PUBLIC RECORD

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

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

Doctor:	Dr Hamed SALEHI ** Please note at least one other Doctor faced allegations at this hearing*
GMC reference number:	7431549
Primary medical qualification:	MD 2007 Shahid Beheshti University of Medical Sciences and Health Services

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 Salehi's alleged misconduct, a redacted version will be published in due course.

Background

2. Dr Salehi qualified in 2007 in Iran. He moved to the UK and applied to register with the GMC, passing the Professional and Linguistic Assessment Board (PLAB) test 1 in September 2013 and the PLAB 2 test in February 2014. Dr Salehi became fully registered with the GMC in September 2014.

3. The allegations that have led to Dr Salehi's hearing relate to his conduct. It is alleged by the GMC that, while a director of Common Stations Limited ('Common Stations'), a company providing educational courses relating to part 2 of the PLAB test ('PLAB 2'), Dr Salehi 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 Salehi created and distributed teaching materials containing the Information to students being tutored by Common Stations, assisting them to obtain an unfair advantage. It is further alleged by the GMC that Dr Salehi made posts on social media and distributed leaflets stating that Common Stations had achieved a 100% pass rate in PLAB 2 which was untrue. It is alleged by the GMC that Dr Salehi'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 Salehi'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 Salehi'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 Salehi 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 the director of 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. On or around the dates set out in Schedule 1 you published and/or allowed to be published Facebook posts which stated that Common Stations had achieved a 100% pass rate in PLAB 2 (the 'Facebook Posts').
To be determined

6. The PLAB 2 pass rate as published in the Facebook Posts was untrue.
To be determined

7. Within the Facebook Posts you published and/or allowed to be published names of purported former students of Common Stations who had successfully passed PLAB 2.
To be determined

8. One or more of the names published in the Facebook Posts were not names of candidates who had passed PLAB 2 at the time of the Facebook Posts.
To be determined

9. In or around the dates outlined in Schedule 2 you distributed and/or allowed to be distributed leaflets which stated that Common Stations had achieved a 100% pass rate in PLAB 2 (the 'Leaflets').
To be determined

10. The PLAB 2 pass rate as advertised in the Leaflets was untrue.
To be determined

11. 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

c. the PLAB 2 pass rate as set out at paragraph 5. was untrue;
To be determined

d. one or more of the names as set out at paragraph 7. were not names of candidates who had passed PLAB 2 at the time of the Facebook Posts;
To be determined

e. the PLAB 2 pass rate as set out at paragraph 9. was untrue.
To be determined

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

a. 3. d. were dishonest by reason of paragraph 11. a.;
To be determined

b. 3. e. were dishonest by reason of paragraphs 4. and 11. b.;
To be determined

c. 5. were dishonest by reason of paragraphs 6. and 11. c.;
To be determined

d. 7. were dishonest by reason of paragraphs 8. and 11. d.;
To be determined

e. 9. were dishonest by reason of paragraphs 10. and 11. e..
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 Salehi did not provide a witness statement for these proceedings and no witness evidence was received by the Tribunal on his behalf. The Tribunal has had regard to a letter dated 6 May 2022 that was sent to the GMC by Dr Salehi's legal representatives setting out Dr Salehi's response to the Allegation at the Rule 7 stage ('Dr Salehi'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:

- Companies House information in relation to Common Stations dated 18 November 2020;
- 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;
- an email entitled *'New stations'* that was forwarded to a number of people on 8 March 2018 and an email entitled *'Very New Stations'* dated 8 March 2018;
- Facebook posts by the *'Common Stations by Dr.Hamed'* group dated 27 February 2018 and 14 March 2018;

- an email from a GMC member of staff dated 5 September 2019 regarding an individual who attended a GMC office seeking to advertise Commons Stations, and the leaflet obtained;
- an email from a GMC member of staff dated 15 November 2019 attaching a leaflet that they had been handed outside the building after they had observed a PLAB 1 exam;
- details of Dr Salehi's PLAB 1 and PLAB 2 bookings. Dr Salehi failed Part 1 on 13 June 2013 and passed it on 12 September 2013. He passed Part 2 on 6 February 2014;
- 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 as well as documents relating to the analysis of the attachments to the 'New stations' and 'Very New Stations' emails.

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 Salehi had not given evidence in these proceedings and whilst it had available to it his Rule 7 Response, this was not to be regarded as his evidence. However, the Tribunal was entitled to consider its content as his 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 his 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 Salehi was the director of Common Stations.

29. In Mr A's statement dated 27 November 2020, he stated that he understood that Dr Salehi was the director of Common Stations. He provided a document dated 18 November 2020 setting out Companies House information about Common Stations that listed Dr Salehi as a director, having been appointed on 19 December 2014.

30. In Dr Salehi's Rule 7 response dated 6 May 2022, it was stated that "*Dr Salehi is the owner of Common Stations and provided the majority of training on the course at the material time"*. It also stated that it was *"Admitted"* that Dr Salehi was the director of Common Stations at all material times. The Tribunal was conscious throughout that, in respect of the Rule 7 response, it has not heard Dr Salehi's own version of events in evidence before it and only has this response from 6 May 2022 as indicative of Dr Salehi's position at that time. As such, the Tribunal concluded that, as of 6 May 2022, Dr Salehi accepted that this paragraph of the Allegation was correct.

31. The Tribunal also had regard to the content of the Common Stations leaflets that were handed out to prospective students in 2019. These stated that "*My name is Hamed… I run a 15-day PLAB 2 course, which is held once a month"*.

32. On the evidence before it, the Tribunal determined that, at all material times, Dr Salehi was the director of Common Stations and the documentation available suggested that he was heavily involved in running the business. Accordingly, the Tribunal found this paragraph of the Allegation proved.

Paragraph 3(a)

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

34. 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."*

35. 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."*

36. 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."*

37. 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.

38. 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]

39. 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.

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

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

42. 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…"

43. 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.

44. 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."

45. 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 each of those copyright marks included the name 'Dr Hamed Salehi' and provided the Tribunal with an extract of the documents showing this copyright mark. The copyright mark directly linked Dr Salehi to the information about the content of PLAB 2.

46. 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.

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

"As part of the scenarios training, it is true to say that Dr Salehi referred to information that was readily available and widely circulated about previous PLAB2 test scenarios as a form of "past paper" training… This information did not derive directly from the GMC and Dr Salehi did not slavishly copy any information, all materials used on the Common Stations courses were created by Dr Salehi based on his own knowledge of clinical practice and of the PLAB 2 syllabus.

This "past paper" training material was obtained from many sources. This included information which was (and still is) widely shared on social media (whatsapp, Facebook, Telegram, youtube), material from other course providers (not directly taken by Dr Salehi but, again, widely shared online), discussions with students during the Common Stations courses (for example, a student might give an example of a scenario from a PLAB2 test that they had previously failed, or that a friend or colleague had taken and ask how Dr Salehi would have dealt with that) and ad hoc discussions following exams where students shared their experiences. Dr Salehi would,

however, create his own materials, using these sources merely as inspiration. The materials produced by Dr Salehi reflected his own structure and way of teaching."

48. Within Dr Salehi's Rule 7 response, it was stated that the material that, at the relevant time, was used as inspiration by Dr Salehi when producing the material for the Common Stations PLAB 2 course was similar to the information that was widely available and widely shared. It was stated that the information was still widely shared on social media and screenshots from Facebook were provided to give examples of how the information was shared. It was also stated that the material used by Dr Salehi as inspiration for his course materials did not originate from the GMC and that material of the kind used by Dr Salehi (prior to March 2019) was *"publicly available"* even if this was not intended by the GMC.

49. The Tribunal determined that, given all of the evidence before it, Dr Salehi and/or a third party acting on his 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 Salehi had obtained confidential information as evidenced by the content of the folder that had copyright marks bearing his name. It was further apparent that some of the content of the attachments to the *'New stations'* and *'Very New Stations'* emails sent by Dr Salehi included a stamped watermark across the page and his name in a copyright mark at the bottom of the page. Taking into account the results of the analysis undertaken particularly that of Ms B, the Tribunal did not find Dr Salehi's representation that he used material as inspiration only plausible. Accordingly, the Tribunal found this sub-paragraph of the Allegation proved.

Paragraph 3(b)

50. The Tribunal considered whether Dr Salehi and/or a third party acting on his general instruction solicited some or all of the Information from PLAB 2 candidates, and in doing so he 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).

51. The Tribunal had regard to Dr Salehi's Rule 7 response dated 6 May 2022 in which he 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… Dr Salehi never contacted candidates after the exam in order to gather information about the exam".

52. 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:

  "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 neither Dr Salehi nor... 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".

- 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 E, who attended a Common Stations course in Spring 2016, passed the PLAB 2 examination in either June or July 2016 on his first attempt, and posted a

testimonial on the Common Stations Facebook group at some point after passing the exam.

Within his witness statement dated 31 March 2021, Dr E stated:

> *"I received a call from Common Stations shortly after my examination, which was either the same day or the day after. I remember that this call was from Dr Salehi. He congratulated me for passing and requested that I spread the word about the course because of their limited advertising budget. He didn't specifically mention Facebook, but I wrote the testimonial in response to this call. There were no further questions during this call, and this was the only one that I received from Common Stations*."

> *"The first [comment Dr E made in his Facebook post] refers to Dr Salehi and states that: 'he painstakingly collects all info from past students about d exam for his future students..he has an eye for d smallest of details n teaches each n everything that you need to pass…' . I remember that during the course, Dr Salehi said that he had worked hard for the data that they collected from former students, but he did not divulge to us his methods for obtaining this. He used this information to tell us how many times each station had come up, so we were informed about how likely each scenario was to come up. The scenarios that we were taught were generally very similar compared to the exam." [sic]*

Within the testimonial from Dr E on the Common Stations Facebook group, it stated:

> *"I passed plab 2 in first attempt today!!! All thanx to Dr. Hamed n his academy.. its a really easy exam to pass provided ur sincere in ur efforts n do each n everything dr. Hamid says.. he has enough experience in him to kno wat n how to teach.. he painstakingly collects all info from past students about d exam for his future 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, Dr Salehi 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. I remember Dr Salehi saying that if your PLAB 2 test was in the morning, you would be contacted soon after in the afternoon and if you sat it in the afternoon, they would contact you soon after in the evening. He said this was so that we did not forget any details from the stations or scenarios."

53. The Tribunal considered that the evidence and posts from past students of Common Stations showed a pattern of an individual from Common Stations contacting 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 the students did not specify that the caller was Dr Salehi but it was clear that Dr Salehi was the director of Common Stations and, if it had not been Dr Salehi, it was a third party on his general direction. The Tribunal determined that Dr Salehi was involved in the solicitation of some or all of the information from PLAB 2 candidates by way of a third party acting on his general instruction.

54. The Tribunal noted Dr Salehi's Rule 7 response in which it stated that he had reviewed his teaching programme when the concerns were brought to his attention and, from March 2019, he avoided any discussions at all with his students about the content of specific scenarios, *"Dr Salehi now makes it clear to candidates that they should not share exam content"*, and *"Dr Salehi uses a new style of teaching, discouraging students from relying on scripts"*. The Tribunal considered that, if there had been no soliciting of information about the content of PLAB 2, there would have been no need for amendment of Dr Salehi's teaching programme post March 2019.

55. 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".*

56. The Tribunal next considered whether, by soliciting the information, Dr Salehi 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).

57. 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'."*

58. 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.

59. 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."*

60. 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.

61. The Tribunal accepted the evidence of Mr A that, at the time Dr Salehi took his own PLAB 2 test, he would have been directed to the exam regulations. The Tribunal was provided with the email of Dr Salehi's PLAB 2 booking confirmation which directed him 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 Salehi knew the Information was confidential and it was misconduct to provide and disseminate it to others. Therefore, Dr Salehi should have been aware that to provide and/or disseminate the Information with a view to assisting current or prospective candidates amounted to misconduct.

62. The Tribunal has seen various examples of someone from Common Stations calling their students after the 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).

63. The Tribunal determined that a third party acting on Dr Salehi's general instruction solicited some or all of the Information from PLAB 2 candidates and in doing so he 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)

64. The Tribunal considered whether Dr Salehi and/or a third party acting on his general instruction created the Teaching Materials.

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

66. 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 and during the course, Dr Salehi said that he or someone from Common Stations would contact us to see what stations had come up during our PLAB 2 test."*

67. The Tribunal also noted that the documents contained in the folder bore copyright marks bearing Dr Salehi's name, which suggested that he owned the material and had therefore created, or instructed others to create, the material. These marks included a stamped watermark across the pages and Dr Salehi's name in the copyright mark at the bottom of pages.

68. The Tribunal has also been provided with evidence from Common Stations students as to how the information was solicited by someone at Common Stations to then inform future training materials. In his email to students attaching various files, Dr Salehi stated:

> *"These are the DRAFT versions of the new stations along with teaching materials which includes management for possible scenarios of those stations. We could not finalise the script and task since the information we received was not inclusive and also there is high possibility that GMC might change the station.*
>
> *We only typed the findings given by your colleagues and combined the information."*

69. Within Mr A witness statement dated 27 November 2020, he stated:

> *"Most of the documents within the New Stations Bundle are marked 'COMMON STATIONS – DRAFT VERSION', and some of the pages contain the same copyright mark as those contained in the Folder, 'Common Stations PLAB Academy - Dr Hamed Salehi'."*

70. The Tribunal noted Dr Salehi's Rule 7 response in which it was stated that he has changed the way he teaches following the GMC concerns being raised. Dr Salehi stated:

> *"For instance, instead of teaching them the exam scenarios known as scripts, I teach them how to elaborate various presenting complaints, how to come up with possible differential diagnosis and how to narrow them down into a most probable diagnosis.*
> *…*
> *When it comes to preparing the candidates for their PLAB2 exam, the traditional way of coaching has always been teaching based on a few hundreds of past paper scenarios. Since discussion about the PLAB2 exam content is against the GMC's policies, I have tried to come up with a new teaching style."*

71. The Tribunal determined that Dr Salehi and/or a third party acting on his general instruction created the Teaching Materials. It found this particularly persuasive as to his use of scripts and teaching on the basis of confidential scenarios especially when considered in conjunction with the copyright wording and watermarks. Accordingly, the Tribunal found this sub-paragraph of the Allegation proved.

Paragraph 3(d)

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

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

74. 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 and during the course, Dr Salehi 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."*

75. 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, including:

- 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]*
- Ms H - *"I also made the stupid mistake of not checking out the new stations that were appearing in the past couple of weeks (Dr. Hamed had sent us an email about them), and guess what? I got 4 of them… and failed them all"*
- Mr I - "*Spoon-Feeding: He spoon-fed all of us; he told us exactly what we needed to know for the exam, nothing more, nothing less. I followed him blindly. And here I am today, with 155/216 in my exam*.
  "Patients' Dialogues: The best thing is that he told us all of the dialogues that the patients use. So when we go into the exam, we know exactly what to expect. Each

and every single line or dialogue that was mentioned by my patients, was exactly as Dr. Hamed had told us. There was absolutely nothing new that I was exposed to in the exam."

- Mr J - *"Please do ONLY the common stations word to word by dr.hamed… 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 DR. HAMED'S CLASS WORD BY WORD!" [sic]*
- Ms K - *"Whatever Dr hamed taught us in the class was exactly what came in exam, patient will give you exactly same answers which dr hamed has taught us and examiner will ask you exactly the same questions which doctor hamed has taught us in the class. This exam cannot be made any easier as Dr hamed has made it" [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!!!"*

76. The Tribunal also had regard to the extracts of the information contained within the *'New stations'* and *'Very New Stations'* emails that Dr Salehi had sent to Common Stations students. As previously noted, the documents contained new scenario information and it was clear that the teaching materials contained confidential information. It could not reconcile this example of Dr Salehi providing up-to-date information to the students with Dr Salehi's Rule 7 response in which it was stated that he only obtained information from material in the public domain.

77. The Tribunal determined that Dr Salehi and/or a third party acting on his 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 (verbally and in written form) 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)

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

79. 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."*

80. 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

81. 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.

82. 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 each of those copyright marks included the name 'Dr Hamed Salehi' and provided the Tribunal with an extract of the documents showing this copyright mark.

83. The Tribunal had regard to Dr Salehi's Rule 7 response dated 6 May 2022, in which it was stated that:

"The material was marked as the copyright of Common Stations. As admitted in relation to allegation 3(c) above, this material was created by Dr Salehi and is his own work, derived from widely known information and his own knowledge of the PLAB2 examinations. The copyright marking was applied in an attempt to stop other course providers from copying."

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 and watermarks suggesting ownership by Dr Salehi within the various documentation contained in the folder and within the *'New stations'* and *'Very New Stations'* emails.

86. The Tribunal determined that Dr Salehi 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 Salehi made as outlined at paragraph 3(e) of the Allegation was untrue.

88. The Tribunal has found that Dr Salehi and/or a third party acting on his general instruction procured information about the content of PLAB 2 that was confidential and not made publicly available. It has found that Dr Salehi 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 Salehi created teaching materials containing the Information, which he represented as his own work/the original work of Common Stations, and distributed it to prospective PLAB candidates being tutored by Common Stations.

89. The Tribunal has noted Dr Salehi's Rule 7 response dated 6 May 2022 in which it is stated that *"Dr Salehi would, however, create his own materials, using these sources merely as inspiration"*. The Tribunal determined that, given what it has found, that this statement was untrue. The Tribunal determined that Dr Salehi created teaching materials that, for all of the reasons set out in respect of paragraph 3(e) of the Allegation, did not amount to his own original work. Therefore, the Tribunal determined that the representation Dr Salehi made at paragraph 3(e) of the Allegation was untrue. It considered that Dr Salehi's actions amounted to the 'passing off' of it as his own work. Accordingly, the Tribunal found this paragraph of the Allegation proved.

Paragraph 5

90. The Tribunal considered whether, on or around the dates set out in Schedule 1, Dr Salehi published and/or allowed to be published Facebook posts which stated that Common Stations had achieved a 100% pass rate in PLAB 2.

91. The Tribunal had regard to a screenshot of a Facebook post dated 27 February 2018 from the *'Common Stations by Dr.Hamed'* group, which read:

> *"So PROUD that many of you will be able to FIND YOUR NAME in the list below!*
> *We are celebrating *100% pass rate in 41 exams**
> *…*
> *810 PASSED RESULTS with HIGH SCORES in 112 sets of PLAB2 New Pattern exams!*
> *(From 7th September 2016 until 25 January 2018)"*

and the post dated 14 March 2018:

> *"We are celebrating*
> **100% pass rate in 43 exams**
> *…*
> *837 PASSED RESULTS with HIGH SCORES in 118sets of PLAB2 New Pattern exams!*
> *(From 7th September 2016 until 09 February 2018"*

92. The Tribunal had regard to Mr A's witness statement dated 27 November 2020, in which he referred to the two posts on the Facebook group and stated:

> [27 February 2018]

"a. Attached to this post, Dr Salehi uploaded video in which he addresses a number of Common Stations students and states 'so far in 41 exam of the new pattern we had 100% pass rate'.

*b. In the text of the Facebook post, Dr Salehi states 'We are celebrating *100% pass rate in 41 exams*' … '(from 7th September 2016 until 15th January 2018)'. Dr Salehi provides a list of around 809 students of Common Stations who had purportedly passed the PLAB 2."*

[14 March 2018]
"a. Attached to this post, Dr Salehi uploaded another video in which he addresses a number of Common Stations students and states 'so far in the new pattern in 43 exam we had 100% pass rate'.

*b. In the text of this Facebook post, Dr Salehi states 'We are celebrating *100% pass rate in 43 exams*' … '(from 7th September 2016 until 09 February 2018)'. Dr Salehi provides an updated list of around 837 purported students of Common Stations."*

93. The Tribunal also had regard to Dr Salehi's Rule 7 response dated 6 May 2022, in which it was stated that he denied this paragraph of the Allegation. It was stated that this materially misrepresented the Facebook posts and stated that:

"The two Facebook posts therefore make it clear that there was a 100% pass rate in 41 sets out of 112 sets of exams (from 7th September 2016 until 25th January 2018) and a 100% pass rate in 43 sets out of 118 sets of exams (from 7th September 2016 until 9th February 2018), meaning that in 71 sets and 77 sets respectively there was at least one Common Stations student who failed, The posts do not claim a 100% pass rate in all 112/118 exams respectively.

It is therefore clear when the Facebook post is read as a whole, that Dr Salehi was not suggesting a 100% pass rate in all PLAB2 tests. That is why the post explicitly states "100% pass in 41 / 43 exams" (emphasis added).

In that context, whilst it is accepted that the Facebook posts could, perhaps, have been worded differently, they were not intended to mislead potential candidates as to the success rate of Common Stations students.

Once Dr Salehi became aware of the GMC's concerns in relation to the Facebook posts (in November 2019), he ceased making any comments in relation to the pass rate of former students."

94. The Tribunal determined that, on or around the dates set out in Schedule 1, Dr Salehi published and/or allowed to be published Facebook posts which stated that Common Stations had achieved a 100% pass rate in PLAB 2. Accordingly, the Tribunal found this paragraph of the Allegation proved.

Paragraph 6

95. The Tribunal considered whether the PLAB 2 pass rate as published in the Facebook Posts was untrue.

96. The Tribunal took account of Mr A's witness statements dated 6 April 2019 and 27 November 2020, in which he stated that: *"PLAB days… are run frequently; in 2019, 180 PLAB days will be run"* and that he had received email responses from six doctors who confirmed that they had attended PLAB 2 training courses provided by Common Stations and had never passed PLAB 2. The Tribunal noted that this demonstrated the existence of failures within the students undertaking tutoring with Common Stations as well as establishing the high frequency of PLAB 2 examinations taking place.

97. The Tribunal had regard to the wording used in the Facebook posts. It noted that the first said they were celebrating 100% pass rate in 41 exams and the second in 43 exams. The time period was specified as from 7 September 2016 until 25 January 2018 and 7 September 2016 until 9 February 2018.

98. The Tribunal noted that it did not have information about on how many occasions Common Stations students took the PLAB 2 exam during that period as this information is not retained by the GMC. The Tribunal noted Mr A's evidence that courses such as those offered by Common Stations are not a formal part of the PLAB 2 process and so the GMC does not monitor the pass rates of providers of PLAB skills courses and is not generally aware which candidate have undertaken such courses.

99. The Tribunal did not have before it any evidence of on how many occasions Common Stations students took the exam during the relevant period. It considered that the

statements made by Dr Salehi, on reading them in the context of the entire Facebook post, was qualified. The Tribunal noted that it was possible that on 41 (and then on 43) occasions on which Common Stations students took the exam within the stated period, all had passed. It was entirely possible that when Common Stations students failed the exam it was on occasions other than the 41 or 43. Accordingly, it is not known whether the statements were true.

100. The Tribunal found this paragraph of the Allegation not proved.

Paragraph 7

101. The Tribunal considered whether, within the Facebook posts, Dr Salehi published and/or allowed to be published names of purported former students of Common Stations who had successfully passed PLAB 2.

102. Within Dr Salehi's Rule 7 response dated 6 May 2022, it was stated that this paragraph of the Allegation was *"Admitted".*

103. The Tribunal had regard to the two Facebook posts and the evidence about the list of names included in each. It noted that, within the posts, it was stated that these were the names of the people who had passed.

104. The Tribunal determined that, within the Facebook posts, Dr Salehi published and/or allowed to be published names of purported former students of Common Stations who had successfully passed PLAB 2. Accordingly, the Tribunal found this paragraph of the Allegation proved.

Paragraph 8

105. The Tribunal considered whether one or more of the names published in the Facebook Posts were not names of candidates who had passed PLAB 2 at the time of the Facebook Posts.

106. The Tribunal had regard to Mr A's witness statement dated 23 November 2021:

> *"The GMC has conducted a thorough search of [the GMC's system] for all of the names listed in Dr Salehi's Facebook posts in order to ascertain whether those listed*

were ever PLAB 2 candidates. The search was conducted using various different search terms in order to locate any possible permutation of the name.

*The GMC identified that **112** of the names are not names of candidates who took PLAB 2 between 7 September 2016 and 9 February 2018. These 112 names include those where the GMC has either:*

*a. no record at all of any doctor with that name, or with any similar permutation of that name (there are **81** names falling in this category); or*
b. no record of any doctor with a similar name having ever taken PLAB 2; or
c. no record of any doctor with a similar name having taken PLAB 2 within the period 7 September 2016 to 9 February 2018.

The GMC is therefore confident that these 112 names are not names of successful candidates who took PLAB 2 between 7 September 2016 and 9 February 2018."

107. In his statement dated 27 November 2020, Mr A also referred to *'False names'*. He stated that both of the Facebook posts contained the names of individuals for whom the GMC had no record and who had not undertaken PLAB 2, which included *"451. Dr. Liquid Poo"* and *"742. Dr. Seymour Butt".*

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

"This is denied to the extent that the list of names was not intended to mislead. All of those named on the list were successful PLAB2 candidates who had attended the Common Stations course. However, it is accepted that some of the names may not have been the student's actual name. This occurred for one of a number of reasons: Students did not want to provide their real names; students used "westernised" or "nicknames" rather than their actual names; autocorrect sometimes changed names and this was not spotted when the posts were made.

As a general point of principle, it is inherently unlikely that Dr Salehi would deliberately "invent" student names as alleged by the Council when there were many hundreds of successful Common Stations students: Dr Salehi would have no reason to do so and would have received no material benefit from doing so."

109. The Tribunal did consider that it was plausible that there may have been occasions whereby students might register on the Common Stations course and provide a false name. Given the material being shared in the course, it was plausible that people were referred to the course by friends or through social media and could have been effectively told that it was a 'cheat' course. Accordingly, they may not have wished to register on the course using their real name.

110. However, the Tribunal placed weight on the findings of the GMC that, having searched its system, 112 names of the names stated by Dr Salehi were not names of successful candidates who took PLAB 2 between 7 September 2016 and 9 February 2018. It determined that one or more of the names published in the Facebook Posts were not names of candidates who had passed PLAB 2 at the time of the Facebook Posts. It. Accordingly, the Tribunal found this paragraph of the Allegation proved.

Paragraph 9

111. The Tribunal considered whether, in or around the dates outlined in Schedule 2, Dr Salehi distributed and/or allowed to be distributed leaflets which stated that Common Stations had achieved a 100% pass rate in PLAB 2.

112. The Tribunal was provided with a copy of two Common Stations leaflets. It had regard to Mr A's witness statement dated 27 November 2020, in which he set out how both leaflets had been received by the GMC.

1. The first was handed to a GMC member of staff on 5 September 2019 by a gentleman called Mr N who had attended the GMC's offices and provided the leaflet. The GMC member of staff said that Mr N advised that he had travelled from London under instructions from Dr Salehi and wanted to meet candidates after their PLAB 1 test in order to advertise Common Stations. Mr N was advised that his request to meet candidates could not be accommodated but that the GMC could not stop him speaking with candidates off GMC property.

2. The second leaflet was handed to a GMC employee outside the building where they had observed a PLAB 1 exam on 7 November 2019.

113. The Tribunal had regard to the two leaflets, which read:

"… 100% PASS RATE
We are pleased to announce that Common Stations Academy has achieved 100% pass rate in 100 sets of the new pattern PLAB2 exam from September 2016 until March 2019".

"… 100% PASS RATE
We are pleased to announce that Common Stations Academy has achieved 100% pass rate in 152 sets of the new pattern PLAB2 exam from September 2016 until October 2019".

[In both leaflets the font size of the "100%" wording was very large on the page]

114. The Tribunal took account of Dr Salehi's Rule 7 response dated 6 May 2022:

"This is denied to the extent that it materially mispresents the information provided in the flyer…
As the case examiners will no doubt be aware (and all PLAB2 candidates will certainly be aware because they book the test online before attending the course), the GMC currently runs an average of 4 PLAB2 tests every week for around 48 weeks a year. This means that, on average in a year there are up to 200 PLAB2 tests. Whilst the number of PLAB2 tests in 2018/2019 would have been slightly lower than this (as the number of tests has been increasing over time), there would have been around 300 sets of examinations during the period from September 2016 until March 2019 and around 400 sets of examinations during the period from September 2016 until October 2019, so that the number of PLAB2 sets referred to in the flyer represent a small proportion of the total number of sets during the relevant periods.

There was never any attempt by Dr Salehi to indicate that all Common Stations students passed the PLAB2 test.

Dr Salehi immediately stopped distributing the flyers with the pass rate information once he became aware of the GMC's concerns."

115. The Tribunal determined that, on or around the dates outlined in Schedule 2, Dr Salehi distributed and/or allowed to be distributed leaflets which stated that Common Stations had achieved a 100% pass rate in PLAB 2. Accordingly, the Tribunal found this paragraph of the Allegation proved.

Paragraph 10

116. The Tribunal considered whether the PLAB 2 pass rate as advertised in the Leaflets was untrue.

117. The Tribunal again had regard to the evidence of Mr A as to the existence of failures within the students undertaking tutoring with Common Stations as well as the high frequency of PLAB 2 examinations taking place generally.

118. The Tribunal had regard to the wording used in the leaflets. It noted that the first said they were celebrating 100% pass rate in 100 sets of the new pattern PLAB exam and the second in 152 sets. The time period is specified as from September 2016 until March 2019 and September 2016 until October 2019.

119. The Tribunal noted that it did not have information about on how many occasions Common Stations students took the PLAB 2 exam during that period as this information is not retained by the GMC. The Tribunal again had regard to Mr A's evidence that courses such as those offered by Common Stations are not a formal part of the PLAB 2 process and so the GMC does not monitor the pass rates of providers of PLAB skills courses and is not generally aware which candidate have undertaken such courses.

120. As the Tribunal did not have before it evidence of on how many occasions Common Stations students took the exam during the relevant period, it could not determine whether the statements made were true. It considered that the claims made in the leaflets were qualified. The Tribunal noted that it was entirely possible that on 100 (and then on 152) occasions on which Common Stations students took the exam within the stated period, all had passed. It was entirely possible that when Common Stations students failed the exam it was on occasions other than the 100 or 152.

121. The Tribunal found this paragraph of the Allegation not proved.

Paragraph 11(a)

122. The Tribunal considered whether Dr Salehi knew that his 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.

123. 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."*

124. 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 PLAB 2 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).

125. 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 Salehi was assisting them to obtain an unfair advantage.

126. The Tribunal considered that Dr Salehi'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 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.

127. The Tribunal was clear the only purpose of using the confidential information in this way by Dr Salehi was to assist the Common Stations students to obtain an unfair advantage. Dr Salehi was aware that he was using the confidential information and he was passing it off as his 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.

128. The Tribunal determined that Dr Salehi knew that his 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. Accordingly, the Tribunal found this sub-paragraph of the Allegation proved.

Paragraph 11(b)

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

130. The Tribunal has found that Dr Salehi compiled 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 Salehi was “passing off” the work as his own.

131. 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 Salehi would have known, given how the material was obtained, that his assertion that the Information was his original work was untrue.

132. The Tribunal determined that Dr Salehi knew that the representation he 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 11(c)

133. The Tribunal considered whether Dr Salehi knew that the PLAB 2 pass rate as set out at paragraph 5 of the Allegation was untrue.

134. The Tribunal referred to its findings in respect of paragraph 6 of the Allegation. As the Tribunal did not have before it evidence of on how many occasions Common Stations students took the exam during the relevant time, it could not ascertain whether the statements made were true. As such, the Tribunal did not conclude that Dr Salehi knew that the PLAB 2 pass rate statements were untrue as it was possible that they were factually accurate.

135. Accordingly, the Tribunal found this sub-paragraph of the Allegation not proved.

Paragraph 11(d)

136. The Tribunal considered whether Dr Salehi knew that one or more of the names as set out at paragraph 7 of the Allegation were not names of candidates who had passed PLAB 2 at the time of the Facebook Posts.

137. The Tribunal found, in terms of paragraph 7 of the Allegation, that, within the Facebook posts, Dr Salehi published and/or allowed to be published names of purported former students of Common Stations who had successfully passed PLAB 2.

138. The Tribunal noted the information within Dr Salehi's Rule 7 response that it was possible that students joining his course could have used shortened versions of their name, used westernised versions of their name and/or may have used false names.

139. The Tribunal determined that it was plausible that students could have registered on the Common Stations course using a name different to their real name and/or were known on the course by another name. The Tribunal has not heard evidence of how Dr Salehi compiled the list. The Tribunal noted that there was no clear benefit to Dr Salehi in making up or changing some of the names.

140. The Tribunal did not find that Dr Salehi knew that one or more of the names as set out at paragraph 7 of the Allegation were not names of candidates who had passed PLAB 2 at

the time of the Facebook Posts. Accordingly, the Tribunal found this sub-paragraph of the Allegation not proved.

Paragraph 11(e)

141. The Tribunal considered whether Dr Salehi knew that the PLAB 2 pass rate as set out at paragraph 9 of the Allegation was untrue.

142. The Tribunal referred to its findings in respect of paragraph 10 of the Allegation. As the Tribunal did not have before it evidence of on how many occasions Common Stations students took the exam during the relevant period, it could not ascertain whether the statements made were true. As such, the Tribunal did not conclude that Dr Salehi knew that the PLAB 2 pass rate statements were untrue as it was possible that they were factually accurate.

143. Accordingly, the Tribunal found this sub-paragraph of the Allegation not proved.

Paragraph 12(a)

144. The Tribunal considered whether Dr Salehi's actions as set out in paragraph 3(d) of the Allegation (distribution of the information/Teaching Materials) were dishonest by reason of paragraph 11(a) (in that he knew his actions would assist Common Stations students to obtain an unfair advantage).

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

146. Having ascertained the state of Dr Salehi's knowledge or belief as to the facts at paragraph 11(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 Salehi's conduct was dishonest. He was assisting the Common Stations students to cheat using confidential information about the content of the examination and in circumstances where he knew he was assisting the students to obtain an unfair advantage.

147. The Tribunal found that Dr Salehi's actions at paragraph 3(d) above were dishonest by reason of paragraph 11(a). The Tribunal therefore found paragraph 12(a) of the Allegation proved.

Paragraph 12(b)

148. The Tribunal considered whether Dr Salehi'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 11(b).

149. The Tribunal had regard to its findings that Dr Salehi 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 Salehi knew that it was untrue. The Tribunal was clear that Dr Salehi knew it was not the original work of Common Stations and that he had essentially repackaged the confidential information, that he had solicited and procured, and added his own copyright marks to the documents.

150. Having ascertained the state of Dr Salehi's knowledge or belief as to the facts at paragraph 11(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 Salehi's conduct was dishonest. He was "passing off" the confidential information as the original work of Common Stations when it was not.

151. The Tribunal found that Dr Salehi's actions at paragraph 3(e) above were dishonest by reason of paragraphs 4 and 11(b). The Tribunal therefore found paragraph 12(b) of the Allegation proved.

Paragraph 12(c)

152. The Tribunal considered whether Dr Salehi's actions as set out in paragraph 5 of the Allegation were dishonest by reason of paragraphs 6 and 11(c).

153. Whilst the Tribunal found paragraph 5 of the Allegation proved, it did not find proved paragraphs 6 and 11(c). In those circumstances, the Tribunal found this sub-paragraph of the Allegation not proved.

Paragraph 12(d)

154. The Tribunal considered whether Dr Salehi's actions as set out in paragraph 7 of the Allegation were dishonest by reason of paragraphs 8 and 11(d).

155. Whilst the Tribunal found paragraph 8 of the Allegation proved, it did not find proved paragraph 11(d).

156. On this basis, the Tribunal had determined Dr Salehi's knowledge or belief to the facts in line with the first limb of the *Ivey* test.

157. As the Tribunal did not find that Dr Salehi knew that one or more of the names as set out at paragraph 7 of the Allegation were not names of candidates who had passed PLAB 2 at the time of the Facebook Posts, the first limb of the Ivey test was not satisfied. Accordingly, the Tribunal found this sub-paragraph of the Allegation not proved.

Paragraph 12(e)

158. The Tribunal considered whether Dr Salehi's actions as set out in paragraph 9 of the Allegation were dishonest by reason of paragraphs 10 and 11(e).

159. Whilst the Tribunal found paragraph 9 of the Allegation proved, it did not find proved paragraphs 10 and 11(e). In those circumstances, the Tribunal found this sub-paragraph of the Allegation not proved.

The Tribunal's overall determination on the facts

160. 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 the director of 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. On or around the dates set out in Schedule 1 you published and/or allowed to be published Facebook posts which stated that Common Stations had achieved a 100% pass rate in PLAB 2 (the 'Facebook Posts').
Determined and found proved

6. The PLAB 2 pass rate as published in the Facebook Posts was untrue.
Not proved

7. Within the Facebook Posts you published and/or allowed to be published names of purported former students of Common Stations who had successfully passed PLAB 2.
Determined and found proved

8. One or more of the names published in the Facebook Posts were not names of candidates who had passed PLAB 2 at the time of the Facebook Posts.
Determined and found proved

9. In or around the dates outlined in Schedule 2 you distributed and/or allowed to be distributed leaflets which stated that Common Stations had achieved a 100% pass rate in PLAB 2 (the 'Leaflets').
Determined and found proved

10. The PLAB 2 pass rate as advertised in the Leaflets was untrue.
Not proved

11. 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

c. the PLAB 2 pass rate as set out at paragraph 5. was untrue;
Not proved

d. one or more of the names as set out at paragraph 7. were not names of candidates who had passed PLAB 2 at the time of the Facebook Posts;
Not proved

e. the PLAB 2 pass rate as set out at paragraph 9. was untrue.
Not proved

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

a. 3. d. were dishonest by reason of paragraph 11. a.;
Determined and found proved

b. 3. e. were dishonest by reason of paragraphs 4. and 11. b.;
Determined and found proved

c. 5. were dishonest by reason of paragraphs 6. and 11. c.;
Not proved

d. 7. were dishonest by reason of paragraphs 8. and 11. d.;
Not proved

e. 9. were dishonest by reason of paragraphs 10. and 11. e..
Not 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

1. 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 Salehi's fitness to practise is impaired by reason of misconduct.

The evidence

2. 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

3. 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 Salehi 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."*

4. 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."*

5. 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.

6. 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:

- The behaviour or poor performance was persistent or repeated
  She submitted that the evidence indicated that Dr Salehi 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 Salehi's actions were clearly persistent and amounted to repeated misconduct.

- Premeditated behaviour
  Ms Fairley submitted that, from the evidence of the candidates who enrolled on the Common Stations courses, it was clear that Dr Salehi, and those acting on his 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 Salehi *"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 Salehi was clearly trusted by the candidates as evident from the testimonials and witness statements. She submitted that Dr Salehi 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 Salehi to keep on financially benefiting from Common Stations for his 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 Salehi knew he should have been acting with honesty and integrity and not enabling PLAB candidates to cheat, yet he 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 Salehi'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 Salehi'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 Salehi were clearly motivated by his own commercial interests in students being attracted to, and taking, the Common Stations courses. She submitted that this was clearly behaviour that put his own interests before the safety of patients.

7. 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.

8. 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 Dr Salehi was involved in running courses specifically aimed at doctors hoping to practice in the UK. He was, therefore, in a position of some responsibility towards those doctors and could be said to be in *a "leading role is more likely to be capable of influencing others"* (paragraph 65 of the guidance]. Ms Fairley stated that the misconduct found involved Dr Salehi 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 Salehi's misconduct.

9. 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 Salehi had properly reflected on his misconduct or sought to remedy his behaviour. She stated that, despite being afforded time to engage in the process, Dr Salehi had not engaged. Ms Fairley stated that there was reference in Dr Salehi's Rule 7 response to some changes made by him to his approach but, as he had not engaged in this hearing, the Tribunal had no opportunity to assess that claim. Ms Fairley stated that the Tribunal therefore had no direct evidence from Dr Salehi 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.

10. 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.

11. 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.

12. 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 Salehi's actions clearly breached fundamental tenets of the profession in that he 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.

13. No submissions were received from Dr Salehi.

The relevant legal principles

14. 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.

15. 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.

16. 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".*

17. To assess whether Dr Salehi 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 Salehi and/or his working environment, and
- how Dr Salehi has responded to the allegations.

18. 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.

19. 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.

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

21. The Tribunal will take into consideration how Dr Salehi 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.

22. 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.

23. 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?

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

25. 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.

26. The Tribunal determined that Dr Salehi'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 Salehi's actions would fairly be described, with reference to *Nandi*, as *"conduct which would be regarded as deplorable by fellow practitioners"*.

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

Where on the spectrum of seriousness does the allegation lie?

28. 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).

29. 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.

30. The Tribunal had regard to the facts found proved in respect of Dr Salehi 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."*

31. 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 Salehi's departure from those standards.

32. The Tribunal had regard to the fact that Dr Salehi was the director of Common Stations at all material times. Accordingly, he had a responsibility to ensure that he knew the rules and regulations that should have been followed in relation to the PLAB 2 examination when providing the courses that were delivered by Common Stations. This directly related to paragraph 12 of GMP, in that a doctor must *"keep up to date with, and follow, the law, our guidance and other regulations relevant to your work"*. The Tribunal was positively satisfied that Dr Salehi played a key leadership role in Common Stations' well organised, systematic process of soliciting and procuring confidential information about the content of the PLAB 2 examination and the creation and distribution of those materials to enable Common Stations students to gain an unfair advantage. The Tribunal was clear that Dr Salehi was a hands-on leader who orchestrated this behaviour within Common Stations. The Tribunal found that Dr Salehi was an active participant in each stage of the process. He was also directly involved in updating the course information to include new confidential information as well as the sending of new scenario information to students.

33. 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 Salehi'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.

34. 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.

35. 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:

- The behaviour… was persistent or repeated
  The Tribunal had regard to the facts found proved and determined that Dr Salehi'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 Salehi'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 he exposed students to material they should not have had. Dr Salehi was the director of Common Stations over the period in question from 2016 to 2019 and also directly kept the students updated on new confidential information that Common Stations had procured via his *'New stations'* and '*Very New Stations'* emails.

- Premeditated behaviour
  The Tribunal was of the view that, on the facts found proved, Dr Salehi's behaviour was premeditated. The Tribunal found that Dr Salehi, as the director of Common Stations, played a leadership role in the process and exploited opportunities to take advantage and obtain confidential information about the content of PLAB 2 from students who placed their trust in him. It had regard to the examples of the 'New stations' and 'Very New Stations' emails where he sent updates of the confidential material collated. The Tribunal considered this indicative of his desire to give confidential information to his students, which they should have not had, and showed premeditation in that certain sections of the material directed the user in various ways so as to ensure it was not apparent to the examiner that they knew the content of the scenario beforehand.

- Predatory behaviour
  The Tribunal considered that Dr Salehi's behaviour was also linked with another feature that might increase the seriousness of the allegation; predatory behaviour. Dr Salehi had, as director of Common Stations, found a way to exploit the system. He saw an opportunity and took it with total disregard for the negative impact of his 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 Salehi's behaviour represented an abuse of his professional position. He knew what the rules and regulations were but exploited the trust placed in him by the Common Stations students to obtain the confidential information. The Tribunal found that Dr Salehi had held a position of leadership, both as a registered medical practitioner who had completed the PLAB 2 process himself and as the director of Common Stations, a commercial venture for which he would have received financial benefit. The Tribunal noted that Dr Salehi referred to his status as an NHS doctor who had successfully passed PLAB within his marketing leaflets, which added to his credibility and why a student should pick his course over others. The Tribunal determined that Dr Salehi'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 Salehi displayed a blatant disregard for patient safety and professional standards, and his 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.

36. 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 Salehi. The Tribunal placed little weight on this feature given the seriousness of the concerns in this case.

37. 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.

38. 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.

What is the impact of any relevant context known about Dr Salehi and/or their working environment?

39. 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.

40. The Tribunal considered Dr Salehi's role as director of Common Stations and his direct involvement in soliciting and procuring confidential information about the content of PLAB 2 that he then distributed through various teaching materials. His working environment was within his own control. 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 Salehi responded to the allegations?

41. The Tribunal had regard to the evidence available as to whether Dr Salehi has shown insight into his 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 his knowledge and skills up to date.

42. The Tribunal considered whether Dr Salehi understands what happened and accepted how he could have acted differently. The Tribunal had no evidence or representations from Dr Salehi to demonstrate his insight. It noted that the only indication it had was set out within the Rule 7 response from May 2022. The Tribunal further noted that there was reference within the Rule 7 response to Common Stations having changed its teaching methods once the GMC raised its concerns with the company. However, the Tribunal had no evidence before it to show whether this was correct. The Tribunal was of the view that whilst it was suggested that teaching methods had changed, this was a direct response to the GMC raising concerns. There was no acknowledgement from, or understanding expressed by, Dr Salehi of what he was doing was wrong or of the consequences of his actions.

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

44. 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 Salehi's misconduct might theoretically be remediable, it would be extremely difficult to do so.

45. 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 Salehi poses any current and ongoing risk to public protection which may require restrictive action in response and its finding on impairment

46. 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.

47. The Tribunal determined that Dr Salehi 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 Salehi displayed a blatant disregard for patient safety and professional standards, and his actions had the effect of undermining a system clearly designed to protect the public.

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

Determination on Sanction - 30/09/2026

1. Having determined that Dr Salehi'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

2. 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

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

4. 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.

5. 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".

6. 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.

7. 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 Salehi had had a significant period of time to engage and show he 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.

8. 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."*

9. Ms Fairley submitted that the allegations relating to Dr Salehi 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 Salehi 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 Salehi's Rule 7 response of any real consideration of the impact of his actions on the integrity of the process and the effect on the wider public confidence in the profession.

10. Ms Fairley referred to the Tribunal's conclusions in relation to impairment, including that Dr Salehi had, in assisting candidates to cheat the system, displayed a blatant disregard for patient safety and professional standards, and his 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 Salehi'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 his actions on the integrity of the system. She submitted that the effect of Dr Salehi continuing to hold GMC registration would seriously undermine public confidence in the profession.

11. 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 Salehi'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.

12. Ms Fairley submitted that there was a repeated and persistent pattern of dishonest conduct from Dr Salehi 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.

13. No submissions were received from Dr Salehi.

The relevant legal principles

14. 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.

15. 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"*.

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

The Tribunal's determination on sanction

17. 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

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

19. 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 Salehi's case.

20. 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

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

22. 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.

23. 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"*.

24. 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 Salehi's registration.

Suspension

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

26. 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.

27. 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 Salehi.

28. 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.

29. 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 Salehi's registration.

Erasure

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

31. 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.

32. 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 Salehi's behaviour caused harm, the consequences of his misconduct certainly put the public at risk of serious harm. The Tribunal also considered that Dr Salehi had shown a persistent lack of insight into the seriousness of his misconduct and its potential consequences. It determined that, given the seriousness of what had been found proved, Dr Salehi continuing to hold GMC registration would undermine public confidence in the profession.

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

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

35. 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.

36. 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 Salehi had displayed a blatant disregard for patient safety and professional standards, and his 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 Salehi. 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.

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

Determination on Immediate Order - 30/09/2026

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

Submissions

Submissions on behalf of the GMC

2. 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."*

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

4. No submissions were received from Dr Salehi.

The Tribunal's determination

5. 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".*

6. The Tribunal had regard to the high seriousness of its findings, including its view that the level of current and ongoing risk Dr Salehi poses to public protection was so significant that he 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.

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

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

9. There is no interim order to revoke.

10. That concludes this case.

ANNEX A - 08/09/2026

Application for adjournment

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 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 Salehi's alleged misconduct, a redacted version will be published at the close of the hearing.

Background

2. Dr Salehi provided his Rule 7 response to the GMC on 6 May 2022. The GMC referred the Allegation to a Medical Practitioners Tribunal hearing on 20 June 2022.

3. Dr Salehi's hearing was due to commence from 4 September 2023. On 13 July 2023 the MPTS granted a postponement application as XXX

4. The hearing was then due to commence from 29 April 2024, but a further postponement application was granted on 1 March 2024 as XXX

5. XXX

6. The hearing was then due to commence from 28 April 2025. On 17 February 2025 a further postponement on the basis of XXX. On 20 March 2025 a MPTS Case Manager refused the application. They were of the view that there was insufficient information available to them to determine that the hearing ought to be postponed on the basis of XXX - they did not consider that any of the XXX evidence addressed the key issue of his XXX to participate in and prepare for the hearing. A further postponement application was submitted on 15 April 2025 and the MPTS granted it on 24 April 2025.

7. Updates were received from Dr Salehi's representative at various points throughout the remainder of the second half of 2025, including on 25 June 2025 XXX.

8. On 29 July 2025 Dr Salehi's representative stated that XXX

9. On 16 September 2025 it was stated that XXX

10. On 8 December 2025 Dr Salehi's representative stated that XXX

11. The MPTS confirmed the listing of this current hearing on 15 December 2025.

12. On 22 December 2025 it was requested that the proposed listing in September 2026 was vacated. Dr Salehi's representative stated that XXX

13. On 9 January 2026 the MPTS confirmed that the hearing was provisionally listed to take place in September 2026, that it would hold the dates, and listed the matter for a pre-hearing meeting (PHM) on 18 March 2026.

14. At the 18 March 2026 PHM, Dr Salehi's representative said that XXX was much improved and he "*has confirmed that he is* [XXX] *to participate in the forthcoming MPT hearing*". Accordingly, directions for disclosure were made.

15. The GMC and MPTS were advised in July 2026 that Dr Salehi's solicitor was no longer instructed on his behalf. Correspondence was thereafter sent directly to Dr Salehi. No responses were received. On 1 September 2026 a postponement application was received from Dr Salehi's solicitors, who had been reinstructed, on or around 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

16. On 7 September 2026 Ms Clodagh Bradley, KC, on behalf of Dr Salehi, 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 Salehi

17. 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.

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

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

b. XXX

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

19. In relation to (a), Ms Bradley stated that Dr Salehi felt completely overwhelmed by what had been occurring in Iran in relation to the war and its impact on his wider family XXX. She stated that Dr Salehi had felt XXX opening correspondence, let alone providing instructions to his solicitor and prepare his 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 Salehi had much of his family there and did not know XXX. 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 Salehi, there were now XXX that were also impeding his ability to prepare for this hearing.

20. Within Dr Salehi's statement dated 1 September 2026, he stated that the events had brought XXX. He stated that they had XXX

21. XXX

22. XXX

23. 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 Salehi 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 Salehi's ability to prepare for proceedings but had arisen through no fault of his own. Ms Bradley submitted that the application for adjournment was not tactical or deliberate; Dr Salehi was doing his very best.

24. 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 Salehi was not currently working as a medical doctor.

25. Following a question from the Tribunal, Ms Bradley stated that she believed that Dr Salehi 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 Salehi was not working clinically.

Submissions on behalf of the GMC

26. 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.

27. Ms Fairley stated that the chronology of this matter was significant when the Tribunal considers whether Dr Salehi has had opportunity to prepare for the hearing. She stated that

the allegations that Dr Salehi faces had not changed since service of the Rule 7 letter in December 2021. Ms Fairley stated that Dr Salehi 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.

28. Ms Fairley stated that, when analysing whether or not Dr Salehi has had an opportunity to prepare for the hearing, the PHM on 18 March 2026 was significant as Dr Salehi's solicitor explained that Dr Salehi 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 he could not participate. She stated that Dr Salehi's solicitors indicated in July 2026 that they did not have instructions and so correspondence had been sent directly to Dr Salehi. She stated that there was no explanation of what efforts Dr Salehi has made to engage with the documentation or prepare for this hearing or any clarity as to the chronology XXX.

29. Ms Fairley stated that Dr Salehi stated that he had ignored GMC and MPTS attempts to contact him since July, which appears to be a deliberate choice that was made by him. Ms Fairley submitted that Dr Salehi was clearly capable of engaging sufficiently to produce a witness statement and documentation in support of this application. XXX.

30. In terms of Iran, Ms Fairley submitted that the GMC has significant sympathy for Dr Salehi in light of the situation in Iran and his 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 Salehi.

31. XXX

32. Ms Fairley stated that there had been a considerable period of time from 18 March 2026, when the MPTS was informed that XXX, to when the application to adjourn was made

on 1 September 2026. Ms Fairley referred to a letter within the documentation provided on behalf of Dr Salehi dated 24 August 2026, in which it was noted that XXX. Ms Fairley submitted that it did not appear that Dr Salehi had explored with XXX or more widely how he could XXX with it such that he could engage in this hearing.

33. Ms Fairley stated that the Tribunal might expect to have a report in respect of Dr Salehi that specifically addressed XXX; no such report has been provided.

34. Ms Fairley stated that it was suggested by those on behalf of Dr Salehi 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 cited by Dr Salehi in his 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.

35. Ms Fairley stated that there appeared to be no real consideration or exploration on the part of Dr Salehi or his representatives as to what XXX would assist in allowing him to prepare and attend this hearing. She 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 Salehi would XXX regarding these proceedings and that it could be said, objectively speaking, to be in Dr Salehi's own interests for the proceedings to be concluded.

36. 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 Salehi was sufficient to justify an adjournment of this hearing such that it opposed the application.

The Relevant Legal Principles

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

38. 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".*

39. 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."*

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

41. XXX

42. XXX

43. 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.

44. 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

45. The Tribunal first referred to the submissions made about the impact of the conflict in Iran as referred to by Dr Salehi and his representatives. The Tribunal noted the details about the communication blackout from February 2026 and of the family and friends Dr Salehi has in Iran. The Tribunal sympathises with the position faced by Dr Salehi 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 Salehi, it did not have evidence before it to show that Dr Salehi could not prepare for or participate in this hearing XXX.

46. XXX

47. XXX. The Tribunal further noted that Dr Salehi continues to work for the company which is subject to these proceedings of which he is the Director and it has no evidence to suggest that anything is preventing Dr Salehi from undertaking this work.

48. XXX

49. 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 Salehi has remained broadly the same for many years (particularly for the last three years), he provided a detailed Rule 7 response in May 2022 and the indication at the March 2026 PHM was that he was ready to proceed. The Tribunal was not satisfied that Dr Salehi has not had the opportunity to prepare for this hearing.

50. The Tribunal also noted that it appears that Dr Salehi has continued to work at the company that is the subject of the Allegation that he faces. The Tribunal noted the nature of the allegations relate to Dr Salehi'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.

51. The Tribunal has balanced all of the elements before it. It has balanced Dr Salehi'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 Salehi's position given the lack of evidence from him to show that he has been unable to prepare for or participate in this hearing.

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

53. The Tribunal noted that Dr Salehi has, by virtue of the fact he has made this application to postpone the hearing, 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.

54. The Tribunal reiterated its comments that the case against Dr Salehi has remained broadly the same for many years (particularly for the last three years), he 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 he was ready to proceed. The Tribunal was not satisfied that Dr Salehi has not had the opportunity to prepare for this hearing. The Tribunal was of the view that, if it did not proceed in Dr Salehi's absence, given the history of the previous postponement applications, 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.

55. The Tribunal has balanced Dr Salehi'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.

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

ANNEX B - 11/09/2026

Service and Proceeding in Absence

Service

1. Dr Salehi 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 Salehi's behalf to the Tribunal about Dr Salehi's application for adjournment.

2. 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.

3. The Tribunal handed its determination down on the application for adjournment (Annex A) at 12pm on 8 September 2026. Dr Salehi 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.

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

5. Following a request from the Tribunal, it was provided with a copy of the 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 Salehi by email and by post to his registered address. The bundle also included the MPTS notice of hearing letter dated 4 August 2026, which was sent by post to his registered address.

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

7. 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.

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

Proceeding in Absence

9. The Tribunal then went on to consider whether it would be appropriate to proceed with this hearing in Dr Salehi'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.

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

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

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

13. The Tribunal noted that Mr Wardle had been instructed by Dr Salehi 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 Salehi 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 Salehi is in a position to engage with these proceedings if he wished to do so.

14. The Tribunal noted that the hearing link was sent to Dr Salehi 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 Salehi 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.

15. In the circumstances, the Tribunal determined that Dr Salehi had voluntarily absented himself. It determined that it was appropriate and in the public interest to proceed in Dr Salehi's absence. The Tribunal noted that it was open to Dr Salehi 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.

Schedule 1

1. 27 February 2018

2. 14 March 2018

Schedule 2

1. September 2019

2. November 2019