PUBLIC RECORD

Dates: 23/10/2026

Doctor:	Dr Jan MOZNY
GMC reference number:	7036586
Primary medical qualification:	MUDr 1976 Charles University Prague

Type of case
Review – Misconduct

Outcome on impairment
Impaired

Summary of outcome
Erasure

Tribunal:

Legally Qualified Chair	Ms Zeenat Islam
Registrant Tribunal Member:	Dr Suzanne Joels
Registrant Tribunal Member:	Dr Emma Sellars

Tribunal Clerk:	Ms Keely Crabtree

Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Ms Rani Kaur, 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 Impairment - 23/10/2026

1. This determination will be handed down in private but, as this case concerns Dr Mozny's misconduct, a redacted version will be published at the close of the hearing.

2. At this review hearing the Tribunal now has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') whether Dr Mozny's fitness to practise is impaired by reason of misconduct.

The Outcome of Applications Made during the Impairment Stage

3. The Tribunal determined that service of the notice of this hearing had been effected in accordance with the Rules and it determined to proceed with the hearing in Dr Mozny's absence in accordance with Rule 31. The Tribunal's full decision on the application is included at Annex A.

Background

4. Dr Mozny qualified in 1976 from Charles University Prague. At the time of relevant events Dr Mozny was practising as a Locum Consultant specialising in Medical Oncology for University Hospitals of Derby and Burton NHS Foundation Trust ('the Trust').

5. Dr Mozny's case was considered by a Medical Practitioners Tribunal ('MPT') in April 2023 ('the 2023 Tribunal'). Dr Mozny was neither present nor represented at the 2023 hearing.

6. The 2023 Tribunal found the Allegation proved in its entirety. It found that Dr Mozny had breached several paragraphs of Good Medical Practice (2013) ('GMP') and that, on six occasions, Dr Mozny failed to dictate correspondence for Patients A, B, C, E, F and G, in a timely manner. In relation to Patient B, the 2023 Tribunal found proved that at the consultation, Dr Mozny prescribed chemotherapy. In relation to Patient C, the 2023 Tribunal found proved that Dr Mozny had a consultation with Patient C, where he recommended carboplatin, pemetrexed and pembrolizumab therapy when it is not licenced for squamous cell carcinoma ('SCC') of the lung.

7. The 2023 Tribunal was of the view that, in relation to Patient C, Dr Mozny's actions were serious as he recommended the wrong course of treatment for Patient C. This meant that Dr Mozny had put Patient C at potential risk of harm.

8. The 2023 Tribunal also found that Dr Mozny had failed to document his clinical encounter in relation to Patient D. However, the 2023 Tribunal considered that in relation to Dr Mozny failing to inform Patient D of the results of his CT scan, this was not as serious compared to the other allegations against Dr Mozny. The 2023 Tribunal noted that the CT scan results could have been chased by Patient D himself with the GP or with the Trust. Therefore, the 2023 Tribunal was of the view that Dr Mozny's action in relation to Patient D constituted misconduct but not serious misconduct.

9. The 2023 Tribunal was of the view that Dr Mozny's failures were serious and had potentially put patients at a risk of harm. The 2023 Tribunal identified that Dr Mozny's actions meant that the clinical staff undertaking the treatment of the patients had no background information and were disadvantaged when delivering cancer treatment without the basic information required.

10. The 2023 Tribunal determined to impose a period of suspension for nine months. It considered that this would enable Dr Mozny to have the opportunity to develop insight and to take steps to remediate his actions. It also directed that a review hearing should take place shortly before the end of Dr Mozny's period of suspension.

The 2024 Review Hearings

11. There were two Review hearings, in January and November 2024. Until the 2024 Tribunal there had been a lack of engagement, but Dr Mozny did attend his Tribunal in January 2024.

12. At both Reviews in 2024, the Tribunal's found that Dr Mozny had not provided sufficient evidence of insight or remediation. In addition, he failed to demonstrate that he had kept his medical skills and knowledge up to date.

13. Both 2024 Tribunals took account of the fact that Dr Mozny had put patients at risk of harm and not demonstrated that he had taken steps to minimise any risk of repetition.

14. Both 2024 Tribunals determined that Dr Mozny's fitness to practise was impaired by reason of his misconduct in 2020, taking account of the lack of evidence of insight, remediation or continuing professional development.

15. In January 2024 after receiving the impairment decision, Dr Mozny said that he did have remorse for his actions, indicating some insight into the potential seriousness of the consequences of his misconduct.

16. The 2024 Tribunals considered that suspension orders would allow Dr Mozny time to remediate or apply for voluntary erasure.

17. In January 2024 Dr Monzy was suspended for 9 months and in November 2024 he was suspended for a year.

The 2025 Review Hearing

18. Dr Mozny was neither present nor represented at the 2025 review hearing. XXX.

19. The 2025 Tribunal also noted that Dr Mozny intended to apply for the voluntary erasure of his name from the Medical Register as he had no wish to practise medicine in the UK.

20. The 2025 Tribunal considered that Dr Mozny's actions and omissions in 2020 had put patients at unwarranted risk of harm. Dr Mozny did not provide the 2025 Tribunal with evidence that he had reflected on his misconduct or developed insight into his misconduct, the potential consequences or how to avoid repetition.

21. The 2025 Tribunal took account of the fact that Dr Mozny had not practised in the UK for several years, as well as the lack of evidence of keeping his clinical knowledge and skills up

to date. The 2025 Tribunal therefore concluded that there remained a risk of repetition of his misconduct, if he returned to practice.

22. The 2025 Tribunal found that a finding of impairment was required to protect members of the public and to maintain confidence in the medical profession. It determined that Dr Monzy had put patients at unwarranted risk of harm and may do so again if able to practise medicine.

23. The 2025 Tribunal decided that it was necessary to impose an order of suspension for 12 months. This would allow Dr Mozny sufficient time to proceed with his application for voluntary erasure. A suspension order would also provide an opportunity for Dr Mozny to develop insight, remediate his misconduct and update his skills and knowledge should he wish to resume medical practice. The 2025 Tribunal considered that it would assist a reviewing Tribunal if Dr Mozny provided a reflective statement or any other evidence of insight and remediation and any evidence of having applied for voluntary erasure.

The Evidence

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

- MPTS record of determinations dated 3 to 6 April 2023, 30 January 2024, 8 November 2024 and 23 October 2025;
- MPTS notification of expiry of appeal period letter sent to Dr Mozny dated 3 December 2025;
- GMC Case introduction letter sent to Dr Mozny dated 10 December 2025;
- MPTS listing notification correspondence sent to Dr Mozny dated 12 February 2026;
- Evidence reminder letter sent to Dr Mozny dated 3 June 2026;
- Phone call with Dr Mozny re. confirmation of email address and update on voluntary erasure application: dated 17 July 2026
- GMC telephone note with Dr Monzy regarding confirmation of email address and update on voluntary erasure application dated 17 July 2026;
- GMC email sent to Dr Mozny regarding reminder for voluntary erasure documents dated 22 July 2026;
- GMC Review of the papers (ROP) suitability decision (not suitable) dated 27 July 2026;
- GMC telephone note with Dr Mozny regarding voluntary erasure application and supporting documents dated 5 August 2026;

- GMC email exchange with Dr Mozny regarding voluntary erasure application and supporting documents dated 5 August 2026;
- GMC email to Dr Mozny regarding paralegal introduction letter dated 13 August 2026;
- Email from Dr Mozny to GMC with attached UD5 form (application to relinquish registration) dated 28 September 2026
- Email from Dr Mozny with employment references dated 28 September 2026;
- GMC service and proceeding in absence bundle.

Submissions

25. On behalf of the GMC, Ms Kaur stated that the decision as to whether Dr Mozny remains impaired is one for the Tribunal alone exercising its own judgement. She referred to the guidance provided by Dame Janet Smith in the Fifth Shipman Report, as endorsed by the High Court in *CHRE v NMC and Paula Grant [2011] EWHC 297 Admin.* Ms Kaur submitted that the Tribunal should consider whether Dr Mozny:

> *'(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 in the future to act dishonestly in the future.'*

26. Ms Kaur also referred the Tribunal to Guidance for MPTS tribunals - Section three: MPT hearings - review hearings (22 June 2026) in particular paragraph 20 which sets out a number of questions to consider when assessing the level of risk.

27. Ms Kaur said that the previous Tribunal hearings in this matter pre-dated the 2026 Guidance and as such, there was no explicit categorisation of risk e.g. low, medium or high. The 2026 Guidance requires reviewing tribunals to consider the previous assessment of risk. When asked by the Tribunal, Ms Kaur said that the level of risk previously could be categorised as medium, and that it a matter for the Tribunal.

28. She said that the Tribunal did not have any evidence before it of Dr Mozny's level of insight or any evidence to demonstrate that he had remediated. Ms Kaur reminded the Tribunal that the last reviewing Tribunal (2025) gave a clear indication to Dr Mozny of what would be helpful to provide to a future Tribunal, such as a reflective statement, other evidence of insight and remediation and any evidence of having applied for voluntary erasure. Ms Kaur submitted that the Tribunal did not have any evidence before it to support that Dr Mozny had any insight or had demonstrated any remediation. It also did not have any evidence before it to demonstrate that Dr Mozny had shown any remorse for his actions or evidence to explain the misconduct.

29. Ms Kaur submitted that there had been no demonstrable insight into the seriousness of his misconduct and therefore the risk profile in this case had not changed in the three years since the substantive MPT. Furthermore, she submitted that none of the previous Tribunals, nor this reviewing Tribunal, had received any evidence of remorse, regret or an apology from Dr Mozny for his conduct which put patients at risk of serious harm. She submitted that these factors increased the level of risk.

30. Ms Kaur said that Dr Mozny had expressed an interest in applying for voluntary erasure since the first review. She referred the Tribunal to the GMC telephone note dated 17 July 2026 (11.27am) in which Dr Mozny explained that he was still living in the Czech Republic and had no intention of returning to the UK. Dr Mozny was asked by the GMC to complete the relevant GMC voluntary erasure forms and submit the required evidence. Ms Kaur also referred the Tribunal to further GMC telephone notes and emails sent to Dr Mozny in which he was asked to forward the relevant application form and documentation requested for his voluntary erasure application. Ms Kaur stated that during these communications with the GMC, Dr Mozny said that 'he did not see the point in prolonging this because it keeps getting extended for the same thing every time and would prefer a final erasure decision, so he did not keep sending these documents and engaging with the GMC'.

31. Ms Kaur submitted that there was simply no evidence before the Tribunal to suggest that Dr Mozny's fitness to practise was no longer impaired. She submitted that the GMC telephone call and associated note indicated that Dr Mozny did not intend to engage with the GMC or engage with the recommendations of the Tribunal.

32. Ms Kaur submitted that in the absence of any evidence of insight or remediation or a meaningful response from Dr Mozny, there was little, if any, material for this Tribunal to

assess. She submitted that there was also no up to date evidence that Dr Mozny had kept his knowledge and skills up to date.

33. Ms Kaur submitted that Dr Mozny remained a risk based on all limbs of public protection and that public confidence would be undermined if a finding of impairment was not made at this stage. She therefore invited the Tribunal to make a finding of impairment.

34. Ms Kaur submitted that as there was no remediation, no insight, no reflective statement provided, no evidence of continuing development, or evidence of keeping up professional skills, the Tribunal could find that this is at least a medium risk case, if not now a high risk.

The Relevant Legal Principles

35. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. This Tribunal is aware that there is a persuasive burden on the doctor to satisfy it that he would be safe to return to unrestricted practise.

36. The Tribunal had regard to the Guidance for MPTS Tribunals > Section three: MPT hearings - review hearings (22 June 2026) and well established case law regime that underpins the Guidance.

37. Throughout the decision-making process, the Tribunal will bear in mind the 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 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').

38. This Tribunal must assess whether Dr Mozny 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 2023 Tribunal, subsequent Reviewing Tribunals, as well as any relevant new evidence presented at this hearing. The Tribunal must determine whether Dr Mozny's fitness to practise is impaired today, taking into account his 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.

The Tribunal's Determination on Impairment

Misconduct

39. The Tribunal considered whether Dr Mozny poses any current and ongoing risk to public protection and if his fitness to practise remains impaired by reason of his misconduct.

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

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

40. The Tribunal noted that the 2025 Tribunal and subsequent review hearings took place before the 2026 Guidance came into effect. As such, there was no explicit description of Dr Mozny's level of risk in previous determinations. This does not preclude this Tribunal from considering what the level of risk posed was previously based on the analysis in those decisions, and whether the level has now changed. The Tribunal agreed with Counsel for the GMC's submission that the level of risk previously, could be described as medium based on all the relevant factors and circumstances in this case.

41. The Tribunal had regard to the substantive MPT Guidance at paragraph 31 which outlines allegations usually falling at the higher end of the spectrum. It includes clinical failings that are not considered to be easily remediable, including those amounting to gross negligence or recklessness about a risk of serious harm to patients. The Tribunal did not consider that this categorisation was aligned with the previous Tribunals' assessment of Dr Mozny's risk profile.

42. This Tribunal was of the view that given the findings of previous tribunals in this case, the appropriate category was medium risk in light of the seriousness, the multiple breaches of Good Medical Practice and the lack of insight, remediation and maintenance of skills and knowledge.

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

43. The Tribunal had regard to the new evidence presented for the hearing today, noting that it was extremely limited. The new evidence exclusively relates to Dr Mozny's voluntary

erasure application which remains in progress. The Tribunal noted that the correspondence from Dr Mozny, continued to demonstrate that he did not intend to return to medicine, that he lived abroad due to personal circumstances XXX, and that XXX. The Tribunal noted that Dr Mozny has retained his licence to practice in the Czech Republic and potentially could return to practice.

44. The Tribunal noted that there was an inconsistency, in that a Telephone Note dated 17 July 2026 stated XXX. A Telephone Note dated 29 September 2026 records Dr Mozny as saying XXX. The Tribunal observed that these were typed notes of telephone calls with Dr Mozny and not notes from Dr Mozny himself and that this could explain the inconsistency. In any event, the Tribunal did not dispute that Dr Mozny had been XXX and did not consider this inconsistency to have any material impact on matters to be determined today.

45. The Tribunal did not consider that the new evidence had any significant impact on the previous assessment of risk. It noted, that in principle an application for voluntary erasure could indicate a lower risk given Dr Mozny would no longer be practising. However, given the application for voluntary erasure remains incomplete and is not formally lodged with the General Medical Council, the Tribunal did not consider it impacted the assessment of risk. The Tribunal was disappointed that Dr Mozny had still been unable to complete his application for Voluntary Erasure before this hearing.

<u>What evidence is there in relation to insight, remediation and skills/experience?</u>

46. The Tribunal noted that Dr Mozny has not provided any evidence of insight into his misconduct or its seriousness, or the potential impact of his actions on patient safety and public confidence in the profession. Nothing new had been provided since the last Review hearing. The Tribunal noted that there had been a total absence of any evidence relating to insight, save for a limited expression of remorse at the first Review hearing where Dr Mozny attended.

47. Similarly, there was no evidence provided in relation to remediation. As such, the allegations have not been remedied and the potential risk of repetition remains, despite Dr Mozny's intention to seek Voluntary Erasure which remains ongoing.

48. Additionally, there is no evidence before the Tribunal that Dr Mozny has kept his knowledge and skills up to date. The evidence demonstrates his intention not to practise medicine anymore. The Tribunal noted that as time continues to pass throughout these

proceedings, Dr Mozny's skills and knowledge will inevitably be degraded with the passing of time given no attempt has been made to keep skills and knowledge up to date. The Tribunal considered that this had the potential to increase Dr Mozny's risk profile.

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

49. Overall, the Tribunal concluded that the risk to public protection previously requiring restrictive action has not changed. Whilst the Tribunal took the view that the new evidence before the Tribunal did not significantly impact the previous assessment of risk as medium, it did observe that the continued absence of evidence in relation to insight, remediation and maintaining skills and knowledge did increase Dr Mozny's risk profile to higher end of the medium range.

Step 1b: make a finding on impairment

50. On the basis of the conclusions reached in Step 1a, the Tribunal must decide if Dr Mozny poses any current and ongoing risk to public protection and make a finding on impairment.

51. The Tribunal took account of all of the evidence provided to it and the conclusions it has reached above.

52. Dr Mozny continues to pose a current and ongoing risk to all three limbs of public protection; public protection, public confidence and proper professional standards.

53. In all the circumstances, the Tribunal has therefore determined that Dr Mozny's fitness to practise remains impaired by reason of misconduct.

Determination on Sanction - 23/10/2026

54. Having determined that Dr Mozny'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 Dr Mozny's registration.

The Evidence

55. 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 Mozny's registration.

Submissions

56. On behalf of the GMC, Ms Kaur stated that the decision as to the appropriate sanction to impose in this case was a matter for the Tribunal exercising its own independent judgement and reminded the Tribunal of the overarching objective.

57. Ms Kaur referred the Tribunal to the Guidance for MPTS Tribunals (the Guidance) and the associated table at paragraph 62 that relates to risk. She said that the Tribunal had determined the risk at the impairment stage to be at the higher end of the medium range. Ms Kaur submitted that the relevant sanction banding in this case was both medium and high in relation to clinical concerns. She said where there was a medium level of risk to public protection in relation to clinical concerns, the banding was conditions for 24 to 36 months to suspension for up to a period of six months. Ms Kaur said that where there was a higher level of risk to public protection the banding was suspension of six months to erasure. Ms Kaur submitted that at this juncture, erasure was in fact the most appropriate sanction.

58. Ms Kaur submitted that in the period since the substantive MPT hearing there had been no progress made in relation to remediation, insight, remorse, regret or any evidence that Dr Mozny had endeavoured to keep his knowledge and skills up to date or engage meaningfully with either the recommendations of the previous Tribunals' or more generally with his regulator the GMC. However, she stated that the Tribunal must consider each sanction in turn.

59. With regard to taking no action, Ms Kaur submitted that this would not be sufficient, proportionate or in the public interest given the nature and seriousness of the concerns and findings on impairment. She reminded the Tribunal that there was a medium risk level at the substantive MPT and that this Tribunal considered that there had been an increase.

60. With regard to conditions, Ms Kaur stated that in order to impose a period of conditions at the sanction stage, they must be appropriate, workable and measurable. She referred the Tribunal to paragraph 23 of the Guidance. Ms Kaur reiterated that Dr Mozny had shown no insight and was not willing to remediate. She referred the Tribunal to the correspondence from Dr Mozny to the GMC in which he expressed a positive unwillingness to

engage with the GMC and stated during the course of a telephone call that he wished to be erased and to stop sending him documents. Ms Kaur submitted that the Tribunal could not be satisfied that if an order of conditions was imposed Dr Mozny would comply with due to his limited engagement with the process following the substantive hearing and the continued lack of engagement throughout all of the review proceedings. She submitted that for those reasons conditions would therefore not be appropriate, workable or sufficient to protect the public.

61. With regard to suspension, Ms Kaur referred the Tribunal to the Guidance starting at paragraph 41. She said that suspension was generally for cases where a doctor's behaviour, performance or health condition was having an impact on their ability to practise safely and effectively and required a restriction on their practise for a period of time with the aim that they should be able to safely return to unrestricted practise in the future. Ms Kaur said that this was the position the substantive Tribunal and the three previous reviewing Tribunals found themselves in.

62. Ms Kaur stated that Dr Mozny had been suspended now by several separate Tribunals for a period that amounts to more than three years. She said that Dr Mozny was originally suspended in May of 2023 and it is now October 2026. Ms Kaur submitted that suspension is therefore no longer appropriate because Dr Mozny had been suspended three times before to no real effect. She submitted that on analysis of each of the determinations, the intention of each Tribunal had previously been to suspend Dr Mozny to allow him time to comply, to remediate, to show remorse and to engage meaningfully. Ms Kaur submitted that this time given to Dr Mozny had not been utilised and that there was no evidence of progress in relation to insight, remediation or keeping his skills and knowledge up to date. She submitted that a further period of suspension at this stage would not be sufficient to maintain public confidence in the profession, protect patients or maintain professional standards.

63. Ms Kaur submitted that at this juncture, erasure was the most appropriate sanction in the circumstances. She said that the substantive Tribunal and reviewing Tribunals did not consider that Dr Mozny's misconduct was so serious that it was fundamentally incompatible with continued registration. However, she referred the Tribunal to paragraph 137 of the MPT review guidance which sets out that where a doctor has a current sanction of suspension and it has been found that their fitness to practise remains impaired and the level of current and ongoing risk the doctor poses to the public protection has increased since the last assessment, it may be proportionate for the MPT to consider imposing a sanction of erasure. Ms Kaur submitted that on this occasion that is the point that has been reached.

64. Ms Kaur submitted that the risk had plainly increased and this was reflected in this Tribunals determination on impairment. She referred the Tribunal to paragraph 57 of the Guidance.

65. Ms Kaur submitted that Dr Mozny had demonstrated a persistent lack of insight in this case and he had provided no material demonstrating remediation or insight in the period since the substantive Tribunal in 2023. She submitted that Dr Mozny had not meaningfully engaged with any of the recommendations or guidance he had been provided with. Ms Kaur said that although the misconduct may have originally been considered to be remediable by previous reviewing Tribunals, realistically, Dr Mozny had not meaningfully engaged in remediation and had expressed a desire to be erased from the register and did not wish to practise again in the UK.

66. Ms Kaur reiterated that Dr Mozny had now been suspended since May of 2023 and the matter had been considered by three reviewing Tribunals. She submitted that Dr Mozny has had sufficient time to either provide evidence of insight and remediation or complete his application for voluntary erasure. Ms Kaur submitted that in his communications with the GMC, Dr Mozny had said that he would prefer a final erasure decision, so that he did not need to keep sending documents and engaging with the GMC. He submitted that this demonstrates not only a lack of insight and meaningful engagement, but also that erasure would not be disproportionate or necessarily contrary to Dr Mozny's interests.

67. Ms Kaur submitted that the only suitable sanction at this juncture to protect the public was erasure.

The Tribunal's Determination

68. 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 Mozny poses to public protection. 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.

69. 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). The Tribunal also noted that it should consider the sanctions banding for clinical concern cases as set out in the MPTS Guidance (Section three: MPT Hearings > Part C: stage three - sanction > Step 3 > Sanctions banding for specific case types). It had regard to the sanction banding, having found a medium level of risk to public protection, of *'conditions of 24 to 36 months up to 6 months suspension'* as the level of banding relevant to this case.

70. 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

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

72. 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"*.

73. 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

74. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Mozny's registration.

75. The Tribunal had regard to the paragraphs relating to conditions in the Guidance for MPTS Tribunals. The Tribunal noted that conditions restrict a doctor's ability to practise and/or require them to do something. The purpose of putting in place a sanction of conditions is to provide a doctor with time to address identified failings to demonstrate they are fit to practise on an unrestricted basis, whilst ensuring that the current and ongoing risk posed to public protection is being adequately managed. The Tribunal has borne in mind that any conditions imposed would need to be appropriate, workable and measurable.

76. The Tribunal determined that there is no evidence to suggest that Dr Mozny would comply with any conditions imposed upon him as he has expressed a wish to be removed from the GMC medical register and said that he will not be returning to the UK.

77. In any event, the Tribunal concluded that conditions would not adequately address the current and ongoing risk given the lack of insight and consequent risk of repetition.

Suspension

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

79. The Tribunal noted that suspension is for those cases where the doctor's behaviour, performance, or the impact that a health condition is having on their ability to practise safely and effectively, is currently incompatible with unrestricted registration. This means the current and ongoing risk to public protection posed by the doctor needs to be managed by restricting their registration for a period, with the aim they should be able to safely return to unrestricted practice in the future.

80. The Tribunal had regard to the sanctions bandings contained with the MPT Guidance. It noted that for clinical concerns cases, the appropriate sanction for medium level of risk was conditions 24 to 36 months to 6 months suspension. The banding for higher level of risk to public protection is 6 months suspension up to erasure. The Tribunal considered imposing a further period of suspension but did not consider this to be a proportionate outcome in this case in light of all of these factors. Based on the three previous review hearings, the Tribunal does not have any assurance that Dr Mozny will take the necessary steps. Dr Mozny has demonstrated that imposing suspension orders, clearly has no effect. He has previously been given the opportunity to complete his voluntary erasure application. He has only in recent

months made an attempt at an application, but it remains incomplete. Imposing a further period of suspension just to allow him to do it, would serve his interests but not satisfy all of the limbs of the overarching objective.

81. The Tribunal accepted the submissions made by Counsel for the GMC that the particular circumstances of this case justified the Tribunal stepping outside the sanctions bandings for the following reasons:

- Dr Mozny has not made any progress at all with respect to insight, remediation, remorse or maintaining his skills and knowledge, since the substantive Tribunal hearing in 2023;
- Dr Mozny has failed to meaningfully engage with the Regulator from the outset of these proceedings;
- The Tribunal today in its determination has indicated that there has been an increase in risk since the last hearing;
- The increased risk in light of all the circumstances can no longer be managed by the current sanction;
- Dr Mozny has not responded to the current sanction. He has flagrantly disregarded the previous Tribunals' recommendations despite ample opportunity to comply over one substantive hearing and four review hearings;
- Dr Mozny has expressed a positive unwillingness to engage with the regulator, that he no longer wished to be sent any documents and wished to be erased;
- The Tribunal noted some progress with Dr Mozny's voluntary erasure application, however this remained incomplete, despite the several opportunities he has been given to complete this process;
- The Tribunal had regard to what Dr Mozny said about his personal circumstances, but had no independent evidence in relation to this, or how this may have affected his ability to complete his voluntary erasure application - noting he indicated his intention to seek this at the first Review hearing and had not taken any steps to implement it;
- Whilst a further period of suspension may allow Dr Mozny to complete his voluntary erasure application, the public interest overrides the interest of a particular doctor;
- Whilst previous Tribunals had determined that erasure was not appropriate, in light of the continued passage of time and wilful failure to properly and meaningfully engage with the previous findings of the Tribunal - erasure was appropriate.

Erasure

82. The Tribunal had regard to paragraph 137 of the Review guidance which states where there has been an increase in the level of risk, it may be proportionate to consider erasure.

83. Additionally, the Tribunal had regard to paragraph 57 of the Guidance as follows:

'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.'

84. The Tribunal was satisfied that all of these elements were met. The Tribunal also noted the GMC Case Review Team - MPT ROP Suitability Decision - which stated that the forthcoming hearing in October 2026 will be Dr Mozny's fourth review hearing and they have now been suspended for more than three years since May 2023. Dr Mozny has arguably had sufficient time to either provide evidence of insight or remediation or complete the application for voluntary erasure. It also states '*if no evidence of voluntary erasure application is received*' erasure should be considered. The Tribunal noted that a previous reviewing Tribunal was concerned that Dr Mozny may not have been aware about erasure as a possible outcome and concerned about any unfairness that may arise out of that. This Tribunal did not consider there to be any unfairness in that respect, given Dr Mozny would have had access to this document.

85. Having balanced all the relevant factors, including the need to protect the public, uphold professional standards, and maintain confidence in the profession, the Tribunal determined that erasure was the only proportionate and appropriate sanction. The Tribunal

considered that erasure was the necessary and proportionate outcome in this case for maintaining public protection across all three limbs.

86. The Tribunal has directed to erase Dr Mozny's name from the Medical Register. The MPTS will send Dr Mozny a letter informing him of his right of appeal and when the direction and the new sanction will come into effect. The current order of suspension will remain in place during the appeal period.

87. That concludes this case.

ANNEX A – 23/10/2026
Service and Proceeding in Absence

Service

88. Dr Mozny is neither present nor legally represented at this hearing.

89. On behalf of the GMC, Ms Rani Kaur, Counsel, made submissions in relation to service. The Tribunal was also provided with a copy of a GMC Service bundle which included but was not limited to:

- GMC Screenshot of Dr Mozny's Fitness to Practice registered email address and registered address;
- Medical Practitioners Tribunal Service (MPTS) Notice of Hearing Letter (NOH) dated 3 September 2026 sent by email to Dr Mozny's registered email address;
- MPTS NOH chaser email dated 4 September 2026 sent to Dr Mozny's registered email address;
- GMC telephone note with Dr Mozny dated 4 September 2026 regarding NOH;
- Email from Dr Mozny dated 4 September 2026 acknowledging receipt of email regarding voluntary erasure documents;
- MPTS NOH letter dated 8 September 2026 sent by First Class to Dr Mozny's registered address;
- GMC telephone note with Dr Mozny dated 29 September 2026 regarding voluntary erasure documents and hearing attendance;
- Email with GMC final hearing bundle dated 20.10.2026 sent to Dr Mozny's registered email address;
- GMC telephone note with Dr Mozny dated 20 October 2026 regarding receipt of GMC final hearing bundle;
- Email from Dr Mozny dated 20 October 2026 acknowledging receipt of GMC final hearing bundle.

90. Ms Kaur referred the Tribunal to the relevant documentation and submitted that service of the notice of hearing had been effected in accordance with the Rules.

91. The Tribunal received advice from the LQC regarding the requirements under the Rules. Having reviewed the documentation provided, the Tribunal was satisfied that notice of

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

Proceeding in Absence

92. The Tribunal then went on to consider whether it would be appropriate to proceed with this hearing in Dr Mozny'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 appropriate care and caution, balancing the interests of the doctor with the wider public interest.

93. Ms Kaur invited the Tribunal to proceed with the hearing in Dr Mozny's absence. She stated that Dr Mozny had confirmed to the GMC by telephone that he would not be attending this hearing. Ms Kaur submitted that the Tribunal could be satisfied that Dr Mozny had therefore voluntarily absented himself from these proceedings.

94. In deciding whether to proceed with this hearing in Dr Mozny's absence, the Tribunal carefully considered all the information before it.

95. The Tribunal determined that Dr Mozny is aware of today's hearing, and that he had voluntarily absented himself from it. The Tribunal noted that no request for an adjournment has been submitted by Dr Mozny to enable him to attend on a later date. The Tribunal determined that an adjournment is not likely to result in Dr Mozny's participation at a hearing in the future.

96. The Tribunal balanced the public interest against Dr Mozny's interests and concluded that the wider public interest in the case proceeding expeditiously outweighed Dr Mozny's own interests in adjourning, particularly when no useful purpose would be served by adjourning to a later date. The Tribunal therefore determined that it was appropriate to proceed with the hearing in Dr Mozny's absence.