PUBLIC RECORD

Dates: 04/09/2026

Doctor:	Dr Sandra, Chika NDIRIKA
GMC reference number:	6088249
Primary medical qualification:	BM 2003 University of Southampton

Type of case	**Outcome on impairment**
Review - Conviction	Impaired
XXX	XXX

Summary of outcome

Further Suspension 12 months
Review hearing directed

Tribunal:

Legally Qualified Chair	Mr Angus Macpherson
Lay Tribunal Member:	Mr David Propert
Registrant Tribunal Member:	Dr Gilliam Livesey

Tribunal Clerk:	Mr Sewa Singh

Attendance and Representation:

Doctor:	Not present, not represented
Doctor's Representative:	None
GMC Representative:	Mr John Morrison, 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 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 - 04/09/2026

1. This is a review hearing of Dr Ndirika's case. At this review hearing the Tribunal 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 Ndirika's fitness to practise is impaired by reason of XXX conviction.

The Outcome of Applications Made during the Impairment Stage

2. The Tribunal granted an application, made by Mr John Morrison, Counsel for the GMC, pursuant to Rule 40 of the Rules, to proceed in Dr Ndirika's absence. The Tribunal's full decision on the application is included at Annex A.

3. The Tribunal also granted an application made by Mr Morrison for the entirety of the proceedings to be held in private, pursuant to Rule 41 of the Rules. This was agreed given the nature of the concerns in this case and the Tribunal did not consider it necessary to produce a separate determination.

Background

4. Dr Ndirika qualified in 2003 with a Bachelor of Medicine degree (MB) from the University of Southampton. Dr Ndirika is an ST6, urology trainee at the Royal Wolverhampton Hospital NHS Trust ('the Trust'). At the time of the events, Dr Ndirika was practising as a Urology doctor at New Cross Hospital, Wolverhampton.

5. This case involves two complaints made against Dr Ndirika. The first relates to a vulnerable patient who had attended Dr Ndirika's clinic for an appointment. While there, Dr Ndirika removed the patient's wallet from his coat and stole £30 and cloned his bank card. Dr Ndirika then used the cloned bank card to make online purchases, and doing so, she falsely represented herself to be the lawful owner of the bank card.

6. The second relates to a nurse who had left her bank card in her purse in the staff room. Dr Ndirika stole the purse from her handbag and then used a bank card to order food online.

7. Dr Ndirika was interviewed under caution and had admitted all the allegations. On 8 December 2023 at Wolverhampton Magistrates' Court, Dr Ndirika was convicted of two

counts of theft and seven counts of fraud by false representation. On 15 January 2024, she was sentenced at Dudley Magistrates' Court, to a total of 32 weeks imprisonment, suspended for 18 months, and to pay compensation of £455.

8. XXX

9. XXX

The 2025 Tribunal

10. Dr Ndirika's case was first heard at a Medical Practitioners Tribunal hearing which took place between 18 and 22 August 2025 ('the 2025 Tribunal'). Dr Ndirika was present and was not represented. At the outset of the hearing, Dr Ndirika admitted the entirety of the Allegation.

11. With the entirety of the Allegation having been admitted and announced found proved, the 2025 Tribunal went on to find Dr Ndirika's fitness to practise impaired by reason of her XXX conviction. XXX

12. XXX

13. In relation to the conviction, the 2025 Tribunal had regard to the certificate of conviction and noted that Dr Ndirika was convicted of two counts of theft and seven counts of fraud by false representation; and on 15 January 2024, was sentenced to 32 weeks' imprisonment suspended for 18 months, and ordered to pay compensation of £455 as well as seven rounds of eight weeks' imprisonment (concurrent) suspended for 18 months.

14. The 2025 Tribunal considered that Dr Ndirika's conviction was extremely serious, noting she had stolen from a vulnerable patient and from a colleague, and used their bank cards to make purchases. The 2025 Tribunal found Dr Ndirika had breached paragraphs 1, 46, 47, 48 and 65 of GMP (2013 version). It also found that Dr Ndirika lacked sufficient insight into her actions and the extent and impact of XXX.

15. The 2025 Tribunal found all three limbs of the overarching objective to be engaged. It went on to find Dr Ndirika's fitness to practise impaired by reason of XXX her conviction.

16. The 2025 Tribunal considered the mitigating and aggravating factors. It accepted that Dr Ndirika acknowledged, admitted and apologised for her behaviour at the earliest opportunity. The 2025 Tribunal found Dr Ndirika had breached paragraphs 91, 92, 93 and 97 and some sub-paragraphs of the Sanctions Guidance (SG). XXX. The Tribunal found that there was scope, if given more time, for Dr Ndirika to reach a satisfactory level of insight, sufficiently remediate her actions and XXX. It therefore concluded that the conduct was not fundamentally incompatible with her continued registration.

17. Accordingly, the 2025 Tribunal determined that a period of suspension would be an appropriate and proportionate sanction. It was of the view that this would give Dr Ndirika the opportunity to develop further insight XXX and to complete remediation.

18. The 2025 Tribunal considered the following evidence may assist the reviewing Tribunal:

- Dr Ndirika's continued engagement with the regulatory process and her attendance at the next hearing
- XXX;
- XXX;
- XXX;
- A further reflection piece from Dr Ndirika detailing her developing insight, and remediation, the application of them in her professional and private life, and her understanding of the impact of her conduct on the profession, her victims and the wider public interest.
- Relevant CPD and training undertaken to evidence keeping medical skills and knowledge up to date; and
- Any other information that she considers will assist the reviewing Tribunal.

Today's Hearing

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

The Evidence

20. The Tribunal has taken into account all of the documentary evidence received. This included:

- MPTS Record of Determinations from the 2025 hearing;
- GMC letters to Dr Ndirika, dated 29 September 2025, and 11 May 2026;
- XXX

21. XXX

22. XXX

23. XXX

24. XXX

25. XXX

Submissions

26. Mr Morrison reminded the Tribunal of the matters which the previous Tribunal submitted would assist the reviewing Tribunal. He also reminded the Tribunal that the persuasive burden is on the registrant to demonstrate that they are fit to return to unrestricted practice. Mr Morrison submitted that unfortunately that was not the case here and that Dr Ndirika's fitness to practise remains impaired XXX on the basis of her conviction XXX, matters which are seemingly inextricably linked.

27. Mr Morrison referred the Tribunal to the MPTS Guidance which came into effect on 24 November 2025 and directed it to the four questions it needed to consider in reaching its decision on impairment. XXX.

28. Mr Morrison submitted that Dr Ndirika has XXX engaged to a limited degree with the regulator. He submitted, however, that Dr Ndirika has not provided any further evidence of insight and remediation. XXX.

29. In relation to the risk to public protection, Mr Morrison submitted that as a result of XXX, that Dr Ndirika's fitness to practise remains impaired on all three parts of the public protection, adding that the risk is at the higher end of the spectrum.

30. In relation to conviction, Mr Morrison reminded the Tribunal that this related to serious criminal offences and involved dishonest conduct, and that Dr Ndirika's criminal offences were not an isolated incident; they resulted in a suspended custodial sentence. Mr Morrison submitted that the conviction was curtailed by XXX. He submitted that Dr Ndirika would pose a high risk to patients if she were allowed to practise unrestricted.

31. Mr Morrison invited the Tribunal to find Dr Ndirika's fitness to practise is impaired by reason of her conviction XXX.

The Relevant Legal Principles

32. Throughout the decision-making process, the Tribunal was mindful of the overarching objective of the GMC and MPTS 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 that profession ('uphold professional standards').

33. 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 the doctor to satisfy it that he would be safe to return to unrestricted practice.

34. The Tribunal had regard to the overall MPTS Guidance (effective 24 November 2025), and the considerations set out in the Tribunal Circular dated 26 November 2025 - *'20/25: Guidance for review hearings starting on or after 24 November 2025'*. This included that:

> *"On review, the following questions should be used to inform the tribunal's assessment of whether a doctor poses any current and ongoing risk to public protection requiring restrictive action in response, and if so, what level of risk (low, medium or high):*
>
> > *i. What was the last assessment of current and ongoing risk to public protection resulting in the doctor's fitness to practise being found impaired? (Look back at the previous tribunal's findings)*
> > *ii. What has happened since the last assessment of risk and what impact does this have?*
> > *iii. How has the doctor responded to the previous tribunal's findings?*
> > *iv. Has the risk to public protection requiring restrictive action in response changed and if so, how?"*

35. The Tribunal will assess whether Dr Ndirika poses any current and ongoing risk to one or more of the three parts of public protection requiring restrictive action in response. The Tribunal must determine whether Dr Ndirika'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. The Tribunal considered that the onus was on Dr Ndirika to demonstrate that her fitness to practise is not currently impaired.

The Tribunal's Determination on Impairment

36. The Tribunal considered whether Dr Ndirika's fitness to practise is currently impaired by reason of her XXX conviction.

<u>What was the last assessment of current and ongoing risk to public protection resulting in Dr Ndirika's fitness to practise being found impaired?</u>

37. The Tribunal had regard to the conclusions of the 2025 Tribunal, as summarised above. It noted that the 2025 Tribunal had reached the view that Dr Ndirika's conviction was inextricably linked to XXX.

38. XXX

39. XXX. This Tribunal has not been provided with any evidence to demonstrate the steps Dr Ndirika has taken to remediate her behaviour and to gain insight and to demonstrate

remediation beyond expressions of remorse in her reflective piece for the 2025 Tribunal. This case also involved Dr Ndirika's dishonest criminal actions resulting in some level of harm to a vulnerable patient and to a colleague.

40. The Tribunal had regard to the factors identified by the 2025 Tribunal which may assist a future review, as set out above. The Tribunal notes that whilst Dr Ndirika has demonstrated some of those steps, for example, engaging with XXX and to some degree with the regulatory process. There is no evidence by way of a personal reflective piece detailing her developing insight, remediation, and the application of them in her professional and private life. It appears therefore that she has not developed any understanding of the impact of her conduct on the profession, her victims and the wider public interest. Nor has there been any evidence of relevant CPD and training undertaken to evidence her maintaining medical skills and knowledge up to date.

41. The Tribunal noted that the 2025 Tribunal had determined that all three limbs of the impairment test were engaged in this case.

42. In relation to conviction, the Tribunal was mindful that Dr Ndirika's conviction was inextricably linked to XXX. Given that XXX, the Tribunal considered that there remains a current risk and ongoing risk to public protection.

<u>What has happened since the last assessment of risk and what impact does this have? and How has Dr Ndirika responded to the 2025 Tribunal's findings?</u>

43. The Tribunal considered what has happened since the 2025 Tribunal and how Dr Ndirika has responded to the 2025 Tribunal's findings.

44. XXX

45. Further, Dr Ndirika has not provided any evidence of insight and remediation. There was no further information before the Tribunal that Dr Ndirika understands, or has insight into, the seriousness of her behaviour and its impact on patient safety, public confidence in the medical profession and upholding and maintaining professional standards.

<u>Has the risk to public protection requiring restrictive action in response changed and if so, how?</u>

46. The Tribunal determined that the risk to public protection requiring restrictive action has not changed and that it remains high.

47. The Tribunal was satisfied that Dr Ndirika has not addressed the issues raised by the 2025 Tribunal. It determined, in all the circumstances, and given XXX, that there is a risk of Dr Ndirika repeating her behaviour and there was nothing to reassure the Tribunal that that risk had been mitigated. The Tribunal determined, in the absence of any evidence to suggest

otherwise, that the risk on the grounds of public interest remains in relation to all three limbs of the impairment test.

48. Furthermore, the Tribunal took into account that Dr Ndirika has now been out of clinical practice for several years, which, in its view and in the absence of any evidence to the contrary, would inevitably result in her becoming deskilled. While the Tribunal noted that the Allegation did not concern any aspect of her clinical practice or her performance, the Tribunal was concerned that it did not have any evidence that she had maintained her skills and there was a risk that she could return to clinical practice if she so chose (subject to any sanction imposed by this Tribunal). In view of this, and due to the evidence XXX, the Tribunal considered that the risk to public protection remained unchanged and continued to fall at the higher end of the spectrum of seriousness. It is therefore necessary to make a finding of impairment on the grounds of public protection and public interest in relation to XXX and in relation to her conviction.

49. In all the circumstances, and based on the evidence before it, the Tribunal has therefore determined that Dr Ndirika's fitness to practise is currently impaired by reason of her XXX conviction.

Determination on Sanction - 04/09/2026

1. Having determined that Dr Ndirika's fitness to practise is impaired by reason of XXX conviction, the Tribunal 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 Ndirika's registration. The Tribunal received no further evidence.

Submissions

<u>On behalf of the GMC</u>

3. Mr Morrison, Counsel, submitted that the appropriate and proportionate sanction in this case was a further period of suspension for 12 months. He acknowledged, however, that the question as to the appropriate sanction was a matter for the Tribunal exercising its own independent judgement. Mr Morrison submitted that this period was necessary to ensure patient safety and uphold the overarching objective under all three limbs. He added that this period would also allow Dr Ndirika sufficient time to XXX and also provide the necessary evidence of insight and remediation which may assist a future Tribunal reviewing her case.

4. Mr Morrison referred the Tribunal to the MPTS Guidance, effective from 24 November 2025, and reminded it that the reason for imposing sanctions is to protect the public. He said that this includes maintaining public confidence in the profession, as well as promoting and maintaining proper professional standards and conduct for members of the profession. He also reminded the Tribunal that it must start with the least restrictive sanction which must be proportionate, transparent and fair, and take account of the interests of the public and the protection thereof against those of the doctor and her ability to practice.

5. Mr Morrison submitted that the level of current and ongoing risk posed by the registrant is at the higher level of seriousness as found by the Tribunal in its determination on impairment, XXX.

6. Mr Morrison submitted that a further period of suspension is the least restrictive outcome in this case and that any lesser sanction would not be appropriate or proportionate. XXX. He added that Dr Ndirika has been out of clinical practice now for a further 12 months and therefore there is arguably greater risk to patients.

7. Mr Morrison drew the Tribunal's attention to the table set out at paragraph 62 of the Sanctions Guidance (SG) and submitted that a period of suspension is indicated as the appropriate and proportionate sanction given the risk to public protection in this case was at the higher end of the spectrum.

8. In all the circumstances, Mr Morrison invited the Tribunal to suspend Dr Ndirika's registration for a further period of 12 months.

The Relevant Legal Principles

9. The Tribunal was reminded that the decision as to the appropriate sanction, if any, to impose was a matter for its independent judgement which it must exercise fairly.

10. The Tribunal had regard to the relevant sections of the MPTS Guidance.

11. The Tribunal was mindful that the purpose of a sanction is not to be punitive, although a sanction may have a punitive effect on a doctor.

12. The Tribunal reminded itself that, in determining whether to impose a sanction and, if so, which, it should have regard to the principle of proportionality and should start by considering the least restrictive option. The Tribunal reminded itself of the principles set out in paragraph 7 in the 'Introduction' section of the Guidance for MPTS Guidance which states:

> *'Being proportionate*
> *7. To be proportionate, a tribunal must ask themselves, in the context of the individual case and decision being made, what is required and no more than necessary to meet the GMC and MPTS' legal duty to protect the public in a timely way. To assess what is proportionate, tribunals should be clear on the*

options available to them.'

13. The Tribunal was mindful that the reputation of the medical profession as a whole is more important than the interests of an individual doctor: *Bolton v Law Society [1993] EWCA Civ 32*.

The Tribunal's Determination on Sanction

14. Throughout its deliberations, the Tribunal had regard to the statutory overarching objective to protect patients as set out in section 1 of the Medical Act 1983:

a. to protect, promote and maintain the health, safety, and wellbeing of the public
b. to maintain public confidence in the profession
c. to promote and maintain proper professional standards and conduct for members of the profession

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

16. The Tribunal reminded itself of the findings of the 2025 Tribunal that Dr Ndirika's XXX and her behaviour which led to her conviction, were at the higher end of the spectrum of seriousness. It was mindful that Dr Ndirika's registration was suspended for a period of 12 months to allow her time to reach a satisfactory level of insight, to sufficiently remediate her actions and further her recovery.

17. XXX

18. The Tribunal has also taken into account that Dr Ndirika has now been out of clinical practice for several years, and it has not received any evidence to demonstrate that she has kept her medical knowledge and skills up to date.

No Action

19. 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.'*

20. The Tribunal determined that there are no exceptional circumstances in this case which would warrant the taking of no action in the context of the facts in this case and the Tribunal's determination on impairment. The Tribunal considered the seriousness of XXX and her behaviour which led to her conviction. It took into account its finding that the absence of sufficient evidence of insight and remediation suggested the risk to public protection remained high. It therefore determined that taking no action would not be appropriate or sufficient to protect the public.

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 Ndirika has shown no insight despite being given 12 months to

provide such evidence, nor is there any evidence of remediation. Further, it noted that, in its determination on impairment, the risk in this case fell at the higher end of the spectrum.

24. Further, in view of XXX, the Tribunal could not be satisfied that Dr Ndirika 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 the above, 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. 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.'*

27. The Tribunal had regard to its findings at the impairment stage. It has found that Dr Ndirika poses a risk in respect of all three limbs of public protection. It noted that she has been out of clinical practise for several years, and there is no evidence before the Tribunal of how she has kept her medical knowledge and skills up to date.

28. The Tribunal was mindful that the sanction banding suggests that the appropriate sanction in this case would be suspension. The Tribunal was mindful that Dr Ndirika has not provided any evidence of insight and remediation. However, it took into account XXX. 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 engaged on all three limbs, and that there remained a risk of Dr Ndirika repeating her behaviour.

29. In the circumstances, the Tribunal considered that a further 12 months period of suspension is the appropriate and proportionate sanction. It was satisfied that this would adequately protect the public and would uphold public confidence in the profession. It would also afford Dr Ndirika further time and opportunity to take steps to address XXX and to

show evidence of her insight and remediation to a reviewing Tribunal. The Tribunal considered that a reasonable member of the public would not be offended by this further period of suspension in light of the issues involved in this case.

Review

30. The Tribunal determined to direct a review of Dr Ndirika's case. A review hearing will convene shortly before the end of the period of suspension, unless an early review is sought either by Dr Ndirika or the GMC.

31. The Tribunal noted that, at the review hearing, the onus will be on Dr Ndirika to demonstrate evidence of satisfactory levels of insight and remediation to ensure that her fitness to practise is no longer impaired at the time. It considered that the following may assist the reviewing Tribunal:

- Dr Ndirika's continued engagement with the regulatory process and her attendance at the next review hearing;
- XXX;
- XXX;
- XXX;
- XXX;
- XXX;
- A further reflection piece from Dr Ndirika detailing her developing insight, and remediation, the application of them in her professional and private life, and her understanding of the impact of her conduct on the profession, her victims and the wider public interest;
- Relevant CPD and training undertaken to evidence keeping medical skills and knowledge up to date; and
- Any other information that she considers will assist the reviewing tribunal.

32. The Tribunal has directed that Dr Ndirika's registration shall be suspended for a further period of 12 months. The MPTS will send Dr Ndirika a letter informing her of her right of appeal and when the direction and the new sanction will come into effect. The current suspension will remain in place during any appeal period should Dr Ndirika decide to appeal the Tribunal's decision.

33. That concludes the case.

ANNEX A – 04/09/2026

Application - Service and Proceeding in Absence

1. Dr Ndirika was neither present nor legally represented at this hearing. The Tribunal

noted that in order to proceed with the hearing in Dr Ndirika's absence, it needed to be satisfied that Dr Ndirika had been properly served with the Notice of Hearing (NoH) and whether it was appropriate for the hearing to proceed in her absence.

2. The Tribunal was provided with a copy of a service bundle from the General Medical Council (GMC). This included a screenshot of Dr Ndirika's registered address and her email address. The Tribunal was directed by Mr John Morrison, Counsel for the GMC, to the letter sent by the GMC to Dr Ndirika via email to her registered address on 11 May 2026 informing her of today's hearing and reminding her of the information required for the review hearing. Referring to the service bundle, Mr Morrison directed the Tribunal to the NoH sent by the MPTS to Dr Ndirika on 8 July 2026 which set out the details of today's hearing and advised that the Tribunal may consider her case in her absence. On 10 July 2026, the MPTS sent a copy of the NoH by special delivery. The Tribunal noted the Royal Mail Track and Trace receipt showed this was delivered at Dr Ndirika's registered address on 11 July 2026 at 11:48 and was signed for.

3. The Tribunal also noted that the GMC sent a further letter to Dr Ndirika on 17 July 2026 in which it advised her of today's hearing, and mentioned that her case may be considered as a Review on the papers. The GMC also indicated in their letter that its provisional view was that the current substantive order of suspension should be extended for a further period of 12 months. No response was received to the GMC's letter. On 13 August 2026, the GMC informed Dr Ndirika that her case was to be heard by an MPT on today's date. In an email of the same date, Dr Ndirika responded stating *'I am currently [XXX]. I will not be able to attend the tribunal.'*

4. Mr Morrison submitted that it was clear from Dr Ndirika's email of 13 August 2026 that she was aware of today's hearing.

5. Further, Mr Morrison submitted that as Dr Ndirika has indicated that she would not be able to attend the hearing today, it was reasonable, in the circumstances, to proceed with the hearing in her absence. He submitted that Dr Ndirika has not requested an adjournment. He said that she had made a deliberate decision not to attend today and therefore had voluntarily absented herself.

Tribunal's Determination

Service

6. The Tribunal had regard to Rule 20 and Rule 40 of the Rules which required notice of a review hearing to be served on the practitioner no later than 28 days before the hearing held under rule 22 of the Rules and that such 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.

7. Based upon the evidence before it, the Tribunal was satisfied that the NoH had been served upon Dr Ndirika at her registered address in accordance with Rules 20 and 40 of the Rules.

Proceeding in Dr Ndirika's Absence

8. In making its determination the Tribunal noted that the decision as to whether or not the hearing should proceed in Dr Ndirika's absence was a matter for its discretion and that such discretion was to be exercised with care and caution. The Tribunal noted Rule 31 for determining applications to proceed in absence which sets out:

> *"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."*

9. The Tribunal were advised of and took account of the guidance provided in *Adeogba & Visvadis v GMC [2016] EWCA Civ 162*, *R v Hayward, Jones & Purvis [2001] QB 862* and *R v Jones (Anthony) [2003] 1 AC 1 HL* and *GMC v Hayat [2018] EWCA Civ 2796.*

10. The Tribunal noted that the letters sent to Dr Ndirika informed her of the date, time and venue of the hearing, her right to attend it, and to be legally represented. She was also informed that the hearing could proceed in her absence if she did not attend. It took into account Dr Ndirika's response to the GMC dated 13 August 2026 in which she stated she would not be able to attend today's hearing. The Tribunal concluded, in light of the information before it, that Dr Ndirika had voluntarily absented herself from this hearing.

11. The Tribunal considered whether an adjournment would result in Dr Ndirika attending the hearing. Setting aside that there had been no application for an adjournment, there was no evidence before the Tribunal that an adjournment would result in Dr Ndirika attending. The Tribunal took into account Dr Ndirika's reasons for not attending today's hearing as set out in her email of 13 August 2026.

12. The Tribunal also considered whether any decision to proceed in Dr Ndirika's absence may result in disadvantage or prejudice to her, taking account of the fact that it may not necessarily have all of the information which Dr Ndirika may wish to present. However, the Tribunal considered that any such prejudice must be balanced against other factors including the statutory overarching objective and the public interest in proceeding with the review before the expiry of the suspension order. The Tribunal noted that the public interest included the need for a fair, economic, expeditious and efficient disposal of the hearing. These matters should be balanced against any prejudice to Dr Ndirika.

13. The Tribunal noted that part of its role was to ensure a fair hearing notwithstanding Dr Ndirika's absence. In view of the information before it, the Tribunal considered that it was in the public interest to ensure that the suspension order, which concerned her conviction

XXX, was reviewed before its expiry and that it was highly unlikely that it would be possible to schedule another review hearing before its expiry. Having balanced each of the relevant factors against the statutory overarching objective and the public interest, as set out above, the Tribunal determined that it is fair, just, and in both the public and Dr Ndirika's interest to proceed with the hearing in her absence.

14. The hearing will therefore proceed in Dr Ndirika's absence.