PUBLIC RECORD

Dates: 15/09/2026 – 16/09/2026

Doctor: Dr Lina SIMAVICIUTE

GMC reference number: 7797040

Primary medical qualification: Gydytojas 1999 Kauno Medicinos Universiteto

Type of case	Outcome on non-compliance
Review - Non-compliance with a performance assessment	Non-compliance found

Summary of outcome

Indefinite suspension

Tribunal:

Legally Qualified Chair	Mrs Stacey Patel
Lay Tribunal Member:	Ms Sally Allbeury
Registrant Tribunal Member:	Dr Kamran Shahid

Tribunal Clerk:	Ms Jennifer Ireland

Attendance and Representation:

Doctor:	Not present, not represented
Doctor's Representative:	N/A
GMC Representative:	Ms Laila Tai, 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 consideration of Non-compliance - 16/09/2026

The outcome of applications made at the outset of proceedings

1. This determination will be handed down in private due to the confidential nature of some matters under consideration. However, as this case concerns Dr Simaviciute's alleged deficient professional performance, a redacted version will be published at the close of the hearing.

2. The Tribunal determined that the service of the notice of this hearing has been effected in accordance with Rules 20 and 40 of the Rules. The Tribunal determined to proceed with the hearing in Dr Simaviciute's absence in accordance with Rule 31 of the Rules. The Tribunal's full decision on this matter is included at Annex A.

Determination on consideration of non-compliance

3. This is the third effective review of Dr Simaviciute's case following a Medical Practitioners Tribunal (MPT) hearing which concluded in April 2024.

Background

4. Dr Simaviciute was a GP who was on the Midlands International GP Recruitment Programme. On 24 January 2022, the GMC received a complaint from Ms A, Operations Manager at the Marsh Medical Practice (the Practice). Ms A outlined concerns raised about Dr Simaviciute's clinical practice during the period 6 August 2021 to 8 September 2021.

5. Ms A provided the GMC with Significant Event Reports and advised that they also received a formal complaint from a member of staff who alleged that Dr Simaviciute had behaved in an aggressive and threatening manner. Dr Simaviciute was dismissed from her employment at the Practice.

6. On 3 February 2022, the GMC received a referral from the Medical Director, System Improvement and Professional Standards and Responsible Officer at NHS England and NHS Improvement – Midlands (NHS England) which raised concerns about the clinical performance of Dr Simaviciute.

7. Dr Simaviciute was invited by the GMC to undergo a GMC Performance Assessment and to undertake a Language Assessment. The Language Assessment did not form part of the 2024 Tribunal's considerations or any of the subsequent review hearings.

The 2024 Tribunal

8. Dr Simaviciute's case was first considered at a hearing which concluded on 29 April 2024 (the 2024 Tribunal). Dr Simaviciute was not present nor represented.

9. The 2024 Tribunal was satisfied that Dr Simaviciute had failed to comply with the GMC's direction to undergo a Performance Assessment. The 2024 Tribunal determined that Dr Simaviciute had not provided any good reason for not complying with the direction for her to undergo the GMC directed Performance Assessment.

10. The 2024 Tribunal determined to suspend Dr Simaviciute's registration for a period of nine months and imposed an immediate order of suspension.

The 2025 Tribunal

11. Dr Simaviciute's case was reviewed at a MPT hearing on 14 February 2025 (the 2025 Tribunal), where Dr Simaviciute was neither present nor represented.

12. The 2025 Tribunal was satisfied that the GMC had clearly explained to Dr Simaviciute what was required of her and considered that there had been a continued failure to comply with the direction to undertake a Performance Assessment. Further, it found that there had been no information or evidence received from Dr Simaviciute to indicate a good reason for why she had not complied with the GMC direction.

13. In the circumstances, the 2025 Tribunal determined that there was continued non-compliance and suspended Dr Simaviciute's registration for a further period of 12 months.

The February 2026 Tribunal

14. A further MPT hearing convened on 13 February 2026 to review Dr Simaviciute's case (the February 2026 Tribunal).

15. The February 2026 Tribunal granted an application to adjourn proceedings, made by Dr Simaviciute, to allow her to prepare for the proceedings and obtain legal advice and representation. It determined to extend the order of suspension in place at the time for a period of three months, to cover the adjournment period.

The May 2026 Tribunal

16. Dr Simaviciute's case was most recenty reviewed at an MPT hearing which concluded on 15 May 2026 (the May 2026 Tribunal), where Dr Simaviciute was neither present nor represented.

17. The May 2026 Tribunal was satisfied that Dr Simaviciute had not undertaken the Performance Assessment as directed. It concluded that she had continued to fail to comply with the direction to undergo a Performance Assessment.

18. The May 2026 Tribunal considered that there was no objective evidence before it as to why Dr Simaviciute could not comply with the GMC-directed Performance Assessment. Whilst Dr Simaviciute had made assertions in respect of her personal circumstances and XXX, no objective evidence had been provided as to the detail of any XXX nor its impact on her ability to engage with the Performance Assessment, despite numerous requests. The May 2026 Tribunal concluded that Dr Simaviciute had not provided evidence of any good reason for her non-compliance.

19. The May 2026 Tribunal was satisfied that a further period of suspension was proportionate and appropriate. It considered that a further four-month period of suspension would allow Dr Simaviciute time to re-engage with the GMC and provide the necessary information for arrangements for the Performance Assessment to be made, and to provide any evidence of XXX or other mitigating factors impacting her ability to participate which she wished to be considered.

20. The May 2026 Tribunal considered that a reviewing Tribunal would be assisted by receiving the following:

- Evidence that Dr Simaviciute was responding consistently and promptly to GMC communications;
- Evidence that Dr Simaviciute had undergone a GMC-directed Performance Assessment, along with the results of that assessment, or, at the very minimum had taken positive steps for the Performance Assessment to be arranged;

- Objective evidence of any XXX personal issues, or mitigation, that Dr Simaviciute wished the reviewing Tribunal to consider (including communications from XXX which she previously indicated she would provide but has not yet done);
- Any further information that Dr Simaviciute considered would assist the Tribunal such as evidence of steps taken to keep her clinical skills and knowledge up to date.

Review Tribunal

21. This Tribunal has met to review Dr Simaviciute's case. It has considered, under Rule 22A of the Rules, whether Dr Simaviciute has now complied with the direction to undergo an assessment under Schedule 1 of the Rules which relates to Performance Assessments.

22. In reaching its decision, the Tribunal has given careful consideration to the '*Non-compliance guidance for medical practitioners tribunals*' (the Guidance) and all of the evidence adduced in this case. It has also taken account of the submissions made by Ms Tai, Counsel, on behalf of the GMC. Dr Simaviciute is neither present nor represented.

Documentary Evidence

23. The Tribunal received documentary evidence which included but was not limited to:

- Determinations of the 2024 Tribunal;
- Determinations of the 2025 Tribunal;
- Determinations of the February 2026 Tribunal;
- Determinations of the May 2026 Tribunal;
- Various emails from the GMC to Dr Simaviciute;
- Email from Dr Simaviciute, dated 2 July 2026;
- Email from Dr Simaviciute, dated 21 August 2026.

Submissions

24. On behalf of the GMC, Ms Tai detailed the history of the case, and the decisions of the past Tribunals. She submitted that none of the evidence suggested by the May 2026 Tribunal has been provided by Dr Simaviciute, although in her email dated 2 July, she cited personal difficulties as a reason for her non-compliance, but that she remained *'committed to cooperating fully in all ongoing processes'*. Ms Tai submitted that it was not clear how Dr Simaviciute intended to cooperate with all ongoing processes and whether that is an indication that she wished to complete the Performance Assessment, but that no such evidence is available. She stated that, in an email dated 21 August 2026, Dr Simaviciute had

written that she no longer intends to return to medical practice, she was no longer working in medicine and wished these proceedings to cease.

25. Ms Tai submitted that Dr Simaviciute has continued to fail to comply with the direction to undergo a Performance Assessment. Further, she stated that, while Dr Simaviciute has offered some personal XXX difficulties as reasons for her non-compliance, there is no objective evidence to substantiate those matters since the information from XXX in November 2022. She submitted that, in the absence of any evidence or details to support Dr Simaviciute's personal difficulties, there is not sufficient evidence before this Tribunal to conclude that there is a good reason for continuing non-compliance. She submitted that, on that basis, there is sufficient evidence to prove continued non-compliance.

The Tribunals' approach

26. Whilst the Tribunal bore in mind the submissions made, the decision regarding non-compliance is one for the Tribunal to reach, exercising its own judgement.

27. The Tribunal reminded itself that the onus is on the GMC to provide proof of correspondence relating to the GMC-directed Performance Assessment. The onus is on Dr Simaviciute to demonstrate with evidence if she has a good reason for non-compliance.

28. At this stage of the hearing the Tribunal asked itself the following question, as per paragraph C53(a) of the Guidance, namely whether Dr Simaviciute has *'continued to fail to comply with the direction or request to provide information that led to the non-compliance order being made'.*

Tribunal's decision

29. Whilst the Tribunal has borne in mind the submissions made, the decision regarding non-compliance is one for it to reach, exercising its own judgement.

30. The Tribunal had regard to the Guidance. In particular, it noted that paragraphs A18 and C55 state:

> *'A18 A doctor may have failed to comply with a GMC direction or request to provide information where they have:*
>
> *a explicitly refused to submit to a direction to undergo an assessment or provide the information requested from them*

b agreed to submit to a direction to undergo an assessment but subsequently failed to comply with some or all of the requirements imposed in respect of that assessment

c agreed to provide the information requested but subsequently failed to provide it in part or in full

d failed to respond to a direction to undergo an assessment or request to provide information

XXX

…

C55 The following additional factors will be relevant to the tribunal's decision:

a whether there is any new information before the tribunal that might affect the tribunal's decision on the appropriate order, and

b whether the doctor has complied with any conditions put in place by the previous tribunal for the protection of the public during the term of the non-compliance order.'

31. The Tribunal was of the view that the GMC had taken all reasonable steps to encourage Dr Simaviciute to comply, as evidenced by the reminders sent by email and by post to her postal address. Dr Simaviciute has acknowledged these requests but has not complied with the direction. The Tribunal was therefore satisfied that there had been no progress since the last hearing, and that Dr Simaviciute has not complied with the direction to undergo a Performance Assessment. It was of the view that her ongoing failure to comply creates a risk to all three parts of public protection.

32. The Tribunal considered whether there was a good reason for Dr Simaviciute's non-compliance. It noted that Dr Simaviciute had emailed the GMC on 2 July 2026, citing XXX personal issues as reasons she was unable to undertake the assessment. The Tribunal has not received any independent evidence to support these raised issues. In the absence of any such evidence, the Tribunal concluded that there was no good reason for her non-compliance.

33. In the circumstances, the Tribunal has determined that continued non-compliance has been found.

Determination on Sanction - 16/09/2026

34. Having determined that there is continued non-compliance by reason of Dr Simaviciute's failure to comply with an assessment under Schedule 1 of the Rules, which relates to Performance Assessments, the Tribunal must now consider what direction to make.

Submissions

35. On behalf of the GMC, Ms Tai submitted that Dr Simaviciute has now been suspended for a significant period of time. She submitted that, in the absence of any exceptional circumstances, taking no action would not be appropriate, especially in a case such as this where there is a concern about fitness to practice and there may be a serious risk to patients.

36. Ms Tai submitted that conditions would also not be appropriate in the circumstances of this case. She referred to Dr Simaviciute's email of 2 July 2026, and acknowledged that, whilst Dr Simaviciute had advanced personal difficulties as reasons for her non-compliance, no objective evidence has been provided and they do not amount to sufficient mitigating information to make conditions appropriate. Further, she stated that Dr Simaviciute has not been working in a clinical setting for a number of years, and the most recent information available from her is that she is not working in any medical field. She submitted that there is no evidence of any ongoing Continuing Professional Development (CPD) or that she has kept up her medical skills up to date. She submitted that, in the circumstances, conditions would not be appropriate or workable.

37. Moving to suspension, Ms Tai submitted that this was the necessary sanction to ensure that the public is adequately protected, given the fitness to practice concerns. She stated that Dr Simaviciute has had ample opportunity to engage and to undergo a Performance Assessment dating back to March 2022. She submitted that, whilst there has been some initial and intermittent engagement, it has not been comprehensive or meaningful, and given her recent indication that she no longer wishes to practice medicine, it is highly unlikely that she will undergo the Performance Assessment.

38. Ms Tai reminded the Tribunal that it has the power to suspend Dr Simaviciute's registration indefinitely, given that Dr Simaviciute has been suspended continually for more than two years at this stage. She submitted that, in light of the risks to the public, the continued non-compliance and the indication from Dr Simaviciute that she does not intend to return to practice, the appropriate sanction is one of indefinite suspension. Further, she stated that the indication from Dr Simaviciute is that these ongoing reviews are having a negative effect on her and therefore an order of indefinite suspension is the necessary outcome in this case.

The Tribunal's approach

39. The Tribunal reminded itself that it is not making any finding of impairment.

40. The Tribunal was mindful that the main reason for making any non-compliance order is to protect the public and that any direction is not made to punish or discipline doctors, even though they may have a punitive effect. In reaching its decision, the Tribunal has taken the Guidance into account and borne in mind the overarching objective which includes:

a) protecting, promoting, and maintaining the health, safety and well-being of the public
b) promoting and maintain public confidence in the medical profession
c) promoting and maintaining proper professional standards and conduct for members of that profession.

41. Throughout its deliberations and in conducting its risk assessment, the Tribunal applied the principle of proportionality, balancing Dr Simaviciute's interests with the public interest.

The Tribunal's Decision

42. The Tribunal bore in mind its finding of continued non-compliance, along with the evidence already adduced and the further submissions of Ms Tai.

Revocation of the order of suspension

43. The Tribunal first considered whether to conclude Dr Simaviciute's case and take no further action. In light of the concerns about her performance and the associated risk to patient safety, the Tribunal concluded that action was necessary in order to uphold the overarching objective of protection of the public.

44. Further, the Tribunal concluded that taking no action, having found ongoing non-compliance, would not maintain public confidence in the profession or professional

standards, given the particular circumstances of this case. Therefore, the Tribunal concluded that it would not be appropriate or proportionate to take no action as action is required to uphold all three limbs of the overarching objective.

Conditions

45. The Tribunal next considered whether it would be appropriate to impose an order of conditions on Dr Simaviciute's registration. The Tribunal bore in mind that any conditions imposed must be appropriate, proportionate, workable and measurable.

46. The Tribunal considered that in the absence of a Performance Assessment, conditions could not be formulated to manage the risks in this case. Further, the Tribunal could not be confident that Dr Simaviciute would comply with an order of conditions, given her ongoing non-compliance.

Suspension

47. Having determined that the imposition of conditions would not be appropriate, the Tribunal considered whether to suspend Dr Simaviciute's registration for a further period of up to 12 months.

48. The Tribunal had regards to paragraphs C23 and C24 of the Guidance, which state:

> *'C23 When considering whether a period of suspension is a proportionate response to a doctor's non-compliance, the tribunal may want to consider the previous opportunities the doctor has had to comply and the level of the doctor's engagement with the fitness to practise process.*
>
> *C24 Suspension is likely to be appropriate where a doctor has explicitly refused to comply with a direction or request to provide information or has failed to respond to a direction or request to provide information, and there is no mitigating information to suggest that conditions are likely to be sufficient.'*

49. The Tribunal noted that Dr Simaviciute has had ample opportunity to comply and undergo the Performance Assessment since the concerns were initially raised to the GMC in 2022. There has been limited engagement from Dr Simaviciute in more than two years, despite repeated attempts to encourage her to do so. Further, in her most recent correspondence, Dr Simaviciute stated that she was no longer intending to return to medical

practice and wished for the process to end. Given this indication, the Tribunal was satisfied that Dr Simaviciute was unlikely to engage in the near future.

50. The Tribunal reminded itself that Dr Simaviciute since 8 June 2024, following a non-compliance hearing in April 2024 and that, to date, has neither complied nor provided evidence to explain her lack of compliance. The Tribunal considered that without a Performance Assessment it is impossible to begin the process of assessing Dr Simaviciute's fitness to practice, which raises serious patient safety concerns. In light of Dr Simaviciute's limited engagement, and her recent indication of her intention to leave the medical profession entirely, the Tribunal concluded that a further period of 12 months suspension would be unlikely to secure her compliance at this stage.

Indefinite Suspension

51. The Tribunal had regard to paragraph C58 of the Guidance as follows:

> *'C58 Where a doctor's registration is suspended, the tribunal may direct that the current period of suspension be extended up to 12 months. Where a doctor has been suspended under a non-compliance order for two consecutive years, it is open to the tribunal to suspend the doctor's registration indefinitely.'*

52. Dr Simaviciute has been subject to a sanction of suspension for non-compliance since the order came into effect in June 2024. Dr Simaviciute has therefore been suspended for more than two years due to her non-compliance with a direction to undergo a Performance Assessment.

53. The Tribunal reminded itself that there has been limited engagement by Dr Simaviciute with the GMC or with these proceedings. Further, the Tribunal is satisfied that the initial direction by the GMC for Dr Simaviciute to undergo a Performance Assessment was reasonable given the concerns raised.

54. The Tribunal reminded itself that Dr Simaviciute has had multiple opportunities to comply with non-compliance proceedings and has not done so, nor has she provided evidence to support her given reasons for not doing so, despite repeated requests.

55. In considering the ongoing risk to public safety in the absence of a Performance Assessment, the Tribunal has determined to impose an indefinite period of suspension on Dr Simaviciute's registration. In reaching this decision, the Tribunal has balanced fairness to Dr

Simaviciute with fairness to the regulator. In light of the fact that Dr Simaviciute has failed to meaningfully engage with the GMC for more than two years, the Tribunal considered that it was fair and proportionate to make an order of indefinite suspension.

56. The Tribunal notes that Dr Simaviciute will be eligible to apply for a review hearing after two years have elapsed from the date when the indefinite suspension takes effect, should she wish to do so.

57. The Tribunal has directed to suspend Dr Simaviciute's registration indefinitely. The MPTS will send Dr Simaviciute a letter informing her of her 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.

ANNEX A – 16/09/2026

Service and proceeding in absence

58. Dr Simaviciute is neither present nor represented at this hearing.

59. The Tribunal was provided with a service bundle which showed that notice of this hearing was sent by the Medical Practitioners Tribunal Service (MPTS) in accordance with Rule 20(1)(a) of the Rules and Paragraph 8 Schedule 4 of the Medical Act 1983 as amended (The Act), dated 13 August 2026. This was sent to Dr Simaviciute's registered email address.

60. The Tribunal also notes that the notice of non-compliance/ information letter sent by the GMC in accordance with Rule 20(1)(b) and Rule 40 of the Rules was sent by email on 13 August 2026, a chaser email sent on 14 August 2026 and by special delivery post to an address provided by Dr Simaviciute for such purposes, which was delivered on 24 August 2026.

61. Dr Simaviciute responded to the MPTS email on 21 August 2026, confirming that she no longer intended to return to medical practice, and wishing to know what steps could be taken to discontinue the ongoing review process.

Submissions

62. On behalf of the GMC, Ms Tai referred the Tribunal to the service bundle which she submitted proved that service had been effected on Dr Simaviciute by special delivery post and e-mail. She stated that Dr Simaviciute is plainly aware of today's review hearing as she has responded to an email from the MPTS and makes references to the periodic reviews of her registration. She submitted that this is sufficient to demonstrate that Dr Simaviciute is aware of the upcoming hearing.

63. Turning to proceeding in absence, Ms Tai submitted that the implication of Dr Simaviciute's email is that she does not wish to contribute to or contest any of these proceedings. She referred the Tribunal to the cases of *R v Jones [2003] 1 AC 1* and *General Medical Council v Adeogba [2016] EWCA Civ 162*.

64. Ms Tai submitted that Dr Simaviciute is aware of today's proceedings and has chosen to be voluntarily absent and not represented. She submitted there is no evidence that an adjournment would result in Dr Simaviciute's attendance, and there would be no change in the position should the Tribunal choose to adjourn. She submitted that it was in the public interest for the hearing to continue in Dr Simaviciute's absence.

Service

65. The Tribunal had regard to Rule 20(1)(a) of the Rules which provides that a notice or document required to be served under the Rules may be served by ordinary post, or by electronic mail to an electronic mail address, that the practitioner had notified to the Registrar as an address for communications.

66. In light of the evidence showing the notice of non-compliance and Notice of Hearing being served by email to Dr Simaviciute, and being sent via post to her confirmed address, the Tribunal was of the view that service had been effected in accordance with the Rules.

Proceeding in Dr Simaviciute's absence

67. The Tribunal has determined that notice of this hearing has been served in accordance with the relevant provisions and must now decide whether to proceed in Dr Simaviciute's absence pursuant to Rule 31.

68. The Tribunal noted that the correspondence had been sent to Dr Simaviciute by both post and email to the addresses held by the GMC. Dr Simaviciute responded to the MPTS email confirming that she did not intend to return to medical practice and asking how these matters may be brought to conclusion. In light of the information before it, the Tribunal was satisfied that Dr Simaviciute had voluntarily absented herself from this hearing.

69. The Tribunal also considered whether an adjournment would result in Dr Simaviciute attending the hearing. Setting aside that there had been no application for an adjournment, there was no evidence before the Tribunal to suggest that an adjournment would result in Dr Simaviciute attending at a future date.

70. The Tribunal noted that any decision to proceed in Dr Simaviciute's absence might result in prejudice to her, and that it may not necessarily have all of the information that she would wish to advance at the hearing. However, the Tribunal considered that any such prejudice must be balanced against other factors including the statutory overarching objective and the public interest. The Tribunal noted that the public interest included the fair, economic, expeditious and efficient disposal of the hearing and this had to be balanced against any prejudice to Dr Simaviciute.

71. In accordance with Rule 31 of The Rules, the Tribunal determined to proceed in Dr Simaviciute's absence.