PUBLIC RECORD

Date: 17/08/2026

Doctor:	Dr Jairon MAJDNEYA
GMC reference number:	7408450
Primary medical qualification:	MB ChB 2013 University of Birmingham

Type of case	**Outcome on impairment**
Review - Misconduct	Impaired

Summary of outcome

Erasure

Tribunal:

Legally Qualified Chair	Mr Gerry Wareham
Registrant Tribunal Member:	Dr Louis Savage
Registrant Tribunal Member:	Dr Fatima Ali

Tribunal Clerk:	Fiona Johnston

Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Ms Niamh Ingham, Counsel

Attendance of Press / Public

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

Protecting the Public

Throughout the decision making process the tribunal has borne in mind the statutory duty as set out in s1(1) of the Medical Act 1983 (the 1983 Act) to protect the public. The tribunal has considered the relevance and impact on each of the three distinct parts of public protection to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Impairment - 17/08/2026

1. At this review hearing the Tribunal has to decide, in accordance with Rule 22(1)(f) of the Rules, whether Dr Majdneya's fitness to practise remains impaired by reason of misconduct.

The Outcome of Application made during the Impairment Stage

2. The Tribunal granted the GMC's application, made pursuant to Rule 31 of the Rules, for the case to proceed in the absence of Dr Majdneya. The Tribunal's full decision on the application is included at Annex A.

Background

3. Dr Majdneya qualified in 2013 and completed her General Practitioner (GP) training in 2020. At the time of the events in question, Dr Majdneya was practising as a GP at the Audley Mills Surgery ('the Surgery'). Dr Majdneya had completed her GP training at this Surgery and was offered a salaried post upon completion of training, which she held for at least four years. Dr Majdneya was contracted to work six sessions per week, in which a session is defined as four hours of work, consisting of three hours of clinical duties and one hour of administration duties.

2025 Tribunal

4. A Medical Practitioners Tribunal (MPT) to consider Dr Majdneya's case took place from 29 July 2025 to 8 August 2025 ('the 2025 Tribunal').

5. On 11 September 2023 Dr Majdneya was notified by the GMC that her Responsible Officer (RO) had submitted a recommendation of non-engagement in respect of revalidation. As such the GMC was considering withdrawing her licence to practise. No response was received by the GMC from Dr Majdneya.

6. The 2025 Tribunal found that on 20 February 2024 the GMC wrote to Dr Majdneya to inform her that her licence to practise would be withdrawn on 27 March 2024 and that, from 27 March 2024, she must not undertake any form of medical practice within the UK which required her to hold a licence to practise. It also found that on 27 March 2024, the GMC wrote to her again, indicating that (i) her licence to practise had been withdrawn; (ii) she must not work in any role which required her to hold a licence to practise; and (iii) if she was working in a role which requires her to hold a licence to practise she must stop immediately. The 2025 Tribunal determined that Dr Majdneya continued to undertake her GP role at the Surgery until 23 April 2024 and that, by doing so, her actions between 27 March 2024 and 23 April 2024 were dishonest.

7. The 2025 Tribunal found that Dr Majdneya had acted dishonestly by knowingly working without a licence to practise at the Surgery. She did this for around one month, seeing 135 patients in that time.

8. The 2025 Tribunal determined that Dr Majdneya's fitness to practise was impaired by reason of her misconduct. It determined to suspend Dr Majdneya's registration for a period of 12 months.

9. The 2025 Tribunal stated that it might assist this reviewing Tribunal if Dr Majdneya were to provide:

- Evidence of Continuing Professional Development and relevant training and/or courses undertaken in relation to:

    - time-management,
    - management of stress at work,
    - collaborative working with colleagues,
    - communication skills,
    - probity and ethics,
    - as well as other clinical based courses to show she has kept her medical skills and knowledge up to date.

- Documents that would be helpful to show the reviewing Tribunal how the findings of this Tribunal have been fully considered and applied to ensure she is fit to practise.

Today's Review

10. This is the first review of Dr Majdneya's case. The Tribunal now has to decide in accordance with Rule 22(1)(f) of the Rules whether Dr Majdneya's fitness to practise remains impaired by reason of her misconduct.

Documentary Evidence

11. The Tribunal has taken into account all of the evidence received. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included, but was not limited to, the following: Record of Determinations from the 2025 Tribunal hearing and various correspondence from the GMC and MPTS to Dr Majdneya. No new evidence was submitted by the doctor.

Submissions

Submissions on behalf of the GMC

12. Ms Ingham submitted that the 2025 Tribunal had emphasised that, at the review hearing, the onus would be on the doctor to demonstrate how she had developed insight into and remediated her misconduct. That section of the determination also set out various items which the doctor could provide to assist any future Tribunal in its determination.

13. She noted that, at page 47 of the bundle, the doctor was written to on 22 April of this year. The letter contained a document setting out items which the doctor could provide to the Tribunal in advance of the hearing. Notwithstanding that reminder, and the previous reminder contained within the earlier determination, no such documentation had been received by the GMC.

14. In fact, she submitted the doctor had disengaged entirely from the process and had not responded to any correspondence sent by the GMC. All correspondence had been sent to the registered address, as previously outlined, as the GMC had been unable to verify an

effective email address. The doctor had also not been present or represented at the previous hearing, nor was she present or represented at the current hearing.

15. Ms Ingham submitted given the lack of engagement and lack of evidence of remediation, insight, and keeping her skills up to date, the GMC respectfully submitted that the doctor's fitness to practise remained impaired.

16. She submitted that Dr Majdneya continued to pose a current and ongoing risk to all three parts of public protection: patient safety, public confidence, and upholding professional standards.

17. As per the guidance, she submitted that the Tribunal was required to consider any new evidence, evidence of insight and remediation, and evidence of whether the doctor had kept her skills and knowledge up to date. However, there was no evidence of any of these matters.

18. She submitted that the level of risk had, in fact, increased as a result of the doctor's lack of engagement since the last hearing, when she had been given the opportunity to take time to reflect on the gravity of her misconduct and demonstrate insight and remediation. There was no evidence that she had done any of this, or that she intended to do so in the future.

19. She submitted that whilst at paragraph 128 the previous Tribunal had found there to be no evidence demonstrating that remediation was unlikely to be successful the position was now different, as a further 12 months had passed with no evidence of remediation or engagement of any kind. Paragraph 138 set out that a 12-month suspension would allow the doctor sufficient time to reflect further and demonstrate remediation. Again, this had not occurred.

20. As to de-skilling, Ms Ingham submitted the current guidance at paragraph 72 set out that where a doctor had not been working for a significant period of time, the Tribunal may consider that this creates a risk that the doctor's knowledge and skills may have deteriorated.

21. She submitted that such a risk had now arisen. Paragraphs 74 and 75 set out what documents a doctor who had been suspended could provide to the Tribunal, but again, no documents had been forthcoming. She submitted that, with all of these matters in mind, the Tribunal could be satisfied that the doctor remained impaired and posed a current and

ongoing risk to public protection. Such risk had increased owing to the lack of evidence provided by the doctor and the passage of time.

22. Ms Ingham submitted that paragraph 81 of the guidance was engaged. This made clear that, where a Tribunal had concluded that the risk had not materially changed or had increased, this meant that the doctor would continue to pose a current and ongoing risk to public protection, requiring restrictive action in response.

The Relevant Legal Principles

23. The Tribunal had regard to the Guidance for MPTS Tribunals > Section three: MPT hearings - review hearings (22 June 2026).

24. Throughout the decision-making process, the Tribunal bore in mind the GMC and MPTS' legal duty as set out in Section 1 of the Medical Act 1983 to protect the public, which is split into three distinct parts. It means that a Tribunal must act in a way that: protects, promotes and maintains the health, safety and well-being of the public ('patient safety'); promotes and maintains public confidence in the medical profession ('public confidence'); and promotes and maintains proper professional standards and conduct for members of the profession ('uphold professional standards').

25. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. As noted above, the 2025 Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal is aware that it is for Dr Majdneya to satisfy it that she would be safe to return to unrestricted practice.

26. This Tribunal must assess whether Dr Majdneya poses any current and ongoing risk to one or more of the three parts of public protection requiring restrictive action in response. It must be made with reference to the findings of the 2025 Tribunal as well as any relevant new evidence presented at this hearing. The Tribunal must determine whether Dr Majdneya's fitness to practise is impaired today, taking into account her conduct at the time of the events and any relevant factors since then, such as whether the matters are remediable, have been remedied and any likelihood of repetition.

27. This Tribunal must assess whether Dr Majdneya poses any current and ongoing risk to one or more of the three parts of public protection requiring restrictive action in response. It must be made with reference to the findings of the 2025 Tribunal as well as any relevant new

evidence presented at this hearing. The Tribunal must determine whether Dr Majdneya's fitness to practise is impaired today, taking into account her conduct at the time of the events and any relevant factors since then, such as whether the matters are remediable, have been remedied and any likelihood of repetition.

Step 1a: consider what has happened since the previous MPT's decision

What was the 2025 Tribunal's assessment of risk to public protection and the reasons given for it?

28. The Tribunal noted that the 2025 Tribunal hearing took place before the imposition of the new Guidance for MPTS Tribunals. Therefore the 2025 Tribunal did not specifically state the level of risk that it considered the doctor posed in terms of one or more or the three parts of public protection. This does not preclude this Tribunal from considering what the level of risk posed by Dr Majdneya was and whether the level has now changed.

29. The Tribunal had regard to the determination of the 2025 Tribunal, it concluded that Dr Majdneya's conduct had "*By her actions, Dr Majdneya had breached a key principle of medical practice, the requirement of trust and professionalism. The Tribunal reminded itself of the general guidance within GMP Domain 4; namely, that "Patients must be able to trust medical professionals with their lives and health, and medical professionals must be able to trust each other". Here Dr Majdneya's patients, attending the Surgery to receive her advice and clinical care, had their trust undermined by Dr Majdneya's dishonesty*' It also found that Dr Majdneya had demonstrated limited insight and there remained a risk of her repeating her dishonesty due to the lack of engagement.

30. This Tribunal was of the view that, having regard to the findings made by the 2025 Tribunal and its recorded comments as regards sanction, and the categorisation of risk set out in the current Guidance, the 2025 Tribunal would have considered this case to fall within the high-risk category.

31. The Tribunal also took into account the doctor's continued disengagement from the regulatory process and the absence of evidence demonstrating insight or remediation. It further noted that the doctor had not worked since her suspension and, as a result of her prolonged absence from clinical practice, would have become deskilled.

32. The Tribunal considered that these factors were relevant to its assessment of the current level of risk and to whether the concerns identified by the previous Tribunal had been adequately addressed.

What new evidence has been received since the 2025 Tribunal hearing and what impact does it have?

33. The Tribunal had regard to the factors identified by the 2025 Tribunal as potentially assisting a future review. In particular, the 2025 Tribunal had identified the importance of providing documentary evidence demonstrating how its findings had been fully considered and applied, so as to enable a reviewing Tribunal to determine whether Dr Majdneya had adequately addressed the concerns identified and was fit to practise. It also identified any relevant courses or other educational activity as potentially relevant evidence.

34. Dr Majdneya had not provided any of the evidence identified by the 2025 Tribunal. In particular, there was no documentary evidence demonstrating how the previous Tribunal's findings had been considered and applied, nor was there evidence of relevant courses or other educational activity undertaken to address the concerns identified.

35. The Tribunal considered that the absence of such evidence was significant when assessing the extent of Dr Majdneya's insight, remediation and current fitness to practise.

What evidence is there of insight and is Dr Majdneya’s insight genuine?

36. The Tribunal was unable to assess whether Dr Majdneya has developed insight into her misconduct in the intervening period due to the lack of any evidence having been served. The Tribunal considered that the lack of any evidence and engagement in this matter by Dr Majdneya could fairly be taken as suggestive of a lack of any further insight having been developed.

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

37. The Tribunal found that Dr Majdneya has not provided any documentary evidence for it to assess remediation. It was not possible for the Tribunal to come to the view that Dr Majdneya’s misconduct has been remedied as she has failed to provide any objective evidence despite being prompted to by the 2025 Tribunal. The Tribunal found that the lack of

any evidence of remediation coupled with the lack of any evidence of insight having been developed in the intervening period brought the Tribunal to the conclusion that there is a risk of repetition.

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

38. The Tribunal was further unable to determine that Dr Majdneya had kept their knowledge and skills up to date due to the lack of any evidence in that regard.

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

39. The Tribunal considered that the risk to public protection has increased given Dr Majdneya's apparent lack of engagement with these regulatory proceedings. The Tribunal also considered that it was difficult to assess the risk to public protection as Dr Majdneya has provided no objective documentary or oral evidence as suggested by the 2025 Tribunal to assist this Tribunal. This could be interpreted as a disregard for her regulator and the regulatory process or to properly understand the seriousness of her misconduct. She failed to provide sufficient evidence of her progress as to insight, remediation and reflection. Therefore, the Tribunal considered that the risk to public protection has increased.

40. The Tribunal determined based on the findings above that Dr Majdneya continues to pose a current and ongoing risk to public protection requiring restrictive action in response.

41. The Tribunal was satisfied that a finding of impairment is necessary and that all three limbs of public protection are engaged. The Tribunal found that there is a current and ongoing risk to the public as, although the previous finding was that Dr Majdneya continued to practise whilst not holding a licence Dr Majdneya's serious misconduct and dishonesty, and the ongoing lack of engagement, lack of evidence of insight and remediation and the risk of repetition satisfied the Tribunal that Dr Majdneya poses a current and ongoing risk to public safety.

42. The Tribunal further found that the need to maintain public confidence and uphold standards for members of the profession would be undermined were a finding of current impairment not made for the same reasons. The current level of risk identified is at a high level.

43. This Tribunal has therefore determined that Dr Majdneya's fitness to practise remains impaired by reason of misconduct.

Determination on Sanction - 17/08/2026

1. Having determined that Dr Majdneya's fitness to practise is impaired by reason of misconduct, the Tribunal now has to decide in accordance with Rule 22(1)(h) of the Rules what action, if any, it should take with regard to her registration.

The Evidence

2. The Tribunal has taken into account the background to the case and the evidence received during the earlier stage of the hearing where relevant to reaching a decision on what action, if any, it should take with regard to Dr Majdneya's registration.

Submissions

3. On behalf of the GMC, Ms Ingham submitted that the decision as to the appropriate sanction was a matter for the Tribunal, exercising its own independent judgment. The GMC's submissions were advanced to assist the Tribunal in reaching that decision.

4. She submitted that Dr Majdneya continued to pose a current and ongoing risk in relation to all three limbs of public protection. She submitted that this risk had increased since the previous hearing because of her continued lack of engagement with the regulatory process. The previous Tribunal had afforded Dr Majdneya an opportunity to reflect on the seriousness of her misconduct and to demonstrate insight and remediation. She submitted that Dr Majdneya had not taken that opportunity and had provided no evidence demonstrating meaningful insight or remediation.

5. In those circumstances, she submitted that erasure was the appropriate and proportionate sanction and was the sanction necessary to meet the overarching objective of public protection and maintaining confidence in the profession.

6. Ms Ingham referred the Tribunal to paragraph 94 of the *Guidance*, which sets out the sanctions available to a Tribunal. She acknowledged that the previous Tribunal had determined the appropriate sanction by reference to the dishonest conduct itself and

submitted that, for the purposes of the present review, the focus should be on the developments, or lack of developments, since the previous hearing.

7. Ms Ingham submitted that paragraph 99 of the *Guidance* was engaged because the level of risk had increased since the previous assessment. She submitted that this increase arose from Dr Majdneya's deskilling, continued lack of insight and failure to provide evidence of remediation. Paragraph 99 made clear that, in such circumstances, it could be proportionate for a Tribunal to impose a more restrictive sanction or the same sanction for a longer period.

8. Ms Ingham also referred to paragraph 137 of the *Guidance*, which provides that, where a doctor is subject to a current suspension, the Tribunal has found that their fitness to practise remains impaired, and the level of current and ongoing risk to public protection has increased since the last assessment, it may be proportionate to consider erasure.

9. In relation to erasure, she referred the Tribunal to paragraph 57 of the *Guidance* which set our factors which may indicate erasure is the appropriate sanction. She submitted that in particular paragraph 57(c), "*the doctor has shown a persistent lack of insight into the seriousness of the allegation about their behaviour or performance and the potential or actual consequences*", and paragraph 57(d) "*the seriousness of the facts found proven and/or impact of any relevant context that increased the current and ongoing risk to public protection mean the effect of the doctor continuing to hold registration is such that it will undermine public confidence in the profession*" were engaged.

10. She submitted that Dr Majdneya's continued failure to engage with the regulatory process was indicative of a persistent lack of insight and a lack of meaningful effort to remediate the concerns identified by the previous Tribunal. Ms Ingham submitted that, in all the circumstances, permitting Dr Majdneya to remain registered would undermine public confidence in the medical profession and its regulatory processes.

11. For those reasons, Ms Ingham submitted that erasure was the only sanction capable of adequately addressing the current and ongoing risk to public protection and maintaining public confidence in the profession.

12. No submissions were received from Dr Majdneya.

The Tribunal's Determination

13. The decision as to the appropriate sanction to impose, if any, in this case is a matter for this Tribunal exercising its own independent judgement. In reaching its decision, the Tribunal has taken account of the Guidance for MPTS Tribunals and the overarching objective. It has reviewed its decision on impairment and has considered the level of current and ongoing risk Dr Majdneya poses to public protection.

14. The Tribunal was clear that it should have regard to the principle of proportionality and should start by considering the least restrictive option when determining what sanction to impose, if any. In terms of proportionality, the Tribunal must ask itself what is required and no more than necessary to meet the GMC and MPTS' legal duty to protect the public in a timely way. The Tribunal has also borne in mind that the purpose of the sanctions is not to be punitive, but to protect patients and the wider public interest, although they may have a punitive effect.

15. The Tribunal had regard to the relevant paragraphs as to sanction in the Guidance for MPTS Tribunals (including Section three: MPT hearings - review hearings > Step 2: decision on what action to take, if any > Outcomes available to the MPT at the sanction stage of a review).

16. The Tribunal also had regard to the table set out at paragraph 62 of the MPTS Guidance – 'sanctions banding' in its consideration.

Case type	Lower level of risk to public protection	Medium level of risk to public protection	Higher level of risk to public protection
Dishonesty	Suspension up to 3 months	Suspension 3 to 9 months	Suspension 9 months to Erasure

17. The Tribunal appreciated that its task is to determine what is the necessary and proportionate regulatory action to take at this stage to address the level of current and ongoing risk to public protection.

No action

18. The Tribunal first considered whether to conclude the case by taking no action. It considered paragraphs 13 – 16 of Section 3 of the MPTS Guidance which relate to consideration of 'Taking no action'. It noted in particular paragraph 13 states:

> *'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. But there may be exceptional circumstances to justify an MPT taking no action. Exceptional circumstances are unusual, special, or uncommon, so such cases are likely to be very rare.'*

19. The Tribunal had regard to the relevant paragraphs as to sanction in the Guidance for MPTS Tribunals, including that it will usually be necessary for the Tribunal to restrict a doctor's registration where their fitness to practise is impaired in order to achieve public protection. There may be exceptional circumstances to justify a Tribunal taking no action but *"Exceptional circumstances are unusual, special, or uncommon, so such cases are likely to be very rare"*.

20. The Tribunal did not identify any exceptional circumstances in this case such as to justify a decision to take no further action. It determined that, in view of its findings on impairment, it would be neither sufficient nor in the public interest to conclude this case by taking no action.

Conditions

21. Turning next to whether it would be appropriate to impose a conditions of practice order, the Tribunal had regard to paragraphs 17 – 40 of the MPTS Guidance. In particular, paragraphs 23, 28 and 30 state:

> *'23. Conditions are likely to be workable where:*
>
> *a. the doctor has shown insight*
> *b. time is needed for the doctor to take steps to address the findings (remediate), for example through retraining, study, supervision and/or seeking medical treatment*
> *c. the doctor is willing to remediate, and*

d. the MPT is satisfied the doctor will comply with them.

28 Conditions may be proportionate in cases where the doctor has shown a degree of insight into the allegation and some, or all, of the following factors are present:

a. the doctor has demonstrated they are willing and/or able to remediate
b. identifiable areas of the doctor's practice need prohibiting, monitoring, or retraining
c. the doctor has demonstrated they are willing to be open and honest with patients and others they work with if things go wrong
d. the doctor will not put patients at harm, either directly or indirectly, by having conditions on their registration.

30. 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 and/or suggest an underlying problem with their attitude.'

22. The Tribunal had particular regard to paragraph 62 of the MPTS Guidance which, as mentioned above, sets out a table for considering the appropriate sanction based on the level of risk to public protection.

23. The Tribunal was satisfied that the factors set out in paragraphs 23 and 28 above do not apply in this case. Dr Majdneya had shown no insight despite being given nearly two years to provide such evidence. Dr Majdneya had not presented any evidence that she was willing to remediate her actions to date and provided no indication that she intended to do so in the future. Further, it noted that in its determination on impairment, that the risk in this case fell at the higher end of the spectrum of seriousness.

24. Further, the Tribunal considered that there was no evidence before the previous Tribunal and this Tribunal to suggest that Dr Majdneya would comply with any conditions.

25. The Tribunal bore in mind that any conditions imposed would need to be appropriate, proportionate, workable, and measurable. In light of its findings at the impairment stage and Dr Majdneya's disengagement with these proceedings, the Tribunal determined that it would not be possible to formulate a set of appropriate, workable and measurable conditions which could adequately address the risk to public protection as identified.

Suspension

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

27. In considering whether a further period of suspension would be appropriate, the Tribunal had regard to paragraphs 41 – 54 of the MPTS Guidance. In particular, paragraph 45 states:

> *'When is suspension likely to be proportionate?*
>
> *45. Suspension may be proportionate in cases where some, or all, of the following factors are present:*
>
> *a. conditions are not appropriate, measurable and/or workable*
> *b. the level of current and ongoing risk to public protection is such that it cannot be safely managed with conditions and suspension is necessary to stop the doctor from working and putting patients at risk while they gain insight into any deficiencies and remediate, or undergo medical treatment, and/or*
> *c. the level of current and ongoing risk to public protection is such that, although patient safety is not an issue, suspension is needed to maintain public confidence in the profession and/or maintain professional standards.'*

28. The Tribunal has found that there remains a risk to patient safety, that the level of that risk has been increased by virtue of Dr Majdneya's inevitable deskilling given she has been out of clinical practice, and there is no evidence before the Tribunal of how she has kept her medical knowledge and skills up to date.

29. The Tribunal was mindful that the sanction banding suggests that the appropriate sanction in this case would be in the range of a nine-month suspension to erasure. The Tribunal considered the concerns in this case involving dishonesty, and the subsequent lack of engagement, and failure to provide any evidence of insight and remediation and of maintaining medical knowledge and skills over nearly two years. The Tribunal reminded itself of its decision that these concerns fall at the higher end of the spectrum of seriousness, that the risk to public protection was now engaged on all three limbs, and that in the absence of any evidence of remediation there remained a risk of Dr Majdneya repeating her misconduct.

30. The Tribunal considered that a further period of suspension would not be adequate or sufficient in mitigating the serious concerns posed to the protection of the public. It was also satisfied that suspension would not adequately uphold public confidence in the profession and it would undermine the regulatory process if the same sanction as had already been imposed for the last 12 months was ordered. Dr Majdneya has been given ample time to provide the evidence requested by the previous Tribunals and has failed to engage in the proceedings.

Erasure

31. In considering erasure, the Tribunal had regard to paragraphs 55 - 59 of the MPTS Guidance. In particular, paragraphs 55 and 57 state:

> *'55. Erasure is action available for those cases where a doctor's behaviour, performance, or the impact that a health condition is having on their ability to practise safely and effectively, 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.*
>
> *When will erasure be the only proportionate response?*
>
> *57. Erasure may be the proportionate response where:*
> *a. conditions are not appropriate, measurable and/or workable and suspension is not sufficient to protect the public*
> *b. the doctor's behaviour or performance is such that it caused serious harm, and the risk of harm recurring cannot be mitigated sufficiently through putting conditions or suspension in place*
> *c. the doctor has shown a persistent lack of insight into the seriousness of the allegation about their behaviour or performance and the potential or actual consequences, and/or*
> *d. the seriousness of the facts found proven and/or impact of any relevant context that increased the current and ongoing risk to public protection mean the effect of the doctor continuing to hold registration is such that it will undermine public confidence in the profession.'*

32. The Tribunal considered the nature of Dr Majdneya's misconduct which involves dishonesty. It took into account its finding that the risk to public protection had increased, and the absence of any evidence of insight and remediation and of maintaining medical knowledge and skills.

33. In all the circumstances, the Tribunal found that Dr Majdneya's dishonest misconduct, and her lack of engagement with the regulatory process throughout these proceedings, and her failure to address the matters which the 2025 Tribunal identified, were incompatible with continued registration. Dr Majdneya had shown a persistent lack of insight into the seriousness of the allegation and her behaviour, and the effect of this behaviour on public confidence in the profession. In view of this, the Tribunal was satisfied that that the factors set out in paragraph 57 above are engaged in this case. The Tribunal recognised that the sanction of erasure was the most serious sanction that could be imposed but it considered that it was proportionate where no other sanction would adequately uphold public confidence in the profession or the regulator. Therefore, the Tribunal determined that erasure was the proportionate sanction.

34. The Tribunal therefore determined to erase Dr Majdneya's name from the medical register.

35. That concludes the case.

ANNEX A – 17/08/2026

Service and proceeding in absence

1. Dr Majdneya was neither present nor represented at the hearing. The Tribunal therefore considered whether to continue with the hearing in her absence.

Submissions

2. The Tribunal was provided with a copy of a Service bundle from the GMC. This included:

- Proof of Address for Dr Majdneya;
- MPTS Notice of Hearing, dated 29 January 2026;
- GMC Information Letter, dated 7 July 2026;
- Proof of Delivery, dated 9 July 2026;
- MPTS Confirmation of Hearing, dated 9 July 2026;
- MPTS Confirmation of Panel, dated 31 July 2026;
- GMC Letter to Dr Majdneya.

3. Ms Ingham submitted that the MPTS Notice of Hearing dated 29 January 2026 and the GMC's information letter dated 7 July 2026 had been properly served on the doctor. She submitted that the information letter had been sent by post and received and signed for by the doctor on 9 July 2026, with confirmation of receipt, including a photograph, demonstrating that the letter had been received.

4. Accordingly, she submitted that the requirements for service had been complied with. In relation to proceeding in the doctor's absence, Ms Ingham referred the Tribunal to Rule 31 and the relevant case law.

5. She submitted that, where a practitioner was neither present nor represented, the Tribunal could nevertheless proceed to determine the allegations if satisfied that all reasonable efforts had been made to serve the practitioner with notice of the hearing in accordance with the Rules. She noted that the doctor had not requested an adjournment and had provided no explanation for her absence. In those circumstances, Ms Ingham submitted that the doctor had voluntarily absented herself from the proceedings and invited the Tribunal to proceed in her absence.

The Relevant Legal Principles

6. The Tribunal considered Rule 31 of the Rules:

> ***31*** *Where the practitioner is neither present nor represented at a hearing, the Committee or Tribunal may nevertheless proceed to consider and determine the allegation if they are satisfied that all reasonable efforts have been made to serve the practitioner with notice of the hearing in accordance with these Rules.*

7. The Tribunal referred to the case of *GMC v Adeogba; GMC v Visvardis [2016] EWCA Civ 162 and R v Jones [2001] EWCA Crim 168*, which sets out the GMC's responsibility; to communicate with the practitioner at the address they have provided, and make sure that all reasonable efforts have been made to serve the practitioner with notice of the hearing in accordance with these rules.

8. The Tribunal also bore in mind the new *Guidance for MPTS Tribunals,* Section 1 on procedural matters, specifically the paragraphs on proceeding in a doctor's absence.

Service

9. The Tribunal first considered whether the Notice of Hearing had been served in accordance with Rules 20 and 40, and paragraph 8 of Schedule 4 to the Medical Act 1983.

10. The Tribunal considered that the MPTS and the GMC had sent the Notice of Hearing to Dr Majdneya. It also noted that the GMC information letter had been signed by the doctor. Accordingly, the Tribunal determined that the requirements for service had been complied with.

11. Accordingly, the Tribunal was satisfied that notice of the hearing had been properly served in accordance with the Rules.

Proceeding in absence

12. The Tribunal then considered whether it would be appropriate to proceed with this hearing in Dr Majdneya's absence pursuant to Rule 31 of the Rules. The Tribunal was

conscious that the discretion to proceed in the absence of the doctor should be exercised with caution, balancing the interests of the doctor with the wider public interest.

13. The Tribunal noted the relevant case law in determining whether to proceed in Dr Majdneya's absence. The Tribunal found nothing to indicate that if this hearing was adjourned it was more likely that she would attend at a later date. It considered that Dr Majdneya had voluntarily absented herself from these proceedings on the basis that despite having ample time to do so she has not provided any evidence of an inability to attend. On this basis, the Tribunal could find no good reason not to proceed.

14. The Tribunal therefore concluded that it would be both fair and in the public interest for this hearing to proceed without further delay. It exercised its discretion to proceed in Dr Majdneya's absence in accordance with Rule 31 of the Rules.