph 17 of the Guidance for PLAB Test Candidates outlines misconduct procedures, and provides that misconduct includes, but is not limited to:*
> *a. 'releasing content from any exam to a third party/commercial organisation';*
> *b. 'Gaining information about the exam questions in advance of your exam date'.*
> *c. 'Aiding or abetting any of the above'."*

55. The Tribunal had regard to the Booking Declaration form wording, which included *"I have read and have understood the Guidance for PLAB Test Candidates."* and the

Misconduct procedures page within the PLAB 2 guide on the GMC website. The Tribunal also had regard to the PLAB Examination regulations Parts 1 and 2 and the various different versions that were in place during the index events.

56. Within the GMC 'Misconduct procedures' document in place from 01/02/2014, it stated:

> *"3 Sections 21B and 21C of the Medical Act 1983 require that, among other things, an applicant for full registration or provisional registration with an overseas qualification must possess the knowledge, skills and experience necessary for practising as a fully registered medical practitioner in the United Kingdom and their fitness to practise must not be impaired. The PLAB test exists to satisfy the registrar that an applicant has such skills and knowledge.*
> *4 If a candidate is suspected of misconduct in an examination, the GMC cannot be certain that they possess the necessary knowledge and skills, or that their fitness to practise is not impaired."*

57. The Tribunal found that there was a duty on the candidates to not share information about the content of the PLAB 2 examinations. Within the documents that students are directed to when booking their exam, they are made aware of the confidential nature of the information they are receiving, of the need to maintain the integrity of the exam by not sharing the exam content, and that it would be misconduct to share that information.

58. The Tribunal accepted the evidence of Mr A that, at the time Dr Yaghmaei took her own PLAB 2 test, she was directed to the exam regulations. The Tribunal was provided with the email of her PLAB 2 booking confirmation which directed her to the examination regulations and Good Medical Practice (GMP). The Tribunal also considered it reasonable to infer that an individual or commercial enterprise providing and teaching a course in relation to a specific examination would have been aware of the rules and regulations governing the conduct of the examination in order to be aware of what to teach and how. Accordingly, the Tribunal was satisfied that Dr Yaghmaei knew the Information was confidential and it was misconduct to provide and disseminate it to others. Therefore, Dr Yaghmaei should have been aware that to provide and/or disseminate the Information with a view to assisting current or prospective candidates amounted to misconduct.

59. The Tribunal has seen examples of Dr Yaghmaei's involvement in the contacting of students after Common Stations students had completed their PLAB 2 exam to ask them

questions about its content. The obligations and declarations within the forms clearly set out that sharing content about PLAB 2 would breach the terms and conditions of the PLAB exam. Therefore, in answering direct questions from Common Stations, they were induced to engage in conduct that might constitute misconduct under the provisions of the Medical Act 1983 (as amended).

60. The Tribunal determined that Dr Yaghmaei solicited some or all of the Information from PLAB 2 candidates and in doing so she induced them to breach the terms and conditions of the PLAB Test and engage in conduct which might constitute misconduct under the provisions of the Medical Act 1983 (as amended). Accordingly, the Tribunal found this sub-paragraph of the Allegation proved.

Paragraph 3(c)

61. The Tribunal considered whether Dr Yaghmaei and/or a third party acting on her general instruction created the Teaching Materials.

62. The Tribunal had regard to the evidence of Mr A and Ms B in terms of the folder that was found that contained information about the content of PLAB 2 and which was used as teaching material.

63. In Mr A's statement dated 27 November 2020, he stated that some of the material found in the folder appeared to claim copyright over the information on behalf of Common Stations and some of the pages included the name *'Dr Elmira Yaghmaei'* in the copyright mark. The Tribunal also referred to Ms B's evidence again that every page within the folder contained either a 2018 or 2019 copyright mark on behalf of Common Stations, claiming copyright over the information relating to the 89 stations. Pages relating to 24 of the 89 stations included the name *'Dr Elmira Yaghmaei'* within the copyright mark.

64. The Tribunal also noted the evidence of Dr F and others as to handbooks that were handed out with teaching materials at the Common Stations course.

65. In her witness statement dated 22 November 2022, Dr F stated:

> *"I attended the Common Stations course ('the course') and on the first day of the course I was given two handbooks. These contained information on how to do things like blood tests and meningitis tests. The PLAB 2 test is made up of 18 scenarios or*

stations and we have to treat the patient in each scenario. The handbooks gave examples of what kind of scenarios you may face during the PLAB 2 test. We were told that the examples were taken from people who had taken the PLAB 2 test."

66. The Tribunal also noted that the documents contained in the folder bore copyright marks bearing Dr Yaghmaei's name, which suggested that she owned the material and had therefore created, or been involved in the creation of, the material. These marks included a stamped Common Stations watermark across the pages and Dr Yaghamei's name in the copyright mark at the bottom of pages. The Tribunal determined that Dr Yaghmaei had been part of the creative process and actively involved in the creation of the teaching material due to her role in preparing students for the obtaining of information calls post-exam, making some of those calls and the general discussing of the responses that had been received from students by way of the solicitation of the information about the content of PLAB 2.

67. The Tribunal noted Dr Yaghmaei's Rule 7 response in which it was stated that it was denied that Dr Yaghmaei created the scenarios training material and that:

"It can be seen from the scenarios material in the GMC rule 7 bundle that it is marked as the copyright of Common Stations and mostly refers to [the director of Common Stations]. *Where the scenarios material also refers to Dr Elmira Yaghmaei, she understands from* [the director of Common Stations] *that this is an error where an old (non-scenarios) template was used and Dr Yaghmaei's details were not deleted from the footer of a smaller number of pages within the teaching materials. As stated above, Dr Yaghmaei had no role in preparing (or teaching) the scenarios material."*

68. The Tribunal did not accept the suggestion that Dr Yaghmaei had no involvement in the creation or delivery of the Teaching Materials given the information within the testimonials about her actions and the inclusion of her name within the copyright. It did not accept that her name was included in error. The copyright mark with her name was included in a number of different places within the materials.

69. The Tribunal determined that Dr Yaghmaei and/or a third party acting on her general instruction created the Teaching Materials. Accordingly, the Tribunal found this sub-paragraph of the Allegation proved.

Paragraph 3(d)

70. The Tribunal considered whether Dr Yaghmaei and/or a third party acting on her general instruction distributed the Information and/or the Teaching Materials to prospective PLAB 2 candidates being tutored by Common Stations.

71. The Tribunal noted that distribution can be achieved in a number of ways, including written materials and through teaching of the information.

72. The Tribunal had regard to the evidence of Mr A and Ms B as referred to above in terms of the folder that was found and contained confidential information about the content of PLAB 2. It also noted the evidence of Dr F as to handbooks that were handed out with teaching materials at the Common Stations course, including that:

> *"The handbooks gave examples of what kind of scenarios you may face during the PLAB 2 test. We were told that the examples were taken from people who had taken the PLAB 2 test…"*

73. The Tribunal took account of various testimonials from students on the Common Stations website or Facebook group that the students were being taught exact answers. This included the testimonials from Dr C and Mr H quoted above and the following:

- Mr K - *"She will teach you examinations and is special about her teaching is her clarity. She knows exactly the points we need to remember and makes it super easy to remember all those difficult examinations."*
- Mr I - "*"Dr. Elmira teaches examinations and mannequins… She's very nice, kind, down to earth and humble. She is a brilliant teacher… She will stand with you all day long, helping you practice."*
- Mr G - *"it would not have been possible without you. every station seemed very easy as i knew the Dx/DD before i entered station. all the questions in hx counselling were same as you taught us! you have dissected Plab 2 in the best way to make it really easy for your students"* [sic]
- Mr J - *"Please do ONLY the common stations word to word… if u follow word to word every station in the exam… THE WAY he tought u, u will pass the exam, do not try to become some consultant, even if u know it, just play the game on its merit… DO NOT DO it from the old folder… ONLY [this] CLASS WORD BY WORD!"* [sic]

- Ms L - *"All the stations were exactly word by word the same as we were taught and I already knew the diagnosis/differentials/what questions to ask etc before going into the cubical… it was like magic!!!"*

74. The Tribunal noted Dr Yaghmaei's Rule 7 response, including that it was denied that Dr Yaghmaei created the scenarios training material and that "*Dr Yaghmaei's role within Common Stations did not include distributing the scenarios training material to Common Stations students"*. The Tribunal determined that Dr Yaghmaei's involvement in the distribution of the Information and the Teaching Materials for Common Stations was directly through her teaching of sessions on the course, i.e. telling new students how to do certain things and giving verbal demonstrations of what should be done based on the information procured from previous students.

75. The Tribunal determined that Dr Yaghamei and/or a third party acting on her general instruction distributed the Information and/or the Teaching Materials to prospective PLAB 2 candidates being tutored by Common Stations. It found this particularly persuasive given the various testimonials from past Common Stations students who spoke about how the information and Teaching Materials were distributed, of her involvement with teaching on the course, and how close the content was to what the students faced in their respective PLAB 2 tests. Accordingly, the Tribunal found this sub-paragraph of the Allegation proved.

Paragraph 3(e)

76. The Tribunal considered whether Dr Yaghmaei and/or a third party acting on her general instruction represented one or more of the documents contained within the Teaching Materials to be the original work of Common Stations.

77. As previously noted, Ms B had analysed the content of the folder and she *"found that the information in the Folder documents closely matched 89 of the GMC's PLAB 2 stations"*. Ms B also stated that:

> *"The Folder contains very specific information which bears striking similarity to the corresponding GMC PLAB 2 scenario… Of these 89 stations, I identified 39 as having extremely consistent similarities to the GMC PLAB 2 documents, to the extent that much of the information is an exact match in terms of aspects such as the scenario, the specific values, anecdotal information, role player and examiner responses."*

78. The Tribunal was provided with an analysis prepared by the GMC's external solicitors (Field Fisher Waterhouse) examined a sample of 11 of the 39. Of these, four contained the copyright mark containing Dr Yaghmaei's name.

79. The Tribunal noted a particular GMC PLAB 2 scenario evidenced by Ms B which indicated XXX. It further noted that Ms B had, in her analysis of the Common Stations scenarios, identified a station taught by them that not only referenced the exact scenario, values, anecdotal information, role player and examiner responses, but also a note specifically telling the student XXX

80. The Tribunal considered this statement to be indicative that the person preparing this scenario for Common Stations was aware of the specific details of this station. Accordingly, any teaching material relating to it could not be construed as "original" as it was referencing a specific, confidential, GMC PLAB 2 scenario.

81. Further, in Ms B's statement dated 25 January 2021, she stated that every page within the folder contained either a 2018 or 2019 copyright mark on behalf of Common Stations, claiming copyright over the information relating to the 89 stations. Ms B stated that pages relating to 24 of the 89 stations included the name *'Dr Elmira Yaghmaei'* within the copyright mark.

82. The Tribunal noted Dr Yaghmaei's Rule 7 response in which it was stated that Dr Yaghmaei did not create the scenarios training material and so she was not in a position to make any "representations" in relation to it. In relation to the copyright, it was stated that reference to her name was *"an error where an old (non-scenarios) template was used and Dr Yaghmaei's details were not deleted from the footer of a smaller number of pages within the teaching materials."*

83. As previously stated, the Tribunal did not accept the suggestion that Dr Yaghmaei had no involvement in the creation or delivery of the Teaching Materials given the information within the testimonials about her actions and the inclusion of her name within the copyright. It did not accept that her name was included in error. The copyright mark with her name was included in a number of different places within the materials.

84. The Tribunal considered that the material within the Common Stations documentation was of such similarity at various points that it did not amount to the *"original work"* of Common Stations. The anecdotal information and details of diagnosis within the

scenario examples were specific information that was not generic in nature and of such similarity such that it was clear that the material was not the original work of Common Stations.

85. The Tribunal has also noted the copyright wording in the folder suggesting ownership by Dr Yaghmaei.

86. The Tribunal determined that Dr Yaghmaei represented one or more of the documents contained within the Teaching Materials to be the original work of Common Stations. Accordingly, the Tribunal found this sub-paragraph of the Allegation proved.

Paragraph 4

87. The Tribunal considered whether the representation Dr Yaghmaei made as outlined at paragraph 3(e) of the Allegation was untrue.

88. The Tribunal has found that Dr Yaghmaei procured information about the content of PLAB 2 that was confidential and not made publicly available. It has found that Dr Yaghmaei solicited some or all of the information from PLAB 2 candidates and, in doing so, induced them to breach the terms and conditions of the PLAB test and engage in conduct which might constitute misconduct under the provisions of the Medical Act 1983 (as amended). The Tribunal has found that Dr Yaghmaei created teaching materials containing the Information, which she represented as her own work/the original work of Common Stations, and distributed it to prospective PLAB candidates being tutored by Common Stations through her teaching.

89. The Tribunal determined that the representation Dr Yaghmaei made at paragraph 3(e) of the Allegation was untrue. It considered that Dr Yaghmaei's actions amounted to the 'passing off' of it as her own work. Accordingly, the Tribunal found this paragraph of the Allegation proved.

Paragraph 5(a)

90. The Tribunal considered whether Dr Yaghmaei knew that her actions as set out at paragraph 3(d) of the Allegation (the distribution of the Information and Teaching Materials) would assist Common Stations Students to obtain an unfair advantage in PLAB 2.

91. The Tribunal had regard to Mr A's witness statement dated 6 April 2019, in which he stated:

> *"The contents are in my view clearly designed to provide candidates with information prior to the PLAB test to which they are not entitled, based on previous candidates' experiences, in order to give them an unfair advantage. In other words it is designed to enable candidates to cheat.*
>
> *The information contained in the file would compromise the integrity of the examination for any candidate who had access to its contents prior to taking the PLAB exam. The overriding concern for us is that candidates could pass Part 2 of PLAB without having the necessary skills and knowledge to practise safely as a fully Registered Medical Practitioner. This represents a risk to public safety apart from any misconduct concerns that arise out of the creation and distribution of the contents of the file."*

92. The Tribunal also had regard to Ms B's witness statement dated 5 November 2019 in which she referred to the specifics of one of the scenarios set out within the folder that closely matched the information in one of the GMC's station scenarios. This included the name of the patient, the age of the patient, the name and role of the role player, the same scenario details and an accurate description of the station room (including how the station was set-up).

93. The Tribunal found that Common Stations students were being provided with detailed accounts of the scenarios that Common Stations had procured. It accepted Ms B's evidence that some of the content of the scripts the students were provided with were an exact match or very close to the real GMC scenarios such that Common Stations was revealing the examination scenarios to its students. The Tribunal appreciated that the students would encounter a random selection of scenarios from a large bank but, by providing the scripts to a large number of the scenarios, Dr Yaghmaei was assisting them to obtain an unfair advantage.

94. The Tribunal considered that Dr Yaghmaei's students were not merely being taught the skills and knowledge that they would then apply to pass the exam. They were given specific information through her teaching as to the content of specific stations and how to deal with it. The students were being provided with information to enable them to cheat.

95. The Tribunal was clear the only purpose of using the confidential information in this way by Dr Yaghmaei's teaching was to assist the Common Stations students to obtain an unfair advantage. Dr Yaghmaei was aware that she was using the confidential information and she was passing it off as her own original work to give the Common Stations students specific information on what they would likely face in the exam. The information should not have been something of which the students were aware.

96. The Tribunal determined that Dr Yaghmaei knew that her actions as set out at paragraph 3(d) of the Allegation (the distribution of the Information and Teaching Materials by teaching) would assist Common Stations Students to obtain an unfair advantage in PLAB 2. Accordingly, the Tribunal found this sub-paragraph of the Allegation proved.

Paragraph 5(b)

97. The Tribunal considered whether Dr Yaghmaei knew that the representation she made as set out at paragraph 3(e) of the Allegation (representing the Teaching Materials to be the original work of Common Stations) was untrue.

98. The Tribunal has found that Dr Yaghmaei had involvement in the compilation of the Teaching Materials from various sources directly based on the GMC PLAB 2 stations and, through the copyright marks and watermarks, had incorrectly claimed that the information was the original work of Common Stations. The procurement of the information had involved the solicitation of confidential information from students of Common Stations who had taken the PLAB 2 test. The Tribunal has found that the information was confidential and not made publicly available by the GMC and that Dr Yaghmaei was "passing off" the work as her own.

99. The Tribunal relied on its rationale in respect of paragraph 3(e) of the Allegation above, that the information contained within the Teaching Materials was not the original work of Common Stations. The Tribunal was clear that Dr Yaghmaei would have known, given how the material was obtained, that her assertion that the Information was her original work was untrue.

100. The Tribunal determined that Dr Yaghmaei knew that the representation she made as set out at paragraph 3(e) (representing the Teaching Materials to be the original work of Common Stations) was untrue. Accordingly, the Tribunal found this sub-paragraph of the Allegation proved.

Paragraph 6(a)

101. The Tribunal considered whether Dr Yaghmaei's actions as set out in paragraph 3 (d) of the Allegation (distribution of the information/Teaching Materials) were dishonest by reason of paragraph 5(a) (in that she knew her actions would assist Common Stations students to obtain an unfair advantage).

102. The Tribunal had regard to its findings that Dr Yaghmaei distributed information to Common Stations students that she knew was confidential and had been obtained from other PLAB 2 candidates and, in doing so, she knew her actions would assist Common Stations students to obtain an unfair advantage. The Tribunal was clear that Dr Yaghmaei distributed information to assist the Common Stations students to cheat in their exams.

103. Having ascertained the state of Dr Yaghmaei's knowledge or belief as to the facts at paragraph 5(a) of the Allegation, the Tribunal then considered whether the conduct was dishonest by the (objective) standards of ordinary decent people. The Tribunal was conscious that the objective standards of ordinary and decent people must involve the expectation that registered professionals will have at least some regard to the professional standards under which they are required to operate, pursuant to a system of regulation that is designed to protect the public. The Tribunal determined that ordinary decent people looking at the situation in this case would consider that Dr Yaghmaei's conduct was dishonest. She was assisting the Common Stations students to cheat using confidential information about the content of the examination and in circumstances where she knew she was assisting the students to obtain an unfair advantage.

104. The Tribunal found that Dr Yaghmaei's actions at paragraph 3(d) above were dishonest by reason of paragraph 5(a). The Tribunal therefore found paragraph 6(a) of the Allegation proved.

Paragraph 6(b)

105. The Tribunal considered whether Dr Yaghmaei's actions as set out in paragraph 3(e) of the Allegation (representations of the Teaching Materials as the original work of Common Stations) were dishonest by reason of paragraphs 4 and 5(b).

106. The Tribunal had regard to its findings that Dr Yaghmaei represented one or more of the documents contained within the Teaching Materials to be the original work of Common Stations. The Tribunal has found that this was untrue and that Dr Yaghmaei knew that it was untrue. The Tribunal was clear that Dr Yaghmaei knew it was not the original work of Common Stations and that she had been involved in essentially the repackaging of the confidential information, that she had solicited and procured, and added her own copyright mark to the documents.

107. Having ascertained the state of Dr Yaghmaei's knowledge or belief as to the facts at paragraph 5(b) of the Allegation, the Tribunal then considered whether the conduct was dishonest by the (objective) standards of ordinary decent people. The Tribunal determined that ordinary decent people looking at the situation in this case would consider that Dr Yaghmaei's conduct was dishonest. She was "passing off" the confidential information as the original work of Common Stations when it was not.

108. The Tribunal found that Dr Yaghmaei's actions at paragraph 3(e) above were dishonest by reason of paragraphs 4 and 5(b). The Tribunal therefore found paragraph 6(b) of the Allegation proved.

The Tribunal's overall determination on the facts

109. The Tribunal has determined the facts as follows:

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

1. The GMC is the owner of the copyright and database rights in the Professional and Linguistic Assessment Board Test ('the PLAB Test').
Determined and found proved

2. At all material times you were a tutor for Common Stations Ltd ('Common Stations'), a company providing educational courses regarding part 2 of the PLAB Test ('PLAB 2').
Determined and found proved

3. You and/or a third party acting on your general instruction:

   a. procured information about the content of PLAB 2 ('the Information'), which is:

i. confidential;
Determined and found proved

ii. not made publicly available by the GMC;
Determined and found proved

b. solicited some or all of the Information from PLAB 2 candidates, and in doing so you induced them to:

i. breach the terms and conditions of the PLAB Test;
Determined and found proved

ii. engage in conduct which might constitute misconduct under the provisions of the Medical Act 1983 (as amended);
Determined and found proved

c. created teaching materials containing the Information ('the Teaching Materials');
Determined and found proved

d. distributed the Information and/or the Teaching Materials to prospective PLAB 2 candidates being tutored by Common Stations ('Common Stations Students');
Determined and found proved

e. represented one or more of the documents contained within the Teaching Materials to be the original work of Common Stations.
Determined and found proved

4. The representation you made as outlined at paragraph 3. e. was untrue.
Determined and found proved

5. You knew that:

a. your actions as set out at paragraph 3. d. would assist Common Stations Students to obtain an unfair advantage in PLAB 2;
Determined and found proved

b. the representation you made as set out at paragraph 3. e. was untrue.
Determined and found proved

6. Your actions as set out in paragraph(s):

a. 3. d. were dishonest by reason of paragraph 5. a.;

Determined and found proved

b. 3. e. were dishonest by reason of paragraphs 4. and 5. b..
Determined and found proved

And that by reason of the matters set out above your fitness to practise is impaired because of your misconduct.
To be determined

Determination on Impairment - 28/09/2026

110. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Yaghmaei's fitness to practise is impaired by reason of misconduct.

The evidence

111. The Tribunal has reviewed its findings of fact and had regard to the documentation before it at that earlier stage.

Submissions

Submissions on behalf of the GMC

112. Ms Fairley, Counsel on behalf of the GMC, referred the Tribunal to the section on MPT hearings within the Guidance for MPTS Tribunals (24 November 2025). In relation to Step 2a: *'decide whether there is a legal basis for considering impairment'*, Ms Fairley submitted that the facts found proved represent behaviour which encompasses serious departures from the professional standards, as set out in Good Medical Practice (2013) ('GMP'). Ms Fairley stated that Dr Yaghmaei had breached the following paragraphs of GMP:

"1 … Good doctors… are honest and trustworthy, and act with integrity…

12 You must keep up to date with, and follow, the law, our guidance and other regulations relevant to your work.

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

71 You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading.

a You must take reasonable steps to check the information is correct.
b You must not deliberately leave out relevant information."

113. In relation to Step 2b: *'decide where on the spectrum of seriousness the allegation lies'*, Ms Fairley submitted that the misconduct found proved fell within the type of misconduct envisaged by paragraph 26 of the Guidance for MPTS Tribunals, which reads:

"Certain types of behaviour or poor performance represent such a serious departure from the professional standards that they will usually fall at the higher end of the spectrum of seriousness. This is often because the departure from the professional standards amounts to an abuse of, or interference with an individual's dignity, and/or breaches the fundamental tenets of the professions such as failing to act with honesty, integrity and uphold the law."

114. Ms Fairley stated the Tribunal had found dishonesty. She submitted that each of the strands of dishonesty found proved represented serious misconduct at the higher end of the spectrum of seriousness. Ms Fairley submitted that, when taken together, that position was heightened.

115. Ms Fairley referred to the section of the Guidance for MPTS Tribunals setting out '*Features which may increase the seriousness of an allegation'*, including the following:

- <u>The behaviour or poor performance was persistent or repeated</u>
  She submitted that the evidence indicated that Dr Yaghmaei had been engaging in the misconduct as described at paragraph 3 of the Allegation for at least a three-year period from Spring 2016 until the folder that was found in February 2019. Ms Fairley submitted that Dr Yaghmaei's actions were clearly persistent and amounted to repeated misconduct.

- <u>Premeditated behaviour</u>

Ms Fairley submitted that, from the evidence of the candidates who enrolled on the Common Stations courses, it was clear that Dr Yaghmaei, and those acting on her behalf, were proactively engaged in seeking information from previous students to create materials for prospective students. Ms Fairley submitted that this was indicative of Dr Yaghmaei *"having acted intentionally and with planning"*.

- Abuse of professional position

  Ms Fairley stated that *"the forms it can take include taking advantage of someone, improperly gaining access to information or opportunities, manipulating an individual or a situation, using their title or status to try to take advantage of opportunities to achieve financial or other personal gain or benefit"*. Ms Fairley stated that Dr Yaghmaei was clearly trusted by the candidates as evident from the testimonials and witness statements. She submitted that Dr Yaghmaei took advantage of the PLAB candidates and abused their trust by inducing the candidates to provide details from the exams they had just sat, thereby improperly gaining access to confidential GMC PLAB 2 information. Ms Fairley submitted that this allowed Dr Yaghmaei to keep on financially benefiting from Common Stations for her own personal gain.

- A reckless disregard for patient safety or professional standards

  Ms Fairley submitted that assisting students to cheat using confidential information about the content of the examination, thereby facilitating them to obtain an unfair advantage, demonstrated a flagrant disregard for the professional standards under which doctors are required to operate. Ms Fairley stated that Dr Yaghmaei knew she should have been acting with honesty and integrity and not enabling PLAB candidates to cheat, yet she chose to ignore this and carried on enabling such conduct.

- Undermining a system designed to protect the public

  Ms Fairley stated that the Guidance for MPTS Tribunals specifically referred to the fact that *"Doctors can play an integral part in maintaining the integrity of systems designed to protect the public… Where a doctor does not provide accurate information… the ability of those organisations to protect the public or deliver safe care to patients can be undermined"*. She submitted that Dr Yaghmaei's misconduct was actively intended to circumnavigate the PLAB 2 system by enabling students to cheat. Ms Fairley stated that the PLAB 2 exam is critical in assessing whether a doctor is sufficiently competent and safe to practice in the

UK. She stated that maintaining the confidentiality of the scenarios is fundamental to testing that competence and undermining that system creates a direct danger to the public. Ms Fairley submitted that Dr Yaghmaei's deliberate actions therefore fundamentally undermined the integrity of the system designed to protect the public.

- Putting their own interests before those of patients
  Ms Fairley submitted that the actions of Dr Yaghmaei were clearly motivated by her own commercial interests as a tutor in students being attracted to, and taking, the Common Stations courses. She submitted that this was clearly behaviour that put Dr Yaghmaei's own interests before the safety of patients.

116. In terms of the Tribunal's *'Decision on where on the spectrum of seriousness the allegation lies'*, Ms Fairley referred to the guidance including paragraph 43: *"Where an allegation falls at the higher end of the spectrum of seriousness, the presence and impact of one or more factors that may increase seriousness could make the allegation more serious. Either way, it will stay at the higher end of the spectrum"*. Ms Fairley submitted that the misconduct in this case falls at the very highest end of the spectrum of seriousness and the starting point for assessing current and ongoing risk to public protection is high.

117. In relation to Step 2c: *'consider the impact of any relevant context'*, Ms Fairley submitted that there was a complete absence of evidence of any relevant context that might mitigate the level of risk. In fact, the contrary could be said. Ms Fairley stated that the misconduct found involved Dr Yaghmaei actively inducing students to breach terms and conditions and engage in conduct that might constitute misconduct. She submitted that this aggravated rather than mitigated Dr Yaghmaei's misconduct.

118. In relation to Step 2d: *'consider how the doctor has responded to the allegations'*, Ms Fairley stated that there was a complete absence of evidence to indicate that Dr Yaghmaei had properly reflected on her misconduct or sought to remedy her behaviour. Ms Fairley stated that, despite being afforded time to engage in the process, Dr Yaghmaei had not engaged. Ms Fairley stated that Dr Yaghmaei's Rule 7 response stated that she was no longer working for Common Stations but there was some suggestion made on their behalf in the postponement application to her continuing to work for the company. Ms Fairley stated that the Tribunal had not been afforded any opportunity to assess the position. Ms Fairley stated that the Tribunal therefore had no direct evidence from Dr Yaghmaei which could properly be said to amount to insight. Nor have the Tribunal been provided with

objective evidence of insight. Ms Fairley submitted that the Tribunal could have no confidence that the behaviour encompassed by the allegations would not be repeated.

119. In relation to Step 2e: *'…decide if the doctor poses any current and ongoing risk to public protection and make a finding on impairment'*, Ms Fairley stated that cases of dishonesty usually fall at the higher end of the spectrum of seriousness. Ms Fairley submitted that the misconduct in this case falls at the very highest end of the spectrum of seriousness.

120. Ms Fairley stated that doctors occupy a position of privilege and trust in society and are expected to uphold proper standards of conduct. The GMC PLAB 2 exam is a fundamental part of ensuring that doctors who wish to practise in the UK are competent and safe to do so and therefore patients are protected. Ms Fairley stated that the integrity of that process was therefore of critical importance to upholding the overriding objective and the misconduct in this case represented a deliberate attempt to circumnavigate that process.

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

> *"Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practise is impaired in the sense that s/he:*
>
> > *a. has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
> > *b. has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
> > *c. has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
> > *d. has in the past acted dishonestly and/or is liable to act dishonestly in the future."*

She submitted that there was a real risk to patient safety if doctors were not genuinely being tested because they already had the answers to the scenarios and the reputation of the profession as a whole was put at risk. Ms Fairley submitted that Dr Yaghmaei's actions clearly breached fundamental tenets of the profession in that she failed to act with honesty and integrity. Furthermore, dishonesty which directly impacts upon a process designed to protect patients and the reputation of the profession must be seen to be dishonesty at the highest

end of the spectrum of seriousness. Ms Fairley submitted that this was a case where the overarching objective would be seriously undermined were a finding of impairment not made in the particular circumstances of this case.

122. No submissions were received from Dr Yaghmaei.

The relevant legal principles

123. The Legally Qualified Chair advised the Tribunal that there is no burden or standard of proof at this stage of the proceedings and the decision of impairment is a matter for the Tribunal's judgement alone. The Tribunal will only make a finding of impairment where there is a legal basis for doing so and where a decision is reached that the doctor poses a current and ongoing risk to one or more of the three parts of public protection which is likely to require restrictive action in response. The three parts of public protection are to protect, promote and maintain the health, safety and well-being of the public; to promote and maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of the profession.

124. In approaching the decision, a two-stage process should be adopted: first to decide whether the facts as found proved amount to misconduct, and that misconduct was serious, and then to decide whether any finding of misconduct which was serious poses a current and ongoing risk to public protection requiring restrictive action in response, and therefore could lead to a finding of impairment.

125. In terms of misconduct, it was advised as in *R (on the application of Remedy UK Ltd) v GMC* [2010] EWHC 1245 (Admin), that the behaviour must *"involve sufficiently serious misconduct in the exercise of professional practice such that it can properly be described as misconduct going to fitness to practise".* Further, that in *Nandi v GMC* [2004] EWHC 2317 (Admin), 'misconduct' had been referred to as *"conduct which would be regarded as deplorable by fellow practitioners".*

126. To assess whether Dr Yaghmaei poses any current and ongoing risk to public protection which may require restrictive action in response, the Tribunal will consider:

- where on the spectrum of seriousness the allegation lies, based on the facts found proved,

- the impact of any relevant context known about Dr Yaghmaei and/or her working environment, and
- how Dr Yaghmaei has responded to the allegations.

127. In deciding where on the spectrum of seriousness the allegation lies, the Tribunal will identify the starting point for assessing seriousness, identify any features that increase seriousness and thereafter decide where on the spectrum of seriousness the allegation is and therefore what the starting point for assessing risk is.

128. The Tribunal will be mindful of the Guidance for MPTS Tribunals which provides that *"many allegations relating to dishonesty fall at the higher end of the spectrum of seriousness"* and, where they do, the starting point for assessing current and ongoing risk to public protection will be high.

129. The Tribunal will also consider any relevant context about Dr Yaghmaei and any impact it may have on the assessment of whether she poses any current and ongoing risk to one or more of the three parts of public protection.

130. The Tribunal will take into consideration how Dr Yaghmaei has responded to the allegations and consider what evidence there may be in relation to insight and assess whether this is genuine. It will also consider remediation; to assess if the misconduct can be remedied, whether it has been remedied and whether the behaviour is likely to be repeated. It should thereafter consider what impact, if any, these factors have on the level of risk.

131. The Guidance for MPTS Tribunals assists the Tribunal in that it provides that evidence of insight and remediation will usually carry less weight in cases where the allegation relates to dishonesty and, therefore, will have less impact on the assessment of current and ongoing risk to public protection because allegations of this nature are more difficult to mitigate and address.

132. The Tribunal accepted the advice of the Legally Qualified Chair.

The Tribunal's determination on impairment

Misconduct

Is there a legal basis for considering impairment?

133. The Tribunal considered whether there was a legal basis for considering whether Dr Yaghmaei's fitness to practise is impaired, meaning that there is a current and ongoing risk to public protection.

134. The Tribunal had regard to the facts found proved in this case, which engage the 'misconduct' ground of impairment. Misconduct can consist of acts and/or omissions arising in or outside of a doctor's working life and includes failing to act appropriately or demonstrating behaviour that falls short of what can reasonably be expected.

135. The Tribunal determined that Dr Yaghmaei's behaviour represented a serious departure from the professional standards as set out at paragraphs 1, 12, 65 and 71 of GMP, as quoted in full above. The Tribunal was of the view that Dr Yaghmaei's actions would fairly be described, with reference to *Nandi*, as *"conduct which would be regarded as deplorable by fellow practitioners"*.

136. Accordingly, the Tribunal was satisfied that there is a legal basis for considering whether Dr Yaghmaei's fitness to practise is impaired.

Where on the spectrum of seriousness does the allegation lie?

137. The Tribunal noted that, within the range of matters that are serious enough to pose a current and ongoing risk to one or more of the three parts of public protection, some matters are more serious than others. This means that allegations about a doctor's fitness to practise fall on a spectrum of seriousness (the lower end, mid-range or higher end).

138. The Tribunal considered the starting point for assessing seriousness. It noted that the starting point for assessing the level of current and ongoing risk to public protection posed by a doctor (low, medium or high) is based on where on the spectrum of seriousness the allegation lies.

139. The Tribunal had regard to the facts found proved in respect of Dr Yaghmaei and to the nature of the allegation. The Tribunal referred to the Guidance introduction section of the Guidance for MPTS Tribunals, including 'Case type 2: dishonesty' and paragraph 87:

> *"Whilst a range of behaviour can be seen, the nature of the departure from the standards expected may mean that a concern or allegation relating to dishonesty falls*

at the high end of the spectrum of seriousness. Even a single incident of dishonesty can have a significant harmful impact and pose a risk to public protection."

140. The Tribunal considered the extent of the departure from the professional standards, and the risk to patients and members of the public arising from Dr Yaghmaei's departure from those standards.

141. The Tribunal had regard to the fact that Dr Yaghmaei was a tutor for Common Stations at the material times. The Tribunal was positively satisfied that Dr Yaghmaei played a key and integral role in Common Stations' well organised, systemic process of soliciting and procuring confidential information about the content of the PLAB 2 examination. It further found that she was directly involved in the creation and in the distribution of those materials, by way of teaching, enabling Common Stations students to gain an unfair advantage. The Tribunal also took into account the pastoral support that Dr Yaghmaei provided to Common Stations' students and that she personally called them to solicit information about the content of PLAB 2 taking advantage of the trust placed in her as a doctor and as a tutor.

142. The Tribunal noted that the PLAB test is used by the GMC to assess whether International Medical Graduates seeking registration in the UK are able to demonstrate that they have the skills and knowledge necessary to practise safely as fully registered medical practitioners. The Tribunal determined that Dr Yaghmaei's behaviour was clearly designed to, and did in fact, compromise the integrity of the PLAB 2 examination, which is a critical requirement for International Medical Graduates seeking registration.

143. The Tribunal was of the view that, by way of the starting point for assessing seriousness, the misconduct in this case lies at the higher end of the spectrum of seriousness.

144. The Tribunal then had regard to whether there were any relevant factors that might increase the seriousness of the allegation. It considered that the following features, as set out at paragraph 36 of the Guidance for MPTS Tribunals, were relevant in this case:

- <u>The behaviour… was persistent or repeated</u>
  The Tribunal had regard to the facts found proved and determined that Dr Yaghmaei's behaviour was both persistent and repeated. The Common Stations course was run once a month over a number of years with a large number of students. Dr Yaghmaei's actions were part of the established process of soliciting and procuring the confidential information about the content of PLAB 2 and

distributing it at scale. In course after course, through various teaching methods she exposed students to material they should not have had.

- Premeditated behaviour
  The Tribunal was of the view that, on the facts found proved, Dr Yaghmaei's behaviour was premeditated. It had regard to the various testimonials from past Common Stations students that referred directly to Dr Yaghmaei, including from Dr C: *"I still remember the way you asked me to get answers to all the missing questions in the new stations. I ask those questions for you".* The Tribunal found that Dr Yaghmaei, as a tutor, played a key part in the process and exploited opportunities to take advantage of, and obtain confidential information about the content of PLAB 2 from, students who placed their trust in her.

- Predatory behaviour
  The Tribunal considered that Dr Yaghmaei's behaviour was also linked with another feature that might increase the seriousness of the allegation; predatory behaviour. Dr Yaghmaei had, in her role as a tutor at Common Stations, exploited a system. She saw an opportunity and took it with total disregard for the negative impact of her actions on the integrity of a key part of the system designed to ensure that only safe International Medical Graduates are granted GMC registration.

- Abuse of professional position
  The Tribunal determined that Dr Yaghmaei's behaviour represented an abuse of her professional position. She knew what the rules and regulations were but exploited the trust placed in her by the Common Stations students to obtain the confidential information. The Tribunal found that Dr Yaghmaei had held a position of leadership, both as a registered medical practitioner who had completed the PLAB 2 process herself and as a tutor for Common Stations, a commercial venture in which she was an employee and would have received financial benefit. The Tribunal determined that Dr Yaghmaei's actions had the effect of putting the students of Common Stations in a position where they were putting their own registration at risk.

- A reckless disregard for patient safety or professional standards and Undermining a system designed to protect the public

In assisting candidates to cheat the system, Dr Yaghmaei displayed a blatant disregard for patient safety and professional standards, and her actions had the effect of undermining a system clearly designed to protect the public. The impact of any unfair advantage for any particular successful candidate is, of course, unknown. However, the Tribunal appreciated the importance of maintaining the integrity of the PLAB 2 examination, which is critical as the main route for assessing whether International Medical Graduates have the skills and knowledge necessary to practise competently and safely in the UK.

145. As part of the guidance on features that might increase the seriousness of the allegation, the Tribunal noted that one suggested feature was '*Relevant fitness to practise history*'. The Tribunal had no evidence of any relevant fitness to practise history in relation to Dr Yaghmaei. The Tribunal placed little weight on this feature given the seriousness of the concerns in this case.

146. In reaching its decision on where on the spectrum of seriousness the allegation lies, the Tribunal was conscious that it must reflect (a) the starting point for assessing seriousness based on the nature of the allegation and (b) the impact of specific features about the allegation which may increase seriousness.

147. Overall, the Tribunal found there were various features that increased seriousness such that the allegation was more serious. The Tribunal's assessment of seriousness remained at the higher end of the spectrum. The Tribunal concluded that the starting point for assessing current and ongoing risk to public protection was high.

<u>What is the impact of any relevant context known about Dr Yaghmaei and/or their working environment?</u>

148. The Tribunal noted that relevant context about a doctor and/or their working environment can have an impact on the assessment of whether they pose any current and ongoing risk to one or more of the three parts of public protection. It noted that there are three types of relevant context: working environment context, role and experience, and personal context.

149. The Tribunal considered Dr Yaghmaei's role as a tutor at Common Stations and her direct involvement in soliciting and procuring confidential information about the content of PLAB 2 that she used to create teaching materials and distributed through teaching. The

Tribunal was unable to identify any relevant context of the type envisaged by the Guidance for MPTS Tribunals to take into account or otherwise. In the Tribunal's judgement there was no impact on its assessment of the level of current and ongoing risk.

How has Dr Yaghmaei responded to the allegations?

150. The Tribunal had regard to the evidence available as to whether Dr Yaghmaei has shown insight into her behaviour; taken steps which have reduced the risk of similar behaviour occurring again (remediation), such as participating in training, supervision, coaching or mentoring relevant to the misconduct; and kept her knowledge and skills up to date.

151. The Tribunal considered whether Dr Yaghmaei understands what happened and accepted how she could have acted differently. The Tribunal had nothing from Dr Yaghmaei to demonstrate her insight. It noted that the only indication it had was set out within the Rule 7 response from May 2022. The Tribunal noted that it was stated that Dr Yaghmaei did not directly contact students, that her actions were not deliberate and that she apologised to the GMC. However, this Tribunal has found that Dr Yaghmaei did contact students directly and her actions were deliberate such that it did not place weight on the apology within the Rule 7 response.

152. The Tribunal determined that Dr Yaghmaei lacks insight into: her behaviour, the significance of it, and the impact of her actions on patient safety and public confidence in the profession.

153. The Tribunal considered whether the misconduct is remediable. The Tribunal appreciated that, in cases of dishonesty, evidence of insight and remediation that decrease risk may have less impact because dishonesty allegations falling at the higher end of the spectrum of seriousness can be more difficult to remediate. The Tribunal was of the view that, whilst Dr Yaghmaei's misconduct might theoretically be remediable, it would be extremely difficult to do so.

46. Taking all of the factors into consideration, the Tribunal determined that given the lack of evidence of substantial insight or effective remediation, the misconduct has not been remediated and the risk of repetition is not reduced.

Tribunal's decision as to whether Dr Yaghmaei poses any current and ongoing risk to public protection which may require restrictive action in response and its finding on impairment

154. The Tribunal had regard to the conclusions it reached in relation to steps 2(b) to 2(d) above. It has found that the allegation falls at the higher end of the spectrum of seriousness, that the starting point for assessing current and ongoing risk was high. It did not find evidence of any relevant contact or of any insight or remediation that would decrease the risk.

155. The Tribunal determined that Dr Yaghmaei does pose a current and ongoing risk to public protection that may require restrictive action in response. It concluded that the level of risk was high in all three parts of public protection (patient safety; public confidence; professional standards). The Tribunal referred to its conclusions above as to the importance of maintaining the integrity of the PLAB 2 examination and that, in assisting candidates to cheat the system, Dr Yaghmaei displayed a blatant disregard for patient safety and professional standards, and her actions had the effect of undermining a system clearly designed to protect the public.

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

Determination on Sanction - 30/09/2026

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

The evidence

158. The Tribunal has reviewed its findings at the facts and impairment stages and has taken into account the documentation before it during the earlier stages of the hearing where relevant to reaching a decision on sanction.

Submissions

Submissions on behalf of the GMC

159. Ms Fairley submitted that the only appropriate sanction in this case was the erasure of Dr Yaghmaei's name from the medical register.

160. Ms Fairley referred to the various outcomes available to the Tribunal at the sanction stage, starting with the least restrictive. She submitted that this was not a case where exceptional circumstances could possibly justify taking no action.

161. Ms Fairley submitted that conditions would not be sufficient to reflect the seriousness of the misconduct. She referred to paragraph 30 of the Guidance for MPTS Tribunals and reminded the Tribunal that *"Conditions are unlikely to be a proportionate response in cases where the nature of the allegations about the doctor's behaviour fall at the higher end of the spectrum of seriousness"*.

162. In terms of suspension, Ms Fairley referred to paragraph 47 of the Guidance and submitted that this case was not one of the instances when a short period of suspension was appropriate. Ms Fairley referred to the Tribunal's determination on impairment, including that it had found no evidence of relevant context and an absence of evidence of insight and remediation. She submitted that there was nothing before this Tribunal that decreased the level of current and ongoing risk.

163. Furthermore, Ms Fairley submitted that the Tribunal had found that the level of risk was high in relation to all three parts of public protection. She submitted that this, and the lack of insight, were significant aspects and highly relevant when considering sanction. She stated that Dr Yaghmaei had had a significant period of time to engage and show she had developed meaningful insight into the misconduct but that opportunity had not been taken, which reflected on the risk to patient safety and the impact on the medical profession as a whole.

164. Ms Fairley submitted that the Tribunal would be assisted by consideration of the section on erasure within the Guidance for MPTS Tribunals, including paragraph 55:

> *"Erasure is action available for those cases where a doctor's behaviour… is incompatible with continued registration at this point in time. It means the level of current and ongoing risk the doctor poses to public protection is so significant that they should not be allowed to practise."*

165. Ms Fairley submitted that the allegations relating to Dr Yaghmaei were extremely serious breaches that impacted on all three parts of public protection. She submitted, with reference to paragraph 57 of the Guidance for MPTS Tribunals, that Dr Yaghmaei had *"shown a persistent lack of insight into the seriousness of the allegation"* and that the seriousness of the facts found proved meant *"the effect of the doctor continuing to hold registration is such that it will undermine public confidence in the profession"*. Ms Fairley stated that there was an absence in Dr Yaghmaei's Rule 7 response of any real consideration of the impact of her actions on the integrity of the process and the effect on the wider public confidence in the profession.

166. Ms Fairley referred to the Tribunal's conclusions in relation to impairment, including that Dr Yaghmaei had, in assisting candidates to cheat the system, displayed a blatant disregard for patient safety and professional standards, and her actions had the effect of undermining a system clearly designed to protect the public. Ms Fairley stated that the Tribunal had also found that Dr Yaghmaei's actions were persistent, carried out over a considerable period of time, were premeditated, were predatory, and displayed a total disregard for the negative impact of her actions on the integrity of the system. Ms Fairley submitted that the effect of Dr Yaghmaei continuing to hold GMC registration would seriously undermine public confidence in the profession.

167. Ms Fairley stated that the Tribunal was also assisted by the sanctions banding set out within the Guidance where, in respect of cases of dishonesty where there is a higher level of risk to public protection, the suggested banding was of *"Suspension 9 months to Erasure"*. Ms Fairley again referred to the Tribunal's conclusions in relation to impairment, including the presence of a considerable number of factors in Dr Yaghmaei's case that increased the seriousness of the allegations. She submitted that these placed the misconduct in this case at the highest end of the sanctions banding, such that erasure was the appropriate sanction.

168. Ms Fairley submitted that there was a repeated and persistent pattern of dishonest conduct from Dr Yaghmaei and, in addition to the reckless disregard for the principles set out in GMP, the misconduct was fundamentally incompatible with continued registration, such that erasure was the only appropriate sanction.

169. No submissions were received from Dr Yaghmaei.

The relevant legal principles

170. The Legally Qualified Chair advised the Tribunal that its decision as to the appropriate sanction to impose, if any, in this case is a matter for this Tribunal exercising its own judgement. It should consider the least restrictive sanction first before moving on to consider the other available sanctions in ascending order of severity. The Tribunal should note that the main purpose of imposing a sanction is to protect the public. Its purpose is not to punish, although it may have a punitive effect.

171. The Tribunal should also consider proportionality by weighing the public interest against the interests of the doctor. The Tribunal should have regard to the case of *Bolton v The Law Society [1993]* EWCA Civ 32, in that *"The reputation of the profession is more important than the fortunes of any individual member"*.

172. The Tribunal accepted the advice of the Legally Qualified Chair.

The Tribunal's determination on sanction

173. In making its decision on sanction, the Tribunal reviewed its decisions on facts and impairment and considered the level of current and ongoing risk the doctor poses to public protection. The Tribunal had regard to the Guidance for MPTS Tribunals in relation to sanctions bandings for some case types commonly seen at a hearing. It noted that it had found there to be a high level of risk to public protection and the Guidance suggested that, in relation to such a case involving the dishonesty of a registrant, the relevant sanctions banding to be considered is *"Suspension 9 months to Erasure".*

No action

174. In coming to its decision as to the appropriate sanction, if any, to impose in Dr Yaghmaei's case, the Tribunal first considered whether to conclude the case by taking no action.

175. The Tribunal noted that, in relation to paragraph 13 of the Guidance for MPTS Tribunals, *"Where a doctor's fitness to practise is impaired, it will usually be necessary for the MPT to restrict the doctor's registration to achieve public protection"*. The Tribunal reminded itself that no action is an unusual course following a finding of impairment and that exceptional circumstances to justify such a course of action are *"unusual, special, or uncommon, so such cases are likely to be very rare"*. The Tribunal found no exceptional circumstances to justify taking no action in Dr Yaghmaei's case.

176. The Tribunal determined that, given the serious nature of the Tribunal's findings on impairment, it would not be sufficient, appropriate or in the public interest to conclude this case by taking no action.

Conditions

177. The Tribunal next considered whether imposing conditions on Dr Yaghmaei's registration would be sufficient and appropriate.

178. The Tribunal bore in mind that conditions restrict a doctor's ability to practise and/or require them to do something. They would provide a doctor with time to address identified failings to demonstrate they were fit to practise on an unrestricted basis, whilst ensuring that the current and ongoing risk posed to public protection was being adequately managed.

179. The Tribunal referred to paragraph 30 of the Guidance for MPTS Tribunals, as previously mentioned, in that *"Conditions are unlikely to be a proportionate response in cases where the nature of the allegations about the doctor's behaviour fall at the higher end of the spectrum of seriousness"*.

180. The Tribunal determined that, given the serious nature of the Tribunal's findings on impairment, it would not be sufficient, appropriate or in the public interest to conclude this case by imposing conditions on Dr Yaghmaei's registration.

Suspension

181. The Tribunal then went on to consider whether suspending Dr Yaghmaei's registration would be appropriate and proportionate.

182. The Tribunal noted that suspension restricts a doctor's registration and prevents them from practising during the period it is in effect. Suspension can also have a deterrent effect and be used to send a signal to the individual doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor.

183. The Tribunal had regard to its findings on impairment, including the features it had identified that increased the seriousness of the allegation and its conclusion that the level of risk in this case was high in all three parts of public protection. The Tribunal had determined that, given the lack of evidence of substantial insight or effective remediation, the

misconduct had not been remediated, and the risk of repetition had not reduced. The Tribunal noted that, in terms of sanction, it also had no references or testimonials regarding Dr Yaghmaei.

184. The Tribunal had regard to paragraph 45(c) of the Guidance for MPTS Tribunals. It considered that the level of current and ongoing risk to public protection is a significant issue in this case. The Tribunal determined that suspension was insufficient to reflect the high level of seriousness and level of current and ongoing risk to public protection.

185. The Tribunal determined that, given the serious nature of the Tribunal's findings on impairment, it would not be sufficient, appropriate or in the public interest to conclude this case by imposing a period of suspension on Dr Yaghmaei's registration.

Erasure

186. The Tribunal considered whether it would be appropriate and necessary to erase Dr Yaghmaei's name from the medical register.

187. The Tribunal noted that erasure removes a doctor's registration which means they are no longer entitled to practise in the UK at all, or anywhere else where they are required to hold GMC registration. It is used to protect the public in the most serious cases. It also has a deterrent effect as it sends a signal to the individual doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor.

188. With reference to paragraph 57 of the Guidance for MPTS Tribunals, the Tribunal determined that conditions would not be appropriate and suspension was not sufficient to protect the public. The Tribunal determined that, whilst it does not know if Dr Yaghmaei's behaviour caused harm, the consequences of her misconduct certainly put the public at risk of serious harm. The Tribunal also considered that Dr Yaghmaei had shown a persistent lack of insight into the seriousness of her misconduct and its potential consequences. It determined that, given the seriousness of what had been found proved, Dr Yaghmaei continuing to hold GMC registration would undermine public confidence in the profession.

189. The Tribunal determined that Dr Yaghmaei's behaviour was incompatible with continued registration. It was of the view that the level of current and ongoing risk Dr Yaghmaei poses to public protection was so significant that she should not be allowed to practise.

190. The Tribunal determined that this decision was required in relation to each of the three parts of public protection.

191. In the Tribunal's judgement, any sanction less than erasure would be insufficient to maintain public confidence in the profession. It was also of the view that the sanction of erasure was necessary to maintain professional standards and conduct.

192. In terms of patient safety, the Tribunal referred to its conclusions at impairment as to the importance of maintaining the integrity of the PLAB 2 examination and that, in assisting candidates to cheat the system, Dr Yaghmaei had displayed a blatant disregard for patient safety and professional standards, and her actions had the effect of undermining a system clearly designed to protect the public. The Tribunal accepted that there were ways in which the high risk that the Tribunal found at the impairment stage might have been mitigated but it had not seen evidence of this from Dr Yaghmaei. In all the circumstances of the case, the Tribunal was not satisfied that the risk was any lower than the high level it had previously found. In the Tribunal's judgement, the sanction of erasure was also required in order to protect, promote and maintain the health, safety and well-being of the public.

193. The Tribunal therefore directs that Dr Yaghmaei's name be erased from the medical register.

Determination on Immediate Order - 30/09/2026

194. Having determined to erase Dr Yaghmaei's name from the medical register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Yaghmaei's registration should be subject to an immediate order.

Submissions

Submissions on behalf of the GMC

195. Ms Fairley submitted that an immediate order was necessary in this case in relation to each of the three parts of public protection. She referred to the Tribunal's findings on sanction, including that it had found that the risk remains high. Ms Fairley submitted that paragraph 84 of the Guidance for MPTS Tribunals was of particular note:

"It will not usually be appropriate for a doctor to hold unrestricted registration until a sanction takes effect in cases where:

a. the doctor poses a risk to patient safety

b. the risk to one or more parts of public protection is high, and/or

c. immediate action is needed to maintain public confidence in the medical profession."

196. Ms Fairley confirmed that there was no interim order in place.

197. No submissions were received from Dr Yaghmaei.

The Tribunal's determination

198. The Tribunal had regard to the Guidance, including paragraph 79 that an immediate order may be imposed *"where 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".*

199. The Tribunal had regard to the high seriousness of its findings, including its view that the level of current and ongoing risk Dr Yaghmaei poses to public protection was so significant that she should not be allowed to practise. The Tribunal had determined that this decision was required in relation to each of the three parts of public protection.

200. In all the circumstances, the Tribunal determined to impose an immediate order of suspension on Dr Yaghmaei's registration. It determined that an immediate order was necessary to protect members of the public and is otherwise in the public interest.

201. This means that Dr Yaghmaei's registration will be suspended from the date on which notification of this decision is deemed to have been served upon her. The substantive direction, as already announced, will take effect 28 days from that date, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

202. There is no interim order to revoke.

203. That concludes this case.

ANNEX A - 08/09/2026

Application for adjournment

204. The Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'), to sit in private to consider this application as the matters under consideration and heard as evidence (regarding XXX) were confidential. This determination will be handed down in private due to the confidential nature of some of the matters under consideration and heard as evidence. However, as this case concerns Dr Yaghmaei's alleged misconduct, a redacted version will be published at the close of the hearing.

Background

205. Dr Yaghmaei's hearing was due to commence from 4 September 2023. On 13 July 2023 the MPTS granted a postponement application due to XXX issues in relation to another doctor also facing allegations at this hearing.

206. The hearing was then due to commence from 29 April 2024 but a further postponement application was granted on 1 March 2024 due to continuing XXX issues.

207. The hearing was then due to commence from 28 April 2025. On 17 February 2025 a further postponement application was made due to XXX issues in respect of that other doctor. On 20 March 2025 a MPTS Case Manager refused the application. A further postponement application was submitted on 15 April 2025 and the MPTS granted it on 24 April 2025.

208. Updates were received at various points throughout the remainder of the second half of 2025 and the MPTS confirmed the listing of this current hearing on 15 December 2025.

209. At a Pre-Hearing Meeting (PHM) on 18 March 2026, Dr Yaghmaei's representative said that the XXX of the other doctor was much improved and directions for disclosure were made.

210. The GMC and MPTS were advised in July 2026 that Dr Yaghmaei's solicitor was no longer instructed on her behalf. Correspondence was thereafter sent directly to Dr Yaghmaei. No responses were received. On 1 September 2026 a further postponement application was received from Dr Yaghmaei's solicitors, who had been reinstructed, on 5 August 2026. A MPTS Case Manager decided that the postponement application ought to be considered by this Tribunal at the outset of the hearing.

Application for adjournment

211. On 7 September 2026 Ms Clodagh Bradley, KC, on behalf of Dr Yaghmaei, made an application for adjournment of this hearing under Rule 29(2) of the Rules, which states:

> *"Where a hearing of which notice has been served on the practitioner in accordance with these Rules has commenced, the Committee or Tribunal considering the matter may, at any stage in their proceedings, whether of their own motion or upon the application of a party to the proceedings, adjourn the hearing until such time and date as they think fit."*

Submissions

Submissions on behalf of Dr Yaghmaei

212. Ms Bradley stated that adjournment of this hearing was sought to a date to be fixed no earlier than March 2027. Ms Bradley stated that, whilst this was the fourth application for postponement/adjournment, each of the previous applications had been made for good reasons which was why they were granted.

213. Ms Bradley submitted that Dr Yaghmaei had not been in a position to finalise her preparation for this hearing and was not XXX to attend this hearing for the following reasons:

a. The situation in Iran (where Dr Yaghmaei is from) had caused significant stress XXX in 2025 and 2026, meaning that Dr Yaghmaei had not been XXX to participate in these proceedings.

b. Dr Yaghmaei had XXX as summarised in the statement provided by the other doctor facing allegations at this hearing. XXX

c. An issue in relation to XXX of the other doctor facing allegations at this hearing.

214. In relation to (a), Ms Bradley stated that Dr Yaghmaei felt completely overwhelmed by what had been occurring in Iran in relation to the war and its impact on her wider family XXX. She stated that Dr Yaghmaei had felt XXX opening correspondence, let alone providing instructions to her solicitor and prepare her case for this hearing. Ms Bradley stated that there had been a completely unprecedented situation of a total blackout of information that occurred in Iran, which was unprecedented in history in its extent and duration. She stated that there had been an 88-day blackout between 28 February and 26 May 2026 where there had been no communication with people in Iran. Ms Bradley stated that Dr Yaghmaei had XXX. She stated that Dr Yaghmaei was XXX such that preparation for this hearing was simply not possible. Ms Bradley stated that, whilst the situation was no longer quite as acute as it was during the 88-day period, communication still remained difficult and was monitored by the government. She stated that, whilst a level of adjustment was going on for Dr Yaghmaei, there were now XXX that were also impeding her ability to prepare for this hearing.

215. XXX

216. XXX

217. XXX

218. XXX

219. XXX

220. XXX

221. Ms Bradley submitted that the suggestion on the part of the GMC that this application may be in any way tactical was strenuously resisted. She stated that this was simply incorrect and there was no suggestion on the part of the GMC that the previous applications were erroneous or should not have been granted. Ms Bradley stated that she accepted that this application for adjournment has been made rather late on in the day but explained that Dr Yaghmaei was XXX and did not feel able to bring this forward any sooner. Ms Bradley submitted that the XXX issues were not something that would permanently impede Dr Yaghmaei's ability to prepare for proceedings but had arisen through no fault of her own.

Ms Bradley submitted that it was not tactical or deliberate; Dr Yaghmaei was doing her very best.

222. Ms Bradley submitted that this hearing could not fairly proceed XXX. She stated that, whilst it was accepted that granting the application would have some impact on the GMC, the witnesses were either GMC employees or doctors who were scheduled to attend the hearing remotely. Ms Bradley submitted that there would be no material prejudice caused to those witnesses. She submitted that the allegations were not of a type where specific recollections of individual events were at issue such that the effect of any delay was unlikely to be a concern. Ms Bradley also stated that Dr Yaghmaei was not currently working as a medical doctor.

223. Following a question from the Tribunal, Ms Bradley stated that she believed that Dr Yaghmaei was working at the company that is the subject of the allegations but she did not have any detailed instructions on this. She stated that she knew for sure that Dr Yaghmaei was not working clinically.

Submissions on behalf of the GMC

224. Ms Chloe Fairley, Counsel, submitted that the Tribunal will have to consider whether an adjournment is proportionate and in the interest of justice, taking account of both parties and also the public interest.

225. Ms Fairley stated that the chronology of this matter was significant when the Tribunal considers whether Dr Yaghmaei has had opportunity to prepare for the hearing. She stated that the allegations that Dr Yaghmaei faces had not changed since service of the Rule 7 letter in December 2021. Ms Fairley stated that Dr Yaghmaei has had the same legal representation throughout the proceedings and considerable time has been had for consideration of the GMC case. Ms Fairley stated that the matter was originally listed for hearing in September 2023 and we are now some three years later during which numerous postponement applications have been made. Ms Fairley stated that the GMC submitted that there was a pattern of the applications being made close to the hearing date, which is exactly what has happened in this present case.

226. Ms Fairley stated that, when analysing whether or not Dr Yaghmaei has had an opportunity to prepare for the hearing, the PHM on 18 March 2026 was significant as Dr Yaghmaei's solicitor explained that Dr Yaghmaei was XXX to participate in the hearing. Ms

Fairley stated that, at no point between 18 March 2026 and the application dated 1 September 2026, has there been any indication that XXX she could not participate. She stated that Dr Yaghmaei's solicitors indicated in July 2026 that they did not have instructions and so correspondence had been sent directly to Dr Yaghmaei. She stated that there was no explanation of what efforts Dr Yaghmaei has made to engage with the documentation or prepare for this hearing or any clarity as to the chronology XXX.

227. Ms Fairley stated that Dr Yaghmaei appears to have ignored GMC and MPTS attempts to contact her since July, which appears to be a deliberate choice that was made by her. XXX

228. In terms of Iran, Ms Fairley submitted that the GMC has significant sympathy for Dr Yaghmaei in light of the situation in Iran and her concerns for family and friends there. She stated that it was entirely unclear when this situation will resolve and it would not be reasonable to postpone proceedings to await resolution of the situation in Iran. Ms Fairley stated that, as referred to in Ms Bradley's submissions, the situation was no longer quite as acute as it was originally and therefore there was significant query as to what extent that can be said to be a factor that the Tribunal could take into account when determining whether an adjournment will alleviate the stresses being caused to Dr Yaghmaei.

229. XXX, Ms Fairley submitted that XXX it was relevant that this is a virtual hearing and therefore Dr Yaghmaei is not required to attend the MPTS hearing centre. Ms Fairley stated that there was no indication as to why participating in this hearing would XXX and no reference to XXX that would affect her ability to participate in this hearing.

230. XXX

231. XXX

232. Ms Fairley stated that the Tribunal might expect to have a report in respect of Dr Yaghmaei that specifically addressed XXX; no such report has been provided. She stated that the GMC was left with a very unclear picture where no documentation gave rise to any suggestion that Dr Yaghmaei would not be able to participate in this hearing.

233. Ms Fairley stated that it was suggested by those on behalf of Dr Yaghmaei that limited weight should be attached to the impact on GMC witnesses of any adjournment as they are attending remotely. She stated that this was now the third occasion that the witnesses had been scheduled to attend a hearing and, on each occasion, they have had to make

themselves available for the listing, been on standby and set aside the time to attend before they were then stood down in close proximity to when they were due to give evidence. Ms Fairley submitted that the Tribunal has to balance the interests of all parties in respect of this hearing and whether an adjournment is appropriate. She submitted that, whilst the GMC note the stress referred to in respect of Dr Yaghmaei in the application, the GMC was also conscious of the fact that these proceedings are looming over the GMC witnesses and have been for a significant period of time. She stated that a number of the witnesses were in fact no longer GMC employees and the continued delays were detrimental to all parties.

234. Ms Fairley stated that there appeared to be no real consideration or exploration on the part of Dr Yaghmaei or her representatives as to what XXX would assist in allowing her to prepare and attend this hearing. Ms Fairley stated that the Tribunal has to consider the public interest in the hearing proceeding, which she submitted was strong given the history of this case. Ms Fairley stated that it was not clear how the Tribunal could have any confidence if this adjournment was granted that this would alleviate XXX relating to the proceedings. She stated that it was inevitable that Dr Yaghmaei would XXX regarding these proceedings and that it could be said, objectively speaking, to be in Dr Yaghmaei's own interests for the proceedings to be concluded.

235. Ms Fairley submitted that the GMC had concern that the repeated requests for postponement could no longer be considered simply unfortunate and were a deliberate attempt to avoid this hearing ever commencing. She stated that the GMC did not consider that the evidence that had been submitted by Dr Yaghmaei was sufficient to justify an adjournment of this hearing such that it opposed the application.

The Relevant Legal Principles

236. The Tribunal is requested to consider an application for adjournment made on behalf of Dr Yaghmaei. The Tribunal has heard submissions from both parties and notes that the GMC opposes the application.

237. The Legally Qualified Chair (LQC) gave legal advice to the Tribunal. She referred to Rule 29(2) of the Rules, as quoted above. She stated that, in considering the application, the Tribunal will be guided by paragraphs 57 and 58 of the Guidance for MPTS Tribunals (Section one: Procedural matters relating to tribunal hearings) in relation to adjournments. In particular, the Tribunal should consider the circumstances of the individual case, the submissions made by both parties and the following non-exhaustive list of factors:

a. whether the hearing can fairly proceed, including the effect any delay may have on the fairness of the proceedings and on fairness to all parties
b. whether the benefit of granting the application outweighs the effect of delay on the responding party, any witnesses and the public interest in hearings proceeding as soon as is fairly possible
c. where a request is based on a participant's health, whether independent medical evidence has been provided confirming any relevant medical condition and why that condition prevents participation in the hearing
d. whether the doctor is subject to an interim order
e. any other relevant considerations.

and paragraph 58 of the Guidance that "*In all cases, where there is unlikely to be a change in position later if the application for an adjournment is granted, this will weigh towards refusal".*

238. The LQC stated that the Tribunal should also bear in mind that any decision on the application, particularly as it is based on XXX, should take into account Sir Brian Leveson's ruling in *GMC v Adeogba* [2016] EWCA Civ 162 where it was stated that a proper balance must be struck between fairness to the practitioner and the public interest in the fair and efficient disposal of proceedings, including having regard to the history of the proceedings. He also stated that in regulatory cases it must be borne in mind that the regulator represents:

"*the public interest in relation to standards of healthcare. It would run entirely counter to the protection, promotion and maintenance of the health and safety of the public if a practitioner could effectively frustrate the process… when that practitioner had deliberately failed to engage in the process. The consequential cost and delay to other cases is real. Where there is good reason not to proceed, the case should be adjourned; where there is not, however, it is only right it should proceed."*

He went on to state that:

"*… there is a burden on medical practitioners, as there is with all professionals, subject to a regulatory regime, to engage with the regulator, both in relation to the investigation and ultimate resolution of allegations made against them. That is part of the responsibility to which they sign up when being admitted to the profession."*

239. The LQC stated that the issue of deciding whether to proceed or continue in the absence of a practitioner was also considered XXX

240. XXX

241. XXX

242. The LQC stated that it was, of course, open to the Tribunal to grant this application or indeed dismiss it and proceed in the absence of the doctor. When deciding whether to proceed in a practitioner's absence, fairness to the practitioner is a prime consideration but is not determinative. Fairness to the GMC and the public interest must also be taken into account.

243. The LQC stated that the Tribunal should also consider the case of *El-Huseini v GMC* [2021] EWHC 2022 (Admin), in which the High Court reiterated that a Tribunal's decision must be guided by all three limbs of the overarching objective to protect the public.

Tribunal's Decision

244. The Tribunal first referred to the submissions made about the impact of the conflict in Iran as referred to by Dr Yaghmaei and her representatives. The Tribunal noted the details about the communication blackout from February 2026 and of the family and friends Dr Yaghmaei has in Iran. The Tribunal sympathises with the position faced by Dr Yaghmaei and the uncertainty that was experienced, especially during the communication blackout period. The Tribunal noted that, given the nature of this situation, it is not possible to know when the situation in Iran will change such that it could not determine that adjournment of this hearing would reduce the stress. XXX. Whilst the Tribunal certainly has empathy in respect of the impact on Dr Yaghmaei, it did not have evidence before it to show that Dr Yaghmaei could not prepare for or participate in this hearing XXX.

245. XXX

246. XXX

247. XXX

248. XXX

249. XXX

250. The Tribunal has considered the points raised by the GMC about the impact of rearranging witnesses, who have been on standby a number of times before. It also noted the resources allocated to a five-week hearing. The case against Dr Yaghmaei has remained broadly the same for many years (particularly for the last three years), she provided a detailed Rule 7 response in May 2022 and the indication at the March 2026 PHM was that she was ready to proceed. The Tribunal was not satisfied that Dr Yaghmaei has not had the opportunity to prepare for this hearing.

251. The Tribunal also noted that it appears that Dr Yaghmaei has continued to work at the company that is the subject of the Allegation that she faces. The Tribunal noted the nature of the allegations relate to Dr Yaghmaei's probity, which is a very serious allegation. The Tribunal also considered that, given that the Allegation includes assisting PLAB 2 candidates obtaining an unfair advantage, there is a strong public interest in this case being determined without further delay.

252. The Tribunal has balanced all of the elements before it. It has balanced Dr Yaghmaei's interests against the public interest, and the interests of the GMC and its witnesses. The Tribunal concluded that the public interest and the interests of the GMC and its witnesses outweighed Dr Yaghmei's position given the lack of evidence from her to show that she has been unable to prepare for or participate in this hearing.

253. The Tribunal determined to refuse Dr Yaghmaei's application for adjournment of this hearing under Rule 29(2) of the Rules.

254. The Tribunal noted that, by virtue of her arranging representation to make an application to postpone this hearing, it was apparent that Dr Yaghmaei has been served with notice of these proceedings in accordance with Rule 40 of the Rules and paragraph 8 of Schedule 4 to the Medical Act 1983, as amended.

255. The Tribunal reiterated its comments that the case against Dr Yaghmaei has remained broadly the same for many years (particularly for the last three years), she provided a detailed Rule 7 response in May 2022, solicitors have been involved for some time in the proceedings, and the indication at the March 2026 PHM was that she was ready to proceed.

The Tribunal was not satisfied that Dr Yaghmaei has not had the opportunity to prepare for this hearing. The Tribunal was of the view that, if it did not proceed in Dr Yaghhmaei's absence, there is no indication as to when the case could be effectively relisted and an open-ended delay is not in the interests of justice. The Tribunal has balanced Dr Yaghmaei's interests with the public interest in proceeding with the hearing and noted the inconvenience to the GMC witnesses. It was conscious that it could also be said, on one view, that proceeding with the hearing would XXX.

256. In the circumstances, the Tribunal determined that it was appropriate to proceed in Dr Yaghmaei's absence in accordance with Rule 31 of the Rules. It was clear that this did not preclude Dr Yaghmaei from attending or engaging with the hearing and welcomed her engagement with the proceedings if she wished to do so.

ANNEX B - 11/09/2026

Service and Proceeding in Absence

Service

257. Dr Yaghmaei was not present but had been represented at this hearing on 7 September 2026 by Ms Clodagh Bradley, KC, instructed by Mr Noel Wardle, Temple Bright LLP. Ms Bradley made submissions on Dr Yaghmaei's behalf to the Tribunal about Dr Yaghmaei's application for adjournment.

258. Ms Bradley stated that she was only instructed on 7 September 2026 and that she would need to check with Mr Wardle about attendance on 8 September 2026. The Tribunal received confirmation by email on 7 September 2026 that Mr Wardle would be present on 8 September 2026 for the hand down of the determination.

259. The Tribunal handed its determination down on the application for adjournment (Annex A) at 12pm on 8 September 2026. Dr Yaghmaei was not present at the hearing. Mr Wardle attended the hearing on 8 September 2026 to receive the determination. The Tribunal gave parties time to read the determination and take instructions before resuming at 9.30am on 9 September 2026.

260. Upon resuming on 9 September 2026, neither Dr Yaghmaei nor Mr Wardle joined the virtual hearing link. No correspondence was received by the MPTS or GMC from Dr Yaghmaei

and/or Mr Wardle following the determination being handed down. The Tribunal noted its comments as to proceeding in absence within Annex A and invited further comment from the GMC about this point given the non-attendance of Dr Yaghmaei and/or Mr Wardle.

261. Following a request from the Tribunal, it was provided with a copy of a Service bundle from the GMC. This included a GMC information letter dated 3 August 2026 attaching the notice of Allegation, which was sent to Dr Yaghmaei by email and by post to her registered address. The bundle also included the MPTS notice of hearing letter dated 4 August 2026, which was sent by post to her registered address.

262. The Tribunal was provided with a screenshot of Dr Yaghmaei's registered address as held on the GMC system. The Tribunal was conscious that the onus is on Dr Yaghmaei to keep her registered address up to date.

263. The Tribunal was provided with Royal Mail Track and Trace documentation showing that the GMC and MPTS letters were both delivered and signed for on 5 August 2026.

264. The Tribunal determined that notice of this hearing had been served on Dr Yaghmaei in accordance with Rule 40 of the Rules, and paragraph 8 of Schedule 4 to the Medical Act 1983, as amended.

Proceeding in Absence

265. The Tribunal then went on to consider whether it would be appropriate to proceed with this hearing in Dr Yaghmaei's absence pursuant to Rule 31 of the Rules. The Tribunal was conscious that the discretion to proceed in the absence of a doctor should be exercised with the utmost care and caution, balancing the interests of the doctor with the wider public interest.

266. Ms Fairley, Counsel on behalf of the GMC, invited the Tribunal to proceed with the hearing in Dr Yaghmaei's absence. She referred to the Tribunal's comments within its Annex A determination and stated that this had been communicated to Dr Yaghmaei via Mr Wardle. Ms Fairley stated that the decision had been communicated to Dr Yaghmaei and it had therefore been made very clear to her that the hearing would proceed if she did not attend. Ms Fairley stated that she was not aware of any communication to the GMC or MPTS from Dr Yaghmaei. Ms Fairley submitted that, in those circumstances, the GMC applied for the Tribunal to proceed in Dr Yaghmaei's absence.

267. In deciding whether to proceed with this hearing in Dr Yaghmaei's absence, the Tribunal carefully considered all the information before it and referred to the comments it had previously made within Annex A.

268. The Tribunal noted that no correspondence had been received from Dr Yaghmaei or from Mr Wardle since the Annex A determination. No further application had been made for an adjournment.

269. The Tribunal noted that Mr Wardle had been instructed by Dr Yaghmaei for a number of years, including in relation to the Rule 7 response in 2022 and the most recent adjournment application at Annex A. It appreciated that Mr Wardle was not instructed by Dr Yaghmaei from July 2026 but was reinstructed on 5 August 2026, the date of receipt of the GMC and MPTS letters. The Tribunal was of the view that this reinforced the point that Dr Yaghmaei is in a position to engage with these proceedings if she wished to do so.

270. The Tribunal noted that the hearing link was sent to Dr Yaghmaei and Mr Wardle in advance of the hearing (on 4 September 2026) and that Mr Wardle attended the hearing on 8 September 2026. It was therefore clear that Dr Yaghmaei had the opportunity to attend but had chosen not to do so and that Mr Wardle was able to attend if he had been so instructed.

271. In the circumstances, the Tribunal determined that Dr Yaghmeai had voluntarily absented herself. It determined that it was appropriate and in the public interest to proceed in Dr Yaghmaei's absence. The Tribunal noted that it was open to Dr Yaghmaei and/or Mr Wardle to re-join the hearing at any point and, as referred to in its Annex A determination, consideration of XXX could be made as required.