PUBLIC RECORD

Dates: 24/08/2026 – 28/08/2026
03/09/2026 - 09/09/2026

Doctor:	Dr Surrayya NAJEEB
GMC reference number:	7666217
Primary medical qualification:	MBBS 1985 University of Karachi - Sindh Medical College

Type of case	Outcome on facts	Outcome on impairment
New – Misconduct	Facts relevant to impairment found proved	Impaired
New - Deficient professional performance	Facts relevant to impairment found proved	Impaired

Summary of outcome

Erasure
Immediate order imposed

Tribunal:

Legally Qualified Chair	Mrs Cathie Seville
Lay Tribunal Member:	Mrs Lorna Taylor
Registrant Tribunal Member:	Dr Laura Florence

Tribunal Clerk:	Mrs Jennifer Ireland (24/08/2026 to 28/08/2026; 08/09/2026 to 09/09/2026) Mr Joel Taylor-Garratt (03/09/2026 to 07/09/2026)

Attendance and Representation:

Doctor:	Not present, not represented
Doctor's Representative:	N/A
GMC Representative:	Ms Harriet Tighe, 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 Facts – 03/09/2026

1. This determination will be handed down in private due to XXX but, as this case concerns Dr Najeeb's alleged misconduct and deficient professional performance, a redacted version will be published at the close of the hearing.

Background

2. Dr Najeeb qualified in 1985 from Sindh Medical College at the University of Karachi, Pakistan. Dr Najeeb worked as a Locum Consultant at Blackpool Teaching Hospitals (BTH) from June 2021 until February 2023. Dr Najeeb then commenced employment as a Locum Consultant in Acute Medicine at Queen Elizabeth Hospital King's Lynn (QEH) from March 2023 until February 2024.

3. The allegations that have led to Dr Najeeb's hearing relate to her conduct and clinical performance. It is alleged by the General Medical Council (GMC) that, whilst working at BTH during October 2022, Dr Najeeb was moved from a Consultant to a Registrar role following

concerns about her ability to practise at consultant level. It is alleged she was informed of this change in a meeting on 19 October 2022.

4. It is further alleged that, in November 2022, Dr Najeeb applied and was interviewed for a Locum Consultant role at QEH, where she failed to disclose her change in role at BTH and the concerns raised about her performance. It is also alleged that she failed to disclose she had failed to demonstrate the required skills when attending the Advanced Cardiovascular Life Support Course (ACLS/ALS) on 29 November 2022 and had not progressed to the testing stage of the course. It is alleged that her actions were dishonest.

5. In a meeting with Dr B, Medical Director and Responsible Officer at QEH, on 12 December 2023, Dr Najeeb is alleged to have denied her change in role, or knowledge of any concerns at BTH. It is alleged that her actions were dishonest.

6. It is also alleged that, in August 2024, Dr Najeeb underwent a GMC performance assessment which found that her professional performance was unacceptable and a cause for concern in multiple areas.

7. The initial concerns were raised with the GMC on 22 December 2023 by Dr B.

The outcome of applications made during the facts stage

8. Dr Najeeb did not attend the hearing and was not represented. The Tribunal granted the GMC's application, made pursuant to Rules 31 and 40 of the GMC (Fitness to Practise Rules) 2004 as amended (the Rules), that, the service had been effected and it was appropriate to proceed in Dr Najeeb's absence. The Tribunal's full decision on the application is included at Annex A.

9. The Tribunal granted the GMC's application, made pursuant to Rule 34(1) of the Rules to admit further evidence. The Tribunal's full decision on the application is included at Annex B.

10. The Tribunal granted the GMC's application, made pursuant to Rule 17(6) of the Rules to amend the allegation. The Tribunal's full decision on the application is included at Annex C.

The Allegation and the doctor's response

11. The Allegation made against Dr Najeeb is as follows:

That being registered under the Medical Act 1983 (as amended):

1. In or around October 2022 whilst working at Blackpool Teaching Hospital NHS Foundation Trust ('Blackpool Teaching Hospital') as a locum Consultant, you were told by Dr A in a meeting on 19 October 2022, that:

    a. there were concerns about your ability to function at Consultant level; To be determined

    b. from 20 October 2022, you were being moved to a Registrar level role. To be determined

2. On 28 November 2022, you made an application ('The Application') for employment at Queen Elizabeth Hospital King's Lynn NHS Foundation Trust ('Queen Elizabeth Hospital') as a Locum Consultant and, you:

    a. indicated that you worked in the role of respiratory Consultant for the duration of your employment at Blackpool Teaching Hospital; To be determined

    b. failed to:

        i. disclose the concerns which had been raised in respect of your ability to work in a Consultant level role at Blackpool Teaching Hospital; To be determined

        ii. disclose that your role had been changed from Consultant to Registrar. To be determined

3. On 1 December 2022, you attended an interview with Queen Elizabeth Hospital, during which you failed to disclose that having attended the Advanced Cardiovascular Life Support Course ('ACLS') on 29 November 2022, you had been informed that:

    a. you had failed to demonstrate the required skills; To be determined

    b. you would not be progressing to the testing phase of the course. To be determined

4. On 12 December 2023 during a meeting with Dr B at Queen Elizabeth Hospital, you indicated:

    a. that you were not aware of any concerns in respect of your ability to work in a Consultant level position during your time at Blackpool Teaching Hospital; To be determined

    b. your role at Blackpool Teaching Hospital had not changed from

Consultant to Registrar; To be determined

c. that a meeting had not taken place with Blackpool Teaching Hospital on 19 October 2022 where you were informed about the change to your role; To be determined

d. you had not received any correspondence from Blackpool Teaching Hospital in November 2022, confirming the change in your role. To be determined

5. When carrying out the actions described at paragraphs 2, 3 and 4, you knew:

a. you did not hold the role of Consultant for the duration of your employment at Blackpool Teaching Hospital; To be determined

b. there had been concerns raised in respect of your ability to work in a Consultant level position whilst at Blackpool Teaching Hospital; To be determined

c. you had been moved from a Consultant role to a Registrar role; To be determined

d. a meeting had taken place on 19 October 2022 with Blackpool Teaching Hospital; Amended under Rule 17(6)

i. on 10 November 2022, you were sent an email confirming the move from a Consultant role to a Registrar role. To be determined

~~e. on 1 November 2022, you had been sent confirmation in writing by Blackpool Teaching Hospital confirming your move from a Consultant role to a Registrar role;~~ Withdrawn following 17(6 application

f. you had not successfully completed the ACLS course. To be determined

6. Your actions as described at paragraphs:

a. 2.a. and 2.b. were dishonest by reason of paragraph 5.a.-5.c.; To be determined

b. 3. was dishonest by reason of paragraph 5.f.; To be determined

c. 4. was dishonest by reason of paragraph 5.b.-~~5.e.~~ 5.d. Amended under Rule 17(6). To be determined

7. Between 12 – 13 August 2024 you underwent a General Medical Council assessment of the standard of your professional performance. To be determined

8. Your professional performance was unacceptable in the following areas:

   a. assessment of patients' condition; To be determined

   b. clinical management. To be determined

9. Your professional performance was a cause for concern in the following areas:

   a. relationships with patients; To be determined

   b. working with colleagues. To be determined

And that by reason of the matters set out above your fitness to practise is impaired because of your:

a. misconduct in relation to paragraphs 1 to 6; and To be determined

b. deficient professional performance in relation to paragraphs 7 to 9 To be determined

Witness evidence

12. The Tribunal received oral evidence on behalf of the GMC from the following witnesses:

- Dr A, Consultant Geriatrician, BTH. His statements were dated 4 March 2025 and 25 March 2026;
- Dr C, Consultant Anaesthetist, BTH. His witness statement was dated 24 February 2026;
- Dr D, Acute Medicine Consultant, QEH. Her witness statement was dated 10 April 2026; and
- Dr B, Medical Director and Responsible Officer, QEH. Her witness statements were dated 10 March 2025 and 9 April 2026.

13. The Tribunal received evidence on behalf of the GMC in the form of written witness statements from the following witnesses who were not called to give oral evidence:

- Ms E, HR business partner at BTH at the time of events, dated 27 March 2025;
- Ms F, Senior Resuscitation Officer at BTH, dated 30 March 2026;

- Mr G, Assistant Director of Strategic Medical Workforce at BTH, dated 14 May 2026
- Ms H, independent HR consultant instructed by QEH, dated 10 March 2026.

14. The Tribunal also received a written statement from Dr I, Consultant Anaesthetist from Norfolk and Norwich University Hospitals NHS Foundation Trust. On day 2, the GMC confirmed that they no longer sought to rely on this statement. The statement did not form part of the Tribunal's decision making.

Expert witness evidence

15. The Tribunal was provided with a professional performance report from GMC Performance Assessors. The report is dated 9 October 2024.

16. In addition, Dr J, GMC Performance Assessor, gave oral evidence to the Tribunal on the first day of the hearing. In his evidence, he confirmed the process by which the assessment was conducted and the content of the report.

Documentary evidence

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

- Meeting Notes of the meeting dated 19 October 2022:
- Email sent by Dr A to Dr C on 18 October 2022;
- Email to Dr Najeeb from Dr A, dated 10 November 2022;
- Course director report for ACLS course, dated 29 November 2022;
- Handwritten meeting notes of Dr B, dated 12 December 2023;
- Independent investigation report from Ms H, dated October 2024;
- Handwritten note of Dr Najeeb's interview, dated 1 December 2022.

The Tribunal's approach

18. In reaching its decision on the facts, the Tribunal will apply the civil standard of proof. This means that the Tribunal must decide whether, on the balance of probabilities, the GMC is able to prove it is more likely than not that the matters occurred as alleged. The burden of proof rests with the GMC and it is for the GMC to prove the case that it is presenting against the doctor. There is no burden on the doctor to prove or disprove anything.

19. The Tribunal will approach fact finding by firstly identifying agreed facts and evidence. To reach a decision on the disputed facts, the Tribunal will assess the evidence in the round.

It will consider what conclusions and inferences can be drawn from the documentary evidence. The Tribunal will then consider the available oral evidence and subject that evidence to critical scrutiny against the agreed facts and documentary evidence to consider a witness' reliability and credibility. The Tribunal should not decide reliability and credibility based on the demeanour of a witness alone.

20. The Tribunal may consider adverse inferences as set out in Rule 16A (2)(a) of GMC Fitness to Practice Rules 2004 as Dr Najeeb has not engaged with these proceedings, nor has she complied with pre-hearing directions.

21. The Tribunal is reminded that Dr Najeeb's good character is not a defence to the allegations, however, it can be taken into account in the following ways: Firstly, it goes to Dr Najeeb's credibility as a witness. Secondly, it may mean that she is less likely than otherwise to have acted as alleged and dishonestly. The weight to be assigned to Dr Najeeb's good character is a matter for the tribunal to determine considering all the evidence in the round.

22. In considering the allegations of dishonesty as set out in paragraphs 6 The Tribunal is reminded of the two stage test given by the Supreme court in *Ivey v Genting Casinos (UK) [2018] AC 391*, namely:

a. The first stage - Does Dr Najeeb genuinely believe that she has acted honestly. This is a subjective test considering only Dr Najeeb's actual state of belief. Her belief does not need to be reasonable. The question is whether the belief is genuinely held. The absence of a genuinely held belief is for the GMC to prove on the balance of probabilities.
b. The second stage, is once the Tribunal has determined her actual state of mind, in the first stage, the Tribunal shall question whether her conduct was honest or dishonest as to be determined by the Tribunal applying the objective standards of ordinary decent people. There is no requirement that Dr Najeeb appreciates that what she has done by those objective standards is dishonest. The burden of proof that Dr Najeeb has acted objectively dishonestly rests with the GMC.

23. Paragraph 3 of the allegations specifically pleads the words "failed to disclose". For these purposes, Dr Najeeb can only be said to have "failed to disclose" if there was a requirement or obligation on her to do such a thing in the first place. The Tribunal was reminded that before it could determine if she failed to act as alleged, it must first decide whether the GMC have proved, on a balance of probabilities, that she was required to do that in the first place.

The Tribunal's analysis of the evidence and findings

24. The Tribunal has considered each paragraph of the Allegation separately and has evaluated the evidence to make its findings on the facts.

Paragraph 1(a)

25. The Tribunal considered the written evidence of Dr C, who confirmed that he spoke to Dr A on 18 October 2022. He confirmed that *'We discussed the concerns surrounding Dr Najeeb... On the call Dr* [A] *and I decided to move Dr Najeeb to SAS level on a general medical ward... The concerns described by Dr* [A] *demonstrated that Dr Najeeb was not in keeping with consultant level and unable to look after complex patients '.*

26. The Tribunal had regard to the statements of Dr A and Ms E, who confirmed they were present at the meeting on 19 October 2022. Both witnesses confirmed that they attended a meeting with Dr Najeeb in which concerns of her clinical performance was discussed.

27. The Tribunal had regard to the notes of the meeting that took place on 19 October 2022, and noted in particular the following discussions:

> *'*[Dr A] *On ward 3 people come with concerns – essentially that you are trying really hard, they like you but don't think you are working at the level of a consultant. Patient safety concerns...*
>
> *Over investigation, in last days of life about to go to Hospice has back pain you want to do full MRI spine...*
>
> *Concerns a lady who was pregnant on ward, query pulmonary embolis, you were investigating her for sinusitis... Requesting x-ray of sinus...*
>
> *Patient rectal cancer, in pain, against advice of Paliative Consultant, investigation as to why patient has pain...*
>
> *Slightly different example, patient who is constipated, asked junior to give enema, can we give laxatives first. You gave an abrupt answer to say just give the enema...*
>
> *Quite often you request a lot of tests, after seeing patient... then stuck with lots of tests that the patient doesn't need...*

[Dr A] - *We think you are working hard and I am sure you are doing your best, about your ability to work as a consultant. Not on the specialist register, I am responsible for making sure we have a safe standard of care for the consultant...*

[Dr K] *There was a time, I suggested I come to your ward rounds and discuss few patients you saw for a few weeks. Concerns raised about pharmacology, how to treat patients …..inherhant problem we have you don't feel there are concerns, other's do. It has been raised before, nothing against you as a person.'*

28. The Tribunal noted that on multiple occasions throughout the meeting Dr Najeeb was told by Dr A that concerns had been raised about her ability to function as a consultant.

29. Finally, the Tribunal had regard to the letter dated 1 November 2022 which was addressed to Dr Najeeb. It was accepted by the GMC that there was no evidence how or if this letter was sent to Dr Najeeb.

30. Ms E confirmed in her witness statement that '*On 19 October 2022, I again met with Dr Najeeb, along with Dr A, Ms L, and Dr K to discuss further concerns regarding Dr Najeeb. During this meeting I took notes and after this meeting, I drafted a letter on behalf of Dr A to outline the contents of the meeting.'*

31. Dr A confirmed in his statement that '*I would like to clarify this letter was drafted by* [Ms E] *and reviewed by me*'. In his oral evidence, Dr A confirmed that '*The letter which was dated 1 November, this was sent by* [Ms E] *for me to review, and I reviewed and emailed it back on 7 November'.*

32. Although the Tribunal understood that there was no evidence that Dr Najeeb had received this letter, it determined that the letter could be considered as a further contemporaneous note of the meeting on 19 October 2022.

33. In the letter, it is written:

'*Thank you for meeting with me on 19th October 2022.*
...
The purpose of our meeting was to discuss a couple of issues which had come to my attention...

I confirmed that I had a number of people come to me to advise that they were concerned that you were not performing at the level of a consultant. Some of these concerns related to patient safety...

my concern is in relation to whether you can function at the level of a consultant'.

34. Accordingly, the Tribunal found paragraph 1(a) of the allegation proved.

Paragraph 1(b)

35. The Tribunal considered the written evidence of Dr C in which he confirmed that he had a telephone conversation with Dr A on 18 October 2026 and '*On the call* [Dr A] *and I decided to move Dr Najeeb to SAS level on a general medical ward'.*

36. The Tribunal considered the email sent by Dr A to Dr C on 18 October 2022, discussing the upcoming meeting and setting out the intention to move Dr Najeeb to a registrar role with effect from 20 October 2022:

'I have, therefore, taken the decision that I will speak to Dr Najeeb tomorrow about her moving to work at a registrar level on a general medical ward from 20th October 2022.'

37. The Tribunal had regard to the written evidence of Dr A in which he confirmed *'On 20 October 2022, after I became aware of a number of concerns regarding Dr Najeeb's conduct I moved Dr Najeeb to work at the level of a registrar in a general medicine ward and I discussed this with Dr Najeeb in a meeting on 19 October 2022'.*

38. The Tribunal noted that Dr A emailed Dr Najeeb on 10 November 2022, following her back to work interview, in which he wrote ' *You explained that after our last meeting on 19th October 2022 [XXX]... I explained that the decision to ask you to work at the level of a registrar due to concerns which had arisen was a really tough one, and a hard thing to have to tell you'.*

39. The Tribunal had regard to the notes of the meeting that took place on 19 October 2022:

'[Dr Najeeb] *You are going to bring me to the level below consultant, you are asking the people how is she doing.*

[Dr A] *Without me prompting they are coming to me. Given the patient safety concerns, this has gone all the way up to the Medical Director. I want you to*

work at the level of the Registrar, you have a contract on that payscale, salary will not be affected. On-call will no longer be on your requirement. You don't need to do these shifts, no financial penalty for you. We will pay you for it, want to be fair to you, need to put patient's first.

[Dr Najeeb] *What level of Registrar?*

[Dr A] *We have consultants, Registrars, ST1/2 and FY trainees, usually working towards. Employment conditions with us will be the same, want you to work as a Registrar under the consultant. Within this Division there is nobody in that position at the moment. That is what the Locum Consultant role is Will continue to support you through your CESR, salary, on-call supplements. I will move you to a General Medical Ward,*

[Dr Najeeb] *Why not Respiratory ward?*

[Dr A] *Best place for General Medical CESR would be Ward 2. Would be difficult for all if you are there, in terms of decision making*

[Dr Najeeb] *Your decision whatever you want to do, the decision is made by you. You are not asking me, you are telling me. Don't think I am doing a bad job, the junior dotors are not there to make comments on me. I am working towards the GMC regulations.*

…

[Dr A] *… Plan from tomorrow pay unaffected, will remain the same, end of contract date will remain the same, do not have to do on-call. Will work 9-5 on Ward 2 with* [Dr M] [Consultant]*, you will be the Registrar working under him. Do you think you will be ok with that?*

[Dr Najeeb] *I don't know, it's difficult to swallow'*

40. The Tribunal noted that on more than one occasion in the meeting Dr Najeeb was informed that her job role would be changed from consultant to registrar. It also noted that her responses suggest an acknowledgement from Dr Najeeb that she understood that change of role, even if she did not accept the decision. The Tribunal also considered that Dr Najeeb was informed that the change would take effect *'from tomorrow'*.

41. The Tribunal considered the letter drafted on 1 November 2022, which acts as a further contemporaneous record which states '*I informed you that in order to continue to support yourself, my decision was to place you into a Registrar post on Ward 2. I believe this will provide the best level of support for you whilst working towards your CESR, and equally remove the responsibility of the consultant role from you due to the nature of some of these concerns along with the previous discussions we have held with you over the past 16 months. I confirmed that there would be no causal impact on your pay and that you would continue to receive your current remuneration for the remainder of your contract period up to June 2023, inclusive of your on-call payment'.*

42. Having considered all of the available evidence, the Tribunal was satisfied that Dr Najeeb was informed in the meeting on 19 October 2022 that she was being moved to a Registrar level role, with effect from 20 October 2022.

43. Therefore, the Tribunal found paragraph 1(b) of the allegation proved.

Paragraph 2(a)

44. The Tribunal first clarified the date on the application. It noted that the Curriculum vitae (CV) submitted is dated 5 December 2022, but the allegation refers to 28 November 2022. The Tribunal had regard to the evidence of Dr B, who stated in her supplemental witness statement dated 9 April 2026:

> *'I would like to clarify that Dr Najeeb's CV was dated 5 December 2022 but was received by the Trust on 28 November 2022… On the same day, Dr Najeeb was invited to attend an interview. Dr Najeeb attended an interview at the Trust on 1 December 2022'*

45. The Tribunal accepted that this information was accurate and correlated with the timeline of Dr Najeeb attending an interview on 1 December 2022.

46. The Tribunal then had regard to the CV submitted on behalf of Dr Najeeb for consideration for the job at QEH. It noted that in the section marked *'Professional Experience'* Dr Najeeb listed '*Blackpool Victoria Teaching Hospital NHS, Lancashire UK. Fixed term Respiratory Consultant 08-06-2021 til present'.* The Tribunal considered the description underneath this role and noted that it listed the responsibilities of a consultant including management responsibilities and on call work.

47. The Tribunal was of the view that by using the words *'til present'* Dr Najeeb sought to give the impression and held herself out as holding the role of a consultant at the time of her application.

48. There was no evidence within her application that she had been acting as a registrar since 20 October 2022.

49. Therefore, the Tribunal found paragraph 2(a) of the allegation proved.

Paragraph 2(b)(i)

50. The Tribunal had regard to the CV submitted on behalf of Dr Najeeb for consideration for the job at QEH. It noted that there was nothing contained within her CV to suggest that concerns had been raised about her ability to work at consultant level.

51. Accordingly, the Tribunal found paragraph 2(b)(i) of the allegation proved.

Paragraph 2(b)(ii)

52. The Tribunal had regard to the details contained within the CV and was of the view that by using the words *'til present'* Dr Najeeb held herself out as a consultant at the time of her application.

53. The Tribunal found no reference to her acting as a registrar since 20 October 2022 within her application.

54. Accordingly, the Tribunal found paragraph 2(b)(ii) of the allegation proved.

Paragraph 3(a)

55. The Tribunal first noted that the Advanced Cardiovascular Life Support (ACLS) course on 29 November 2022, had taken place just two days before the interview at QEH.

56. The Tribunal considered the evidence of Ms F, Senior Resuscitation Officer at BTH, who confirmed that Dr Najeeb attended the course on 29 November 2022.

57. The Tribunal considered the Course Director Report from 29 November 2022 and noted that Dr Najeeb had been told on the day of the course that she had not demonstrated the required skills and would not be progressing to the testing phase.

58. The Tribunal considered that this very recent failure would have been fresh in Dr Najeeb's mind at the time of her interview. It accepted that Dr Najeeb's CV had been submitted the day before the course, and this was a material change to her status since submitting her CV. It also accepted that it was not essential criteria for Dr Najeeb to hold the qualification, but by virtue of putting it on her CV, Dr Najeeb had a duty to correct any inaccuracies.

59. The Tribunal was of the view that Dr Najeeb had a duty to disclose that her qualification was no longer current, under paragraph 66 of Good Medical Practice (2013), which provides:

> *'66 You must always be honest about your experience, qualifications and current role.'*

60. Having established that there was a duty for Dr Najeeb to disclose that she had not passed the ACLS course, the Tribunal went on to consider whether she had. The Tribunal had regard to Dr Najeeb's evidence to Ms H, in an interview on 25 June 2024:

> *'83 When you applied to QEHKL, did you state that you are a current Advanced Life Support holder and is that correct?*
>
> *84 This was mentioned in my CV. I had ALS in my previous hospital, which was expired. I just mentioned in the interview, that in Blackpool, I could not pass my ALS and I have to redo it. It was me who said that I need to redo it at QEHKL.'*

61. The Tribunal noted that Dr Najeeb told Ms H that she had disclosed that she had not passed her ACLS. As a result, the Tribunal felt important to obtain interview notes from her interview at QEH and also hear oral evidence from Dr D about what was discussed in the interview.

62. In her written evidence, Dr D confirmed that she was part of the panel who interviewed Dr Najeeb for the role at QEH on 1 December 2022. In her statement she said that '*I reviewed Dr Najeeb's CV during the interview, as it was available to the panel at the time. ALS certification was not a matter that I recall being raised during the interview. It was not my recollection that ALS was discussed nor that it was identified as either essential or desirable requirement for this role. I was not aware of any requirement imposed on Dr Najeeb to obtain or renew ALS certification as part of her employment in this role. I was not involved*

in any discussions with Dr Najeeb regarding ALS certification during her employment nor do I recall her raising the matter at any time'.

63. Dr D was asked to give oral evidence to explore if the ACLS certificate had been discussed in the interview. In evidence she stated that she could not recall the ACLS being discussed. She did not want to go so far as to say that Dr Najeeb had been dishonest when Dr Najeeb had alleged to Ms H that this had been raised in interview. However, she was clear that she had no recollection of the ACLS being discussed.

64. The Tribunal considered the handwritten notes of the interview which were made by Dr D and Dr N. These handwritten notes had no reference to the ACLS course or certificate.

65. The Tribunal understood and accepted that the handwritten notes were an incomplete record of the interview. However, on balance, given the evidence of Dr D and the supporting interview notes, the Tribunal was of the view that Dr Najeeb had not disclosed at the interview that she did not have a valid ACLS certificate as she had failed to demonstrate the required skills.

66. Accordingly, the Tribunal found paragraph 3(a) of the allegation proved.

Paragraph 3(b)

67. Relying on the same evidence as set out in relation to paragraph 3(a), the Tribunal accepted that Dr Najeeb had not disclosed that she had not progressed to testing phase of her ACLS course. However, the Tribunal considered whether Dr Najeeb had a duty to disclose that particular information.

68. The Tribunal was of the view that Dr Najeeb was required to disclose that she did not hold a valid ACLS certificate as she had failed to demonstrate the required skills. However, the Tribunal was not satisfied that the GMC had proved Dr Najeeb had the duty to disclose the specific circumstances of why she had not obtained the qualification on 29 November 2022.

69. Accordingly, the Tribunal found paragraph 3(b) of the allegation not proved.

Paragraph 4(a), (b), (c) and (d)

70. The Tribunal had regard to the letter dated 21 December 2023, in which Dr B summarised the meeting she had with Dr Najeeb, and Dr Najeeb's responses to questions:

'You stated that no concerns have ever been raised with you in relation to your practice.

…

You stated in our meeting that you did not recognise these concerns and they had not been shared with you while you were in Blackpool. You stated that you continued to work across the Acute floor throughout your time in Blackpool and at Consultant level.

…

As part of their management plan to address these, following the meeting you were moved to a more supervised position as a SAS doctor as they had concerns around your performance at Consultant level. I understand you were sent a letter on 10 November 2022 following this meeting confirming the details. You denied that your grade was changed or that you received the letter.'

71. On day 2 of the hearing, the Tribunal was provided with the handwritten notes made on 12 December 2023 of the meeting by Dr B, which confirmed the above as accurate. The Tribunal noted that Dr Najeeb specifically denied that concerns had been raised, that her role had been changed or that she had received correspondence from BTH to confirm her role change. The Tribunal also noted that she denied that meetings had taken place where these concerns were raised. In her oral evidence, Dr B confirmed that Dr Najeeb had denied having any meetings with BTH.

72. The Tribunal noted the oral evidence of Dr B that she had given Dr Najeeb the opportunity to speak to the concerns raised at BTH before presenting the evidence she had obtained from Dr C. After Dr B presented the evidence she had been given by Dr C, Dr Najeeb was given another opportunity to explain what had happened. However, she continued to deny that there were any concerns, that her role had changed, that there was a meeting in which these concerns were discussed or that she had received any correspondence from BTH.

73. The Tribunal was satisfied that Dr Najeeb had indicated in the meeting with Dr B that she was unaware of the concerns or the change to her role, denied that a meeting had taken place on 19 October and denied that she had received correspondence from BTH confirming her role change.

74. Accordingly, the Tribunal found paragraphs 4(a), (b), (c) and (d) of the allegation proved.

Paragraph 5(a), (b) and (c)

75. The Tribunal had regard to the notes of the meeting which took place on 19 October 2022. The Tribunal noted that Dr Najeeb was told clearly in that meeting that her role would change from consultant to registrar on 20 October 2022 and that concerns had been raised about her ability to work at a consultant level. Dr Najeeb acknowledged in that meeting that her grade would be changed, although she did not appear to be accepting of the circumstances.

76. The Tribunal also noted that Dr Najeeb's change of role was reiterated to her in a XXX meeting following her period of XXX absence. The Tribunal was provided with a copy of the *'[XXX] Work Discussion'* form. In his oral evidence, Dr A confirmed that the form was completed by himself and signed by Dr Najeeb on the same day, 10 November 2022. At the top of the form, it records Dr Najeeb's job role was *'Locum Trust Consultant (Acting as Registrar)'*.

77. The form also recorded that Dr Najeeb had been *'XXX following meeting me and HR.'*

78. The form also records that Dr Najeeb was to '*advised to meet Dr M and agree job plan to support'.* The Tribunal was aware from the minutes of the meeting on 19 October 2022 that Dr M was the consultant that Dr Najeeb was to work under following her change in role to registrar.

79. Dr A sent Dr Najeeb an email dated 10 November 2022 following the XXX interview. In that email Dr A confirmed:

> *'You explained that after our last meeting on 19th October 2022 [XXX]...*
>
> *I explained that the decision to ask you to work at the level of a registrar due to concerns which had arisen was a really tough one, and a hard thing to have to tell you.'*

80. In his oral evidence, Dr A confirmed that following Dr Najeeb's change in role, she was moved to work in a new ward, she was no longer responsible for more junior staff and patients, her work was supervised, she would be told what to do by a consultant and she was removed from the on call rota. The Tribunal noted that, following her change in role, her

daily activities within the hospital had changed dramatically to reflect the working practices of a registrar.

81. It was clear to the Tribunal that Dr Najeeb was told on 19 October 2022 and 10 November 2022 that she was to move to work as a registrar. On these dates she was told that her change in role was due to concerns that had been raised about her ability to work at the level of consultant. She also had practical changes to her work schedule, location of work, and work practices which reflected the demotion from consultant to registrar.

82. Accordingly, the Tribunal found paragraphs 5(a), (b) and (c) of the allegation proved.

Paragraph 5(d)(i)

83. The Tribunal had regard to the minutes of the meeting dated 19 October 2022, in which it is recorded that Dr Najeeb was present and had contributed to the discussion in the following ways:

> '*You are going to bring me to the level below consultant, you are asking the people how is she doing...*
>
> *What level of Registrar? ...*
>
> *Your decision whatever you want to do, the decision is made by you. You are not asking me, you are telling me.*'

84. The Tribunal considered the email sent by Dr A dated 10 November 2022 following her back to work interview. The Tribunal noted that it was sent to Dr Najeeb's NHS email address, which was the same email address as Dr Najeeb had emailed Dr C. The Tribunal was therefore satisfied that this was the correct email address for Dr Najeeb. Within the email it confirms that a meeting had taken place on 19 October 2022 in which concerns were raised about Dr Najeeb's practice and her job role had been changed to work at registrar level.

85. The Tribunal was therefore satisfied on the balance of probabilities that Dr Najeeb was sent an email on 10 November 2022 confirming that the meeting had taken place on 19 October 2022 and confirmed her move from a consultant role to a registrar role.

86. Accordingly, the Tribunal found paragraph 5(d) of the allegation proved.

Paragraph 5(f)

87. The Tribunal had regard to the evidence before it, namely the Course Director Report of the ACLS course, which states:

> *'At this point we informed her that as she had not been able to demonstrate the required skills even with remedial support, she would not be progressing to testing. She was fully accepting of the decision and indicated she understood why, plus acknowledged that she could have been much more prepared'*

88. The Tribunal also noted the email exchange between Ms F and Dr O on 30 November 2022, which was said:

> *'She did state when asked how she was doing she felt very unprepared and that others in her group all appear to have a greater grasp of the course content, practices and requirements than she did. I have suggested that she undertake the ILS before any attempt at ALS again.'*

89. Contemporaneous evidence indicates that Dr Najeeb, on the day of the course, accepted that she had not demonstrated the required skills and she would not be progressing to the testing phase. She was aware of the circumstances which had led to the decision to remove her from the course that day.

90. Concerns about Dr Najeeb's conduct on the ACLS course were fed back to Dr A, who met with Dr Najeeb on 16 December 2022 to discuss her performance. The decision from that meeting was summarised in a letter to Dr Najeeb dated 20 December 2022. The Tribunal was satisfied that Dr Najeeb knew at the time of her interview at QEH that she had not successfully completed the ACLS course on 29 November 2022.

91. Accordingly, the Tribunal found paragraph 5(f) of the allegation proved.

Paragraph 6(a)

92. When considering Dr Najeeb's genuinely held belief, the Tribunal reminded itself that it found that Dr Najeeb was aware at the time of her application to QEH that during her time at BTH she had been moved from consultant to registrar. She knew that she had not worked for the duration of her employment as a consultant. The Tribunal found that Dr Najeeb had been aware that concerns had been raised about her ability to work in a consultant level role and that she had been demoted to a more junior role, i.e. that of a registrar. The Tribunal

found that Dr Najeeb knew at the time of her application that information set out in her CV was not true.

93. The Tribunal having been satisfied of Dr Najeeb's genuinely held belief, then considered whether Dr Najeeb's actions would be considered dishonest by the standards of ordinary decent people.

94. The Tribunal found that ordinary decent people would find that Dr Najeeb's actions were dishonest as she clearly misled QEH by failing to be honest in her application.

95. Accordingly, the Tribunal found paragraph 6(a) of the allegation.

Paragraph 6(b)

96. The Tribunal noted that the ACLS course had taken place on 29 November 2022, just two days before Dr Najeeb's interview at QEH had taken place. The Tribunal found that Dr Najeeb had been told on the day of the course that she had not demonstrated the required skills. It was of the view that this very recent failure would have been fresh in Dr Najeeb's mind at the time of her interview. Dr Najeeb ought to have known that her CV was no longer accurate and that she had a duty to correct the inaccurate representation that she held a current ACLS certificate. The Tribunal therefore formed the view that Dr Najeeb's genuinely held belief was that she was aware of her recent failure of the ACLS and that her CV did not accurately reflect the current status of her ACLS qualification.

97. Taking into account Dr Najeeb's genuinely held belief, the Tribunal considered if ordinary, decent people would find her actions dishonest. The Tribunal was satisfied that Dr Najeeb's actions would be considered dishonest by the standards of ordinary decent people because she had misrepresented her current qualifications.

98. The Tribunal was of the view that Dr Najeeb had a duty to inform QEH that she did not hold a current ACLS certificate and correct the inaccuracy of her CV. However, the Tribunal did not find that the GMC had proven that Dr Najeeb had a duty to inform QEH the particulars of how she failed the course as set out in paragraph 3(b).

99. Accordingly, the Tribunal found paragraph 6(b) of the allegation proved in relation to paragraph 3(a) only.

Paragraph 6(c)

100. The Tribunal noted that within the summary of the meeting that was sent to Dr Najeeb on 21 December 2021, Dr B had offered Dr Najeeb the opportunity to be honest about the issues that had arisen at BTH and the meeting she had attended on 19 October 2022. It was only after Dr Najeeb had initially denied her knowledge that Dr B presented the evidence she had obtained from Dr C at BTH, but Dr Najeeb continued to deny. Dr B confirmed this order of events in her oral evidence before the Tribunal.

101. The Tribunal has found that Dr Najeeb was aware at the time of the meeting that she had been moved from a consultant to a registrar level role, that concerns had been raised about her ability to work at consultant level, and that this had been confirmed to her in a meeting on 19 October 2022, and in an email dated 10 November 2022. Dr Najeeb flatly denied that these events had taken place, even when presented with evidence to the contrary. On that basis, and considering the evidence before it, the Tribunal was satisfied that Dr Najeeb's genuinely held belief was that she had been aware of the meeting of 19 October 2022, the concerns raised, her subsequent change of role and that she had received email correspondence on 10 November 2022.

102. Taking into account Dr Najeeb's genuinely held belief, the Tribunal went on to consider if Dr Najeeb's actions would be deemed dishonest by ordinary, decent people. The Tribunal was satisfied that Dr Najeeb's actions would be considered dishonest by the standards of ordinary, decent people because she misled Dr B during the meeting on 12 December 2023.

103. Accordingly, the Tribunal found paragraph 6(c) of the allegation proved.

Paragraph 7

104. The Tribunal was provided with a copy of the GMC Performance Assessment report, dated 9 October 2024, which states that the assessment was conducted between 12 and 13 August 2024. Dr Najeeb was '*assessed at the level of Speciality, associate Specialist (SAS) and was expected to demonstrate competence for this role'.*

105. The Tribunal heard oral evidence from Dr J, the team leader who confirmed Dr Najeeb underwent a professional performance assessment.

106. Accordingly, the Tribunal found paragraph 7 of the allegation proved.

Paragraph 8

107. The Tribunal noted that the report, and the oral evidence of Dr J, which set out the results that were achieved by Dr Najeeb, and the conclusions of the assessors. It considered the detail of the report, and the oral testimony from Dr J about both the process by which the assessment was conducted and the content of the report.

108. The Tribunal was satisfied that the assessment had been appropriately constructed, fairly and appropriately conducted, and was applicable to the level of knowledge and skill that Dr Najeeb was moved to. Therefore, it accepted the findings of the assessors as set out in their report.

109. The report detailed that Dr Najeeb's performance was *'unacceptable'* in the areas of assessment of patients' condition and clinical management.

110. In relation to assessment of patents' condition, the report included, but was not limited to, the following concerns:

> *'There was evidence that Dr Najeeb did not consistently complete a systematic assessment of patients. She did not probe sufficiently while taking history, which was often unfocussed, lacked depth and was disorganised thereby missing vital clues provided by the patients. Her examination skills were inadequate. Her respiratory system examination was unstructured and disorganised, which was not expected from the level of her seniority and specialty. In an acutely unwell patient, Dr Najeeb did not follow an established ABCDE approach while assessing the patient resulting in failure of recognition of the life-threatening condition putting the patient's life at risk.'*

111. In relation to clinical management, the report included, but was not limited to, the following concerns:

> *'…showed some acceptable treatment suggestions but treatment options given to patients were often limited in their range and lacked overall clarity. Evidence from the Case Based Discussion (CBD) showed the doctor's rationale for management was often found lacking. She prescribed drugs inaccurately putting patients' safety at risk. Dr Najeeb provided appropriate advice to some patients, but it was inadequate. For example, in the case of TIA, she did not advice about driving*.'

112. Accordingly, the Tribunal found paragraphs 8(a) and 8(b) of the Allegation proved.

Paragraph 9

113. The Tribunal had regard to the same evidence set out above in relation to paragraph 8 of the Allegation.

114. The Tribunal noted the conclusions of the performance assessment, which detailed that Dr Najeeb's performance was a *'cause for concern'* in the areas of relationships with patients and working with colleagues.

115. In relation to relationships with patients, the report included, but was not limited to, the following concerns:

> *'…on occasions, Dr Najeeb did not respond to questions the patients asked and did not listen to their history. At times she used medical jargon without explaining them particularly when explaining investigations*.'

116. In relation to working with colleagues, the report included, but was not limited to, the following concerns:

> *'In some OSCE stations, [XXX].'*

117. Accordingly, the Tribunal found paragraphs 9(a) and 9(b) of the Allegation proved.

The Tribunal's overall determination on the facts

118. The Tribunal has determined the facts as follows:

That being registered under the Medical Act 1983 (as amended):

1. In or around October 2022 whilst working at Blackpool Teaching Hospital NHS Foundation Trust ('Blackpool Teaching Hospital') as a locum Consultant, you were told by Dr A in a meeting on 19 October 2022, that:
    a. there were concerns about your ability to function at Consultant level; **Determined and found proved.**
    b. from 20 October 2022, you were being moved to a Registrar level role. **Determined and found proved.**
2. On 28 November 2022, you made an application ('The Application') for employment at Queen Elizabeth Hospital King's Lynn NHS Foundation Trust ('Queen Elizabeth Hospital') as a Locum Consultant and, you:
    a. indicated that you worked in the role of respiratory Consultant for the

duration of your employment at Blackpool Teaching Hospital; **Determined and found proved.**

b. failed to:

i. disclose the concerns which had been raised in respect of your ability to work in a Consultant level role at Blackpool Teaching Hospital; **Determined and found proved.**

ii. disclose that your role had been changed from Consultant to Registrar. **Determined and found proved.**

3. On 1 December 2022, you attended an interview with Queen Elizabeth Hospital, during which you failed to disclose that having attended the Advanced Cardiovascular Life Support Course ('ACLS') on 29 November 2022, you had been informed that:

a. you had failed to demonstrate the required skills; **Determined and found proved.**

b. you would not be progressing to the testing phase of the course. **Not proved.**

4. On 12 December 2023 during a meeting with Dr B at Queen Elizabeth Hospital, you indicated:

a. that you were not aware of any concerns in respect of your ability to work in a Consultant level position during your time at Blackpool Teaching Hospital; **Determined and found proved.**

b. your role at Blackpool Teaching Hospital had not changed from Consultant to Registrar; **Determined and found proved.**

c. that a meeting had not taken place with Blackpool Teaching Hospital on 19 October 2022 where you were informed about the change to your role; **Determined and found proved.**

d. you had not received any correspondence from Blackpool Teaching Hospital in November 2022, confirming the change in your role. **Determined and found proved.**

5. When carrying out the actions described at paragraphs 2, 3 and 4, you knew:

a. you did not hold the role of Consultant for the duration of your employment at Blackpool Teaching Hospital; **Determined and found proved.**

b. there had been concerns raised in respect of your ability to work in a

Consultant level position whilst at Blackpool Teaching Hospital; **Determined and found proved.**

c. you had been moved from a Consultant role to a Registrar role; **Determined and found proved.**

d. a meeting had taken place on 19 October 2022 with Blackpool Teaching Hospital; **Amended under Rule 17(6)**

i. on 10 November 2022, you were sent an email confirming the move from a Consultant role to a Registrar role. **Determined and found proved.**

~~e. on 1 November 2022, you had been sent confirmation in writing by Blackpool Teaching Hospital confirming your move from a Consultant role to a Registrar role;~~ **Withdrawn following 17(6 application**

f. you had not successfully completed the ACLS course. **Determined and found proved.**

6. Your actions as described at paragraphs:

a. 2.a. and 2.b. were dishonest by reason of paragraph 5.a.-5.c.; **Determined and found proved.**

b. 3. was dishonest by reason of paragraph 5.f.; **Determined and found proved in relation to 3(a). Not proved in relation to 3(b).**

c. 4. was dishonest by reason of paragraph 5.b.~~ 5.e.~~ 5.d. **Amended under Rule 17(6). Determined and found proved.**

7. Between 12 – 13 August 2024 you underwent a General Medical Council assessment of the standard of your professional performance. **Determined and found proved.**

8. Your professional performance was unacceptable in the following areas:

a. assessment of patients' condition; **Determined and found proved.**

b. clinical management. **Determined and found proved.**

9. Your professional performance was a cause for concern in the following areas:

a. relationships with patients; **Determined and found proved.**

b. working with colleagues. **Determined and found proved.**

And that by reason of the matters set out above your fitness to practise is impaired because of your:

a. misconduct in relation to paragraphs 1 to 6; and To be determined

b. deficient professional performance in relation to paragraphs 7 to 9 To be determined

Determination on Impairment – 08/09/2026

119. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Najeeb's fitness to practise is impaired by reason of misconduct and/or deficient professional performance.

The evidence

120. The Tribunal has reviewed its findings of fact and, in addition, the Tribunal received further evidence in the form of Dr Najeeb's written Rule 7 responses to the allegations, sent to the GMC as part of the investigation process. Dr Najeeb's response to the performance allegations was sent on 12 December 2024 and her response to the misconduct allegations was sent on 7 October 2025, both via her legal representative on Dr Najeeb's behalf. This evidence included proposed undertakings and evidence of professional courses that had been completed by Dr Najeeb.

Submissions

Submissions on behalf of the GMC

121. On behalf of the GMC, Ms Tighe, Counsel, submitted that Dr Najeeb's practise is impaired by reasons of her misconduct and deficient professional performance.

122. Ms Tighe reminded the Tribunal that there is no burden or standard of proof and the decision of impairment is a matter for the Tribunal's judgement alone.

123. Ms Tighe submitted that, to amount to serious professional misconduct, Dr Najeeb's behaviour will be a serious departure from the professional standards set out in Good Medical Practice (2013) ('GMP'). Ms Tighe submitted that Dr Najeeb's actions breached a fundamental tenet of the profession and amounted to a serious departure from paragraphs

1, 65, 66, 68, 71 and 76 of GMP (2013). Taking this into account, it was submitted by Ms Tighe that Dr Najeeb's actions amounted to serious misconduct.

124. Ms Tighe then went on to consider Dr Najeeb's deficient professional performance and how this departed from Good Medical Practice.

125. Ms Tighe considered the outcome of Dr Najeeb's professional performance assessment conducted by the GMC in 2024, and how this detailed that Dr Najeeb's performance was 'unacceptable' in the areas of assessment of patients' condition and clinical management, which therefore led the assessment team to note that Dr Najeeb's performance was deficient and that she was fit to practise on a limited basis only. Ms Tighe made note of paragraphs 1, 6, 7, 23, 28, 29, 30, 31, 32, 33, 37 and 39 of GMP (2024) in relation to Dr Najeeb's deficient professional performance.

126. It was therefore submitted that there is a legal basis for impairment when considering both Dr Najeeb's serious misconduct and deficient professional performance.

127. Ms Tighe then directed the Tribunal towards the factors for considering impairment as set out below. Ms Tighe submitted that all of the factors for considering impairment are engaged in the case of Dr Najeeb.

128. Ms Tighe noted that within the Guidance, the next step at this stage is for the Tribunal to decide where on the spectrum of seriousness the allegation lies. Ms Tighe submitted that in terms of misconduct, Dr Najeeb's dishonesty amounted to a significant departure from professional standards and a breach of the fundamental tenets of the profession.

129. Ms Tighe submitted that in this case, Dr Najeeb's proven dishonesty in relation to her ACLS qualification, demotion at BTH and non-disclosure of the concerns at BTH occurred within a professional setting and was persistent, allowing this behaviour to fall at the higher end of the spectrum of seriousness. The persistent dishonesty in a professional setting over a prolonged period further increased the seriousness of the allegation.

130. Ms Tighe submitted that, in terms of Dr Najeeb's deficient professional performance, these allegations initially fall at the mid-range on the spectrum of seriousness. However, due to the persistent and repeated issues raised by both BTH and QEH employers regarding Dr Najeeb's ability to work at consultant level and avoidance of responsibility for her actions, this level of seriousness was increased to the higher end of the spectrum.

131. Ms Tighe submitted that there was no relevant context to be taken into account.

132. Ms Tighe then went on to consider how Dr Najeeb has responded to the allegations. Ms Tighe noted that Dr Najeeb has not attended the hearing and is not represented, and her engagement has been limited to a response to the performance allegation at the Rule 7 stage.

133. Ms Tighe acknowledged that Dr Najeeb's deficient professional performance is capable of remediation, however, the CPD course certificates submitted by Dr Najeeb – that pre- and post-date the allegations – do not address or directly relate to the concerns raised within the performance assessment. Ms Tighe also made note of the fact that no material had been submitted dated after December 2024, and the Tribunal have not had chance to hear directly from Dr Najeeb to address this.

134. Ms Tighe acknowledged that Dr Najeeb had not responded to the misconduct allegations and submitted that there is no evidence of insight, remorse or remediation. Ms Tighe made reference to Dr Najeeb's interview with Ms H during the internal investigation, during which Dr Najeeb continued to deny any wrongdoing in terms of concerns being raised, her role being changed, or her failure to declare that she had not obtained the ACLS qualification.

135. Ms Tighe submitted that Dr Najeeb has not taken any steps aimed towards reducing the risk of similar allegations occurring again, and that there remains a risk of repetition of the behaviour.

136. Ms Tighe submitted that Dr Najeeb poses a current and ongoing risk to public protection, and that the level of current and ongoing risk is high, both in relation to misconduct and deficient professional performance. Ms Tighe further highlighted that the risk is engaged in relation to all three parts of public protection, engaged by the findings of the performance assessment and against the backdrop of Dr Najeeb's changing role at BTH and restrictions being in place at QEH.

The relevant legal principles

137. There is no burden or standard of proof at this stage of the proceedings, and the decision on impairment is a matter for the Tribunal's judgement alone. The Tribunal will only make a finding of impairment where there is a legal basis for doing so and where a decision is reached that the doctor poses a current and ongoing risk to one or more of the three parts of public protection which is likely to require restrictive action in response. The three parts of public protection are to protect, promote and maintain the health, safety and well-being of

the public; to promote and maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of the profession.

138. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted:

I. Whether the facts as found proved amounted to misconduct, and that the misconduct was serious, and/ or her professional performance was deficient; and
II. Whether that misconduct, which was serious, and/ or her professional performance, which was deficient, leads to a finding that her fitness to practise is impaired.

139. The Tribunal had regard to the case of *Roylance v GMC (No.2) [2000] 1 AC 311:*

> *'Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a medical practitioner in the particular circumstances. The misconduct is qualified in two respects. First, it is qualified by the word "professional" which links the misconduct to the profession of medicine. Secondly, the misconduct is qualified by the word "serious". It is not any professional misconduct which will qualify. The professional misconduct must be serious.'*

140. The Tribunal noted the case of *Nandi v General Medical Council [2004] EWHC 2317 (Admin) (04 October 2004):*

> *'31 [misconduct is observed] as "a falling short by omission or commission of the standards of conduct expected among medical practitioners, and such falling short must be serious". The adjective "serious" must be given its proper weight, and in other contexts there has been reference to conduct which would be regarded as deplorable by fellow practitioners.'*

141. The Tribunal was reminded that deficient professional performance is conceptually different from misconduct.

142. The Tribunal had regard to the Fifth Shipman Inquiry Report, in which Dame Janet Smith referred to the distinction between competence and performance. She said that competence describes the knowledge and skills of the doctor, that is what the doctor can do. Performance

describes what the doctor actually does within their practice. A doctor may be competent, but nevertheless, due to behaviour or attitude their performance can be deficient.

143. To assess whether Dr Najeeb poses any current and ongoing risk to public protection which may require restrictive action in response, the Tribunal followed the steps set out it in the *MPTS Guidance for Tribunals (Section three: MPT Hearings > Part B > Stage 2: Impairment > Steps 2(a) to (e)* ('the Guidance'). It will consider:

- where on the spectrum of seriousness the allegation lies, based on the facts found proved the impact of any relevant context known about Dr Najeeb and/or their working environment, and
- how Dr Najeeb has responded to the allegations.

144. Where appropriate, the Tribunal will also have regard to the *MPTS Guidance for Tribunals > General introduction > Protecting the public in specific case types* ('the Guidance Introduction'). The case types listed include but are not limited to: Dishonesty and Clinical concerns.

145. As the allegations fall under more than one ground for impairment, an assessment of current and ongoing risk to public protection must be made in respect of each of them.

146. The Tribunal had regard to the test for impairment that was set out by Dame Janet Smith, as cited in the case of *CHRE v Grant and NMC, [2011] EWHC 927 (Admin):*

> *'a) Whether the registrant 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;*
>
> *b) Whether the registrant has in the past brought and/or is liable in the future to bring the profession into disrepute;*
>
> *c) Whether the registrant has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the profession.*
>
> *d) Whether the registrant has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The Tribunal's determination on impairment

Misconduct

Is there a legal basis for considering impairment?

147. The Tribunal began by considering whether the misconduct allegations found proved amounted to serious professional misconduct.

148. The Tribunal reminded itself of the circumstances of the case, including the fact that Dr Najeeb included inaccurate information about her role and qualifications on application forms and her CV. She did not correct this information during job interviews. She denied being moved from consultant level to registrar level, attending any meetings at BTH in relation to this or receiving any communications of such a demotion. She denied this change in job role, the meetings at BTH and any relevant correspondence when directly questioned by Dr B. The Tribunal had found that she had misrepresented herself and misled her employers. The Tribunal found this to be dishonest.

149. Whilst at BTH, Dr Najeeb had been demoted from consultant to work at registrar level on 20 October 2022. The Tribunal was satisfied that Dr Najeeb knew about this change in role, despite her not appearing to agree it. She then applied for a job at QEH on 28 November 2022 and did not disclose her change in role or the concerns about her performance that led to that change. The Tribunal had found that this was misleading as Dr Najeeb had claimed to have worked at consultant level for the duration of her employment in BTH and was then applying for another consultant role at QEH.

150. Dr Najeeb also purported to hold an ACLS qualification, when she knew she had failed this course two days prior to her interview. When she was later questioned about the information given at interview by Ms H, Dr Najeeb asserted she told the interview panel that she had failed the ACLS course, further compounding her dishonest behaviour.

151. Dr Najeeb had subsequently denied in a meeting with Dr B that her role in BTH had been reduced to registrar level or that there had been concerns about her performance, all of which was done dishonestly.

152. The Tribunal had regard to GMP (2013), as referred to by Ms Tighe. It considered that the following paragraphs were relevant in this case and had been breached by Dr Najeeb:

> *'1 Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.*

…

65 You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.

66 You must always be honest about your experience, qualifications and current role.

…

68 You must be honest and trustworthy in all your communication with patients and colleagues. This means you must make clear the limits of your knowledge and make reasonable checks to make sure any information you give is accurate.

…

71 You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading.

a You must take reasonable steps to check the information is correct.

b You must not deliberately leave out relevant information.

…

76 If you are suspended by an organisation from a medical post, or have restrictions placed on your practice, you must, without delay, inform any other organisations you carry out medical work for and any patients you see independently.'

153. The Tribunal considered that Dr Najeeb's conduct fell seriously below the standards expected of a doctor. It determined that her dishonest actions amounted to serious professional misconduct and that there was therefore a legal basis to consider impairment in relation to the misconduct allegations.

Where on the spectrum of seriousness does the allegation lie?

154. The Tribunal had regard to paragraph 31 of the Guidance, which provides examples of cases that would likely fall at the higher end of the spectrum of seriousness:

'31 Allegations that are likely to fall at the higher end of the spectrum of seriousness include, but are not limited to:

…

- *dishonesty, other than where it occurred outside of the doctor's professional role and was not persistent or repeated, and the value or other benefit derived was not significant.'*

155. The Tribunal was satisfied that this indicated that Dr Najeeb's misconduct was likely to fall at the higher end of the spectrum of seriousness as it had occurred within her professional role. She had attempted to gain the benefits of a senior role, including the pay and status that are associated with that role, by misleading prospective employers. She had falsely claimed to have a valid ACLS certificate and that she was working at consultant level at the time of her application to QEH. She later denied the change in her role during the meeting of 12 December 2023.

156. The Tribunal considered that the seriousness of Dr Najeeb's misconduct was increased because it was persistent and repeated, having taken place in her application to QEH, received on 28 November 2022, in her interview with QEH on 1 December 2022, in the meeting of 12 December 2023 and in the investigation meeting with Ms H. The Tribunal also considered that this was premeditated conduct, Dr Najeeb having applied for a role using inaccurate information on her CV, which further increased the seriousness.

157. The Tribunal considered that the seriousness was also increased because Dr Najeeb had shown a reckless disregard for patient safety and professional standards by providing false and misleading information to prospective employers and by not disclosing the reduction in her role or the performance issues which led to that reduction. She had not taken steps to ensure that her qualifications, restrictions and role were accurately reported in her job application. She had also attended consultants' meetings even after her demotion and despite being told not to.

158. The Tribunal also considered that Dr Najeeb's dishonesty towards her employers and job applications undermined a system designed to protect the public, which also increased the seriousness of her misconduct.

159. Additionally, the Tribunal considered that Dr Najeeb had put her own interests ahead of those of patients and had repeatedly attempted to hide the concerns about her performance or to take responsibility for her conduct. She had had multiple opportunities to correct the inaccurate information in her CV and application but chose to dishonestly pursue new roles for her own personal gain.

160. In light of the above, the Tribunal determined that the case fell at the high end of the spectrum of seriousness and that its starting point for assessing the risk to public protection was that it was high.

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

161. The Tribunal considered that there was no personal or professional context that would serve to mitigate Dr Najeeb's dishonest misconduct. The Tribunal was concerned that Dr Najeeb continued to insist she was a good doctor and to deny there were concerns about her performance or that she had been demoted.

162. The Tribunal noted that once BTH had recognised Dr Najeeb' performance concerns, they changed her working environment. They reduced her working hours, moved her to a ward with fewer patients, put in place additional supervision and sought to provide support for her to undertake her CESR whilst keeping her on the same pay scale. The Tribunal viewed these actions as supportive to improve Dr Najeeb's performance. However, Dr Najeeb did not embrace this opportunity to learn. In fact, it would appear that her reaction was the opposite, that she chose to leave BTH early and seek employment elsewhere. Therefore, rather than mitigate the Tribunal's concerns, consideration of her reaction to her working environment increased the same.

How has Dr Najeeb responded to the allegations?

163. The Tribunal had received no evidence of insight or remediation from Dr Najeeb. In the evidence it had received, Dr Najeeb had denied there were issues with her performance and had hidden the fact of her demotion. Dr Najeeb's response to the misconduct allegations, provided on 7 October 2025, was to provide '*no further comment*'.

164. This email of 7 October 2025, sent by Dr Najeeb's representatives on her behalf, represented the last contact from Dr Najeeb. The Tribunal considered that it demonstrated Dr Najeeb had yet to develop any insight into her misconduct. The Tribunal noted that Dr Najeeb had engaged with the local investigation, led by Ms H. She had engaged with the GMC on a limited basis only and had not engaged with the MPTS. The Tribunal noted that Dr Najeeb had been dishonest to Ms H.

165. The Tribunal noted that there were no previous regulatory concerns.

166. The Tribunal considered that, as of 7 October 2025, Dr Najeeb had shown no evidence of any insight into the probity concerns. The Tribunal considered that her continued denial and lack of insight indicated that it would be very difficult for Dr Najeeb to remediate her misconduct. The Tribunal had seen no evidence of any attempts to remediate the probity concerns and was mindful that remediation would not be possible without insight.

167. The Tribunal noted that Dr Najeeb had not been in practice since 2023 and had not provided evidence that she had been keeping her skills and knowledge up to date, save for the CPD certificates provided by her representative on 12 December 2024. The Tribunal considered that these courses were not sufficient to demonstrate that Dr Najeeb had kept her clinical skills up to date and, in any case, were provided almost two years ago.

168. In light of this, the Tribunal determined that the risk to public protection remained high.

Tribunal's decision as to whether Dr Najeeb poses any current and ongoing risk to public protection which may require restrictive action in response and its finding on impairment

169. The Tribunal had regard to paragraph 87 of the Guidance Introduction:

> *'87 Whilst a range of behaviour can be seen, the nature of the departure from the standards expected may mean that a concern or allegation relating to dishonesty falls at the high end of the spectrum of seriousness. Even a single incident of dishonesty can have a significant harmful impact and pose a risk to public protection.'*

170. The Tribunal considered that Dr Najeeb posed a current and ongoing risk to public protection because of her dishonest conduct, her lack of insight into her misconduct and the risk of her repeating her actions in the future.

171. The Tribunal considered that Dr Najeeb's repeated dishonest conduct engaged all three parts of public protection.

172. Her actions risked patient safety because she had been dishonest about the level that she was working and her qualifications in job applications. She had also maintained her dishonesty on multiple occasions for her own benefit. Such dishonesty meant that she was not being provided with appropriate supervision and working at the correct level. This poses a direct risk to patient safety.

173. The Tribunal considered that public confidence would be undermined if no finding of impairment were made. The public would be concerned about a doctor being dishonest about their role and qualifications, which specifically would impact on patient care. Patients and the public must have confidence in doctors to behave professionally and act with honesty and integrity. Patients must have confidence that the doctors they see are suitably qualified to treat them.

174. The Tribunal considered that a finding of impairment was necessary to uphold proper professional standards. Dr Najeeb's behaviour fell significantly below the standards expected of a doctor. She acted far below expectations as set out in the GMP. Professional standards would be at risk if restrictive action was not taken.

175. The Tribunal had regard to the test set out by Dame Janet Smith in the Fifth Shipman Report as adopted in *Grant* and found that all four limbs of the test are engaged.

176. The Tribunal has therefore determined that Dr Najeeb's fitness to practise is impaired by reason of her misconduct, and all three limbs of public protection are engaged.

177. Dr Najeeb poses a current and ongoing risk to public protection and that risk is high.

Deficient professional performance

178. The Tribunal then went on to consider the performance allegations.

Is there a legal basis for considering impairment?

179. The Tribunal reminded itself of its findings of fact regarding the performance issues. It had found that the performance assessment had been appropriately constructed, fairly and appropriately conducted, and was applicable to the level of knowledge and skill that Dr Najeeb was moved to. It included practical, clinical scenarios and was not limited just to knowledge or theory.

180. The Tribunal had regard to the paragraphs of GMP (2024) as set out by Ms Tighe and considered the following to be most relevant in this case:

> *'1 You must be competent in all aspects of your work including, where applicable, formal leadership or management roles, research and teaching.*
>
> *…*

6 You must provide a good standard of practice and care. If you assess, diagnose, or treat patients, you must work in partnership with them to assess their needs and priorities. The investigation or treatment you propose, provide or arrange must be based on this assessment, and on your clinical judgement about the likely effectiveness of the treatment options.

7 In providing clinical care you must:

a adequately assess a patient's condition(s), taking account of their history, including

i. symptoms
ii. relevant psychological, spiritual, social, economic, and cultural factors
iii. the patient's views, needs, and values

b carry out a physical examination where necessary

c promptly provide (or arrange) suitable advice, investigation or treatment where necessary

d propose, provide or prescribe drugs or treatment (including repeat prescriptions) only when you have adequate knowledge of the patient's health and are satisfied that the drugs or treatment will meet their needs

e propose, provide or prescribe effective treatment based on the best available evidence

f follow our more detailed guidance on professional standards, Good practice in proposing, prescribing, providing and managing medicines and devices, if you prescribe

g consult colleagues or seek advice from your supervising clinician, where appropriate

h refer a patient to another suitably qualified practitioner when this serves their needs.'

181. The Tribunal noted that Dr Najeeb had done well in the knowledge section but that the performance assessment clearly indicated that her performance had been found to be

deficient in four separate areas. The Tribunal was satisfied that this provided a legal basis to consider impairment.

Where on the spectrum of seriousness does the allegation lie?

182. The Tribunal had regard to paragraph 31 of the Guidance, as set out above, as well as paragraph 28, which provides examples of cases that are likely to fall at the lower and higher end of the spectrum of seriousness:

> *'28 Allegations that usually fall at the lower end of the spectrum of seriousness and due to their nature are more likely to be easily remediable include, but are not limited to:*
>
> - *clinical failings, including where a doctor has acted without regard for patients' rights or feelings provided this is not a wilful disregard of their wishes.*
>
> *…*
>
> *31 Allegations that are likely to fall at the higher end of the spectrum of seriousness include, but are not limited to:*
>
> *…*
>
> - *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.'*

183. The Tribunal reminded itself of the content of the performance assessment and considered the following to be particularly relevant:

> *'In OSCE 2, a patient with non-specific tiredness, [XXX].*
>
> *…*
>
> *In OSCE 7, prescribing in a patient with asthma, [XXX].*
>
> *…*
>
> *In OSCE 13, a patient with shortness of breath, [XXX]*
>
> *…*
>
> *In OSCE 11, a patient self-discharging, [XXX]*

...

In OSCE14, Simulation station, a man with acute shortness of breath, [XXX]

...

In discussion of OSCE 14, a patient with acute shortness of breath, the Team asked, [XXX]…'

184. The Tribunal considered that some of the issues identified were more easily remediated but was particularly concerned by Dr Najeeb's desire to administer chest compressions to a patient that was conscious and talking and her not knowing how to accurately prescribe medication for severe asthma. The Tribunal was particularly concerned because of Dr Najeeb's specialty as a respiratory doctor. The Tribunal noted that on multiple occasions within the assessment Dr Najeeb undertook practice that would place patients at risk of harm and could be life threatening.

185. The Tribunal noted that Dr Najeeb's performance was found to be unacceptable in two categories and a cause for concern in a further two. The Tribunal noted that the assessment included multiple instances of Dr Najeeb giving answers that would have caused harm to the patient. The Tribunal considered that this indicated that Dr Najeeb's deficient performance fell at the higher end of the spectrum of seriousness.

186. The Tribunal considered that the seriousness of Dr Najeeb's performance was increased by the fact that the issues were persistent. The Assessment had been conducted in August 2024. But this followed concerns raised at QEH which led to her being suspended from clinical practice in November 2023 and her being demoted to registrar level at BTH in October 2022 due to issues with her performance.

187. The Tribunal noted that Dr Najeeb's ability to work with colleagues was identified as a '*cause for concern*' and also considered that Dr Najeeb's poor performance may have undermined collaborative working, although this was to a lesser extent than other factors.

188. The Tribunal considered that Dr Najeeb had shown a reckless disregard for standards and patient safety because, as a senior clinician, she ought to have known the risk that her performance caused to patients and should have taken steps to address this. Dr Najeeb did not take appropriate steps, even when the concerns were raised with her and her role was reduced. The Tribunal considered that BTH had offered significant support to Dr Najeeb, but

she had refused to take this support, instead choosing to move to QEH. Dr Najeeb did not take responsibility for her deficient performance, hiding the fact of her demotion on multiple occasions and denying there were concerns raised about her. The Tribunal considered that this all increased the seriousness of the case.

189. In light of the above, the Tribunal determined that the case fell at the high end of the spectrum of seriousness and that its starting point for assessing the risk to public protection was that it was high.

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

190. The Tribunal considered it relevant that BTH had offered Dr Najeeb significant support when her role had been reduced. They had offered Dr Najeeb an opportunity to retrain, reducing her workload and pressure and to provide supervision to work back to consultant level. Dr Najeeb had refused to take this support.

191. Dr Najeeb was a very experienced doctor, having qualified in 1985 and worked at consultant level in the NHS since 2019. As a consultant, she held final responsibility on patient care. The Tribunal considered that some of the deficiencies identified in the assessment were particularly concerning for a doctor of Dr Najeeb's position and experience.

192. The Tribunal considered that the professional context of Dr Najeeb's deficient performance was concerning and maintained the seriousness at the upper end. There was no evidence of any personal context that was relevant.

How has Dr Najeeb responded to the allegation?

193. The Tribunal had regard to Dr Najeeb's Rule 7 response to the performance allegations on 12 December 2024. It considered that Dr Najeeb had shown a very limited degree of insight in this response. Her representative had stated that she now accepted that building back up to consultant level was an appropriate thing to do and that she had now passed the ACLS course. However, the Tribunal was mindful of Dr Najeeb's significant lack of insight prior to this statement and the lack of anything more contemporaneous.

194. The Tribunal reminded itself of Dr B's evidence where she stated that there were '*real concerns about her insight*' and that her main concern was that this was a '*repeated pattern of clinical concerns … and that the failures were across a broad range of clinical practice*'.

195. The Tribunal considered that Dr Najeeb appeared to show some very early emerging insight into her clinical failings but there is no evidence that this development had been developed or maintained. Dr Najeeb's Rule 7 response gave vague statements that *'as a clinician it is always possible to improve your practice*' and she accepted the recommendations of the assessment. However, Dr Najeeb's Rule 7 response did not reflect the specific concerns identified in the assessment. The Tribunal also considered that her suggestion she could move into general practice did not indicate an acceptance of the concerns or an understanding about the need for appropriate remediation.

196. The Tribunal considered that Dr Najeeb's insight into the clinical failings was in the very early stages of development. It noted the CPD courses that Dr Najeeb had attended but considered that many of these appeared to be short or mandatory training modules rather than targeted remediation. It also considered that no evidence had been provided beyond 2024 and that Dr Najeeb had not demonstrated that she had kept her skills and knowledge up to date.

197. The Tribunal noted that there was no evidence of Dr Najeeb's ongoing remediation or development of her emerging insight. The Tribunal was satisfied that the performance issues were remediable, despite these being of a serious nature, but that Dr Najeeb had not yet done so. The Tribunal considered that Dr Najeeb had not provided sufficient evidence that she was engaged with efforts or the need to remediate.

198. As such, the Tribunal considered that the risk to public protection remained high.

<u>Tribunal's decision as to whether Dr Najeeb poses any current and ongoing risk to public protection which may require restrictive action in response and its finding on impairment</u>

199. The Tribunal considered that Dr Najeeb posed a current and ongoing risk to public protection because of her deficient professional performance, her lack of insight into her performance and her lack of remediation.

200. The Tribunal considered that there was a risk of repetition because of Dr Najeeb's lack of insight and lack of engagement with remediation.

201. The Tribunal considered that Dr Najeeb's deficient performance engaged all three parts of public protection.

202. Dr Najeeb's risk to patient safety is clearly evidenced in the performance assessment report. BTH and QEH also raised persistent concerns about her performance on patient safety which led to each hospital taking restrictive action in relation to her practice.

203. The Tribunal considered that public confidence would be undermined if no finding of impairment were made. The public would lose confidence in the profession if a doctor who has been found to have unacceptable professional performance in areas of 'assessment of patients' conditions' and 'clinical management' and was a cause for concern in 'relationships with patients' and 'working with colleagues' was able to practice without restrictive action. Patients must be able to trust doctors with their lives and health. They must be confident that they will be treated by a doctor working within their area of competence and to an appropriate clinical standard.

204. It also considered that a finding of impairment was necessary to uphold proper professional standards. Dr Najeeb's deficient professional performance falls significantly below the standards set out in GMP and other clinical guidance or guidelines relevant to her area of work.

205. The Tribunal had regard to the test set out by Dame Janet Smith in the Fifth Shipman Report as adopted in *Grant* and found that all four limbs of the test are engaged.

206. The Tribunal has therefore determined that Dr Najeeb's fitness to practise is impaired by reason of deficient professional performance and all three limbs of public protection are engaged.

207. The doctor poses a current and ongoing risk to public protection and that risk is high.

Decision on impairment

208. The Tribunal has determined that Dr Najeeb's fitness to practise is impaired by reason of misconduct and deficient professional performance. All three limbs of public protection are engaged in respect of both misconduct and deficient professional performance. Dr Najeeb poses a current and ongoing risk to public protection, and that risk is high in respect of both misconduct and deficient professional performance.

Determination on Sanction - 09/09/2026

209. Having determined that Dr Najeeb's fitness to practise is impaired by reason of misconduct and deficient professional performance, the Tribunal now has to decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

Submissions

210. On behalf of the GMC, Ms Tighe submitted that the sanction imposed on Dr Najeeb is a matter for the Tribunal to determine by exercising its own independent judgement. In making her submissions, Ms Tighe referred to the Guidance (*MPT Hearings > Part C: stage three – sanction > Step 3: decide on sanction*).

211. When considering proportionality of sanction, Ms Tighe referred to the sanctions banding available in the Guidance, which details that in relation to cases involving dishonesty, the banding would call for suspension for nine months to erasure, and for cases involving clinical concerns where a higher level of risk to public protection has been found, the banding calls for a sanction of suspension of six months to erasure.

212. In accordance with paragraph 13 of the Guidance, Ms Tighe submitted that, there are no '*exceptional circumstances to justify* [the Tribunal] *taking no action.'* Ms Tighe also submitted that by taking no action, public interest would not be met.

213. Ms Tighe submitted that given the findings of the Tribunal during stage 2, undertakings would not be sufficient in protecting the public.

214. Ms Tighe submitted that conditions are not appropriate, workable or proportionate in this case. Given the findings of high risk to public protection posed by the doctor, conditions would be insufficient to protect the public. Ms Tighe also considered Dr Najeeb's lack of insight into her misconduct and emerging insight into her deficient performance, and her subsequent lack of engagement with the fitness to practise process, further demonstrating that conditions would not be an appropriate sanction.

215. When considering suspension, Ms Tighe referred to paragraph 45 of the Guidance which states:

> *'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.'

216. Ms Tighe submitted that patient safety has been identified as an issue, and suspension would therefore be insufficient to protect the public, maintain public confidence in the profession or maintain professional standards.

217. Ms Tighe made reference to Dr Najeeb's persistent, premeditated and repeated misconduct by way of her application to the consultant role at QEH with misleading information on her CV. Ms Tighe also drew the Tribunal's attention to Dr Najeeb's undermining of a system designed to protect the public through her dishonesty in continuing to act at consultant level after her move to a registrar level at BTH.

218. Ms Tighe referred to paragraph 55 of the Guidance when submitting that the sanction of erasure is one that is appropriate and proportionate. The Tribunal were again reminded of their findings at stage 2 in relation to both Dr Najeeb's misconduct and performance, and that the risk posed by Dr Najeeb remains high.

219. Ms Tighe submitted that all factors laid out at paragraph 57 of the Guidance are engaged. In relation to paragraph 57(b), Ms Tighe submitted that serious harm was not caused, but the risk of serious harm was identified in the performance assessment and [the impairment determination] provided examples at paragraph 16 in terms of risk of serious harm.

220. Ms Tighe submitted that Dr Najeeb's misconduct and deficient professional performance is incompatible with continued registration, and any lesser sanction than erasure which would result in continued registration would not protect the public.

221. Ms Tighe submitted that, in this case, the appropriate sanction would be one of erasure.

The relevant legal principles

222. The decision as to the appropriate sanction to impose, if any, is a matter for the Tribunal alone, exercising its own judgement.

223. The Tribunal was reminded of the relevant procedure and sanctions bandings as set out in the Guidance (*MPT Hearings > Part C: stage three – sanction > Step 3: decide on sanction*) and Guidance introduction *(Guidance for MPTS tribunals > Guidance introduction).*

224. The Tribunal was reminded that when making a decision on sanction it must make a decision that protects, promotes and maintains the health, safety and wellbeing of the public; promotes and maintains public confidence in the profession; and promotes and maintains proper professional standards and conduct for members of the profession.

225. The case of *Bolton v Law Society* [1994] 1 WLR 512 reminds the Tribunal that the reputation of the profession as a whole is more important than the fortunes of any individual member, even if the consequences may be deeply unfortunate for them.

226. The case of *Nkomo v GMC* [2019] EWHC 2625 (Admin) states '*in such* [dishonesty] *cases, personal mitigation should be given limited weight, as the reputation of the profession is more important than the fortunes of an individual member… Where dishonest conduct combined with a lack of insight, is persistent, or covered up, nothing short of erasure is likely to be appropriate'*.

227. Any sanction must be proportionate, fair and transparent.

228. The Tribunal is reminded that when there is more than one type of proven allegation, the Tribunal should impose the sanction that addresses the most serious finding.

229. In deciding what sanction, if any, to impose the tribunal, should consider all sanctions available, starting with the least restrictive and then consider each sanction in ascending order.

The Tribunal's determination on sanction

230. At the impairment stage, the Tribunal determined that the current and ongoing risk to public protection was high and that all three parts of public protection were engaged in relation to both misconduct and deficient professional performance. It is for the Tribunal now to consider what regulatory action, if any, is needed to protect the public.

231. The Tribunal accepted legal advice and the procedure to be adopted under the Guidance *(MPT Hearings > Part C: stage three – sanction > Step 3: decide on sanction)*. It was borne in mind that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest, although it may have a punitive effect.

232. In making its decision on sanction, the Tribunal has reviewed its decisions from the facts and impairment stage and has considered the level of current and ongoing risk that Dr Najeeb poses to public protection. It has also considered the sanctions banding for cases involving dishonesty and clinical concerns as set out in the Guidance (*Guidance introduction > Protecting the public in specific case types)*. It noted that in cases where more than one type of sanctions banding is engaged, it should consider the sanctions banding in relation to the most serious allegations, which in this case the Tribunal determined were the dishonesty matters.

233. The Tribunal determined that dishonesty was the more serious allegation as it had been persistent and repeated, premeditated, recklessly disregarded patient safety and professional standards, as well as undermining a system designed to protect the public. Dr Najeeb had put her own interests before those of patients and had attempted to hide and avoid taking responsibility for her behaviour. Dishonesty is hard to remediate, and in this case, there is no evidence that Dr Najeeb has shown any insight, has not taken any steps to remediate her behaviour and the likelihood of repetition is high. Dr Najeeb has only had limited engagement with the GMC and no engagement with this hearing.

234. Taking into account the sanctions bandings for case types involving dishonesty, the Tribunal noted that it had determined that the current and ongoing risk to public protection in relation to the dishonesty was high, and in this case the sanctions banding was one of 9 months suspension to erasure.

235. The Tribunal reminded itself that the sanctions bandings are intended to provide a guide, and that there may be evidence relevant to the individual circumstances of the case that indicates a sanction which is more or less restrictive than that suggested in the bandings.

236. The Tribunal considered each of the available sanctions in turn, starting with the least restrictive.

No action

237. In reaching its decision as to the appropriate sanction, if any, to impose in this case, the Tribunal first considered whether to take no action. Given the findings against Dr Najeeb, the Tribunal considered that taking no action would be an inappropriate and disproportionate response as it would seriously fail to uphold any of the three parts of public protection.

Conditions

238. The Tribunal next considered whether to impose conditions on Dr Najeeb's registration. It noted paragraphs 19 and 20 of the relevant section of the Guidance and bore in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable.

239. As a starting point, the Tribunal considered that the sanctions banding for dishonesty cases does not indicate that conditions would be sufficient to meet the level of risk to public protection. Moreover, given the seriousness of Dr Najeeb's deficient professional performance and her misconduct, the Tribunal did not consider that the imposition of conditions would be a proportionate or appropriate response sufficient to satisfy its determined level of the current and ongoing risk to public protection. The Tribunal further considered that it would not be possible to formulate conditions to address the Tribunal's concerns and, as such, conditions would be unworkable in this case. An order of conditions is also unlikely to serve any practical function, given Dr Najeeb's ongoing lack of engagement with the GMC and the fitness to practise process.

240. In all of the circumstances, the Tribunal concluded that a period of conditional registration would not be an appropriate or proportionate sanction and would not satisfy the public interest.

Suspension

241. The Tribunal then went on to consider whether imposing a period of suspension on Dr Najeeb's registration would be appropriate and proportionate.

242. The Tribunal noted paragraph 45 of the relevant section of the Guidance. It reminded itself that the aim for imposing a period of suspension is to manage the current and ongoing risk to public protection with the ultimate aim of Dr Najeeb being able to safely return to unrestricted practice in the future.

243. The Tribunal was mindful that it has no evidence before it demonstrating that Dr Najeeb has any meaningful insight or has completed any remediation, and it was evident, from email communications from her legal representative, that she has all but disengaged with the GMC. The Tribunal reminded itself of its finding at the impairment stage that there is a risk of repetition in this case.

244. Overall, the Tribunal was not satisfied that Dr Najeeb would, following a period of suspension, be able to safely return to unrestricted practice in the future. The Tribunal was of the view that Dr Najeeb has not been accepting of the concerns about her performance and deliberately concealed those concerns when taking up other roles.

245. Dr Najeeb has provided no evidence of insight or any attempts to remediate her actions. Her Rule 7 response to the GMC was '*no further comment*'. She had maintained her dishonest behaviour in Ms H's investigation in 2024, some two years after the initial dishonest behaviour found in this case. There is no evidence that she has ever taken responsibility for her actions. There is no evidence that she seeks to develop insight or remediate her actions now or in the future.

246. The Tribunal further reminded itself that there were significant patient safety concerns in this case, on both the performance issues, and the dishonest conduct. The Tribunal can have no confidence that such behaviour would be unlikely to be repeated, especially in light of the Tribunal's conclusions on impairment. It was therefore satisfied that a period of suspension would not provide adequate protection to the public, would not maintain public confidence in the profession and would not be sufficient to uphold proper professional standards.

Erasure

247. The Tribunal therefore went on to consider whether the sanction of erasure was appropriate and proportionate.

248. The Tribunal noted paragraphs 55, 56 and 57 of the relevant section of the Guidance, which provide:

> *'55 Erasure is action available for those cases where a doctor's behaviour, performance, or the impact that a health condition is having on their ability to practise safely and effectively, is incompatible with continued registration at this point in time. It means the level of current and ongoing risk the doctor poses to public protection is so significant that they should not be allowed to practise.*
>
> *56 Erasure takes away a doctor's registration which means they are no longer entitled to practise in the UK at all, or anywhere else where they are required to hold GMC registration. It is used to protect the public in the most serious cases. It also has a deterrent effect as it sends a signal to the individual doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor.*
>
> *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.'

249. The Tribunal considered that most of the factors set out in paragraph 57 of the Guidance are met in this case. In relation to paragraph 57(b), the Tribunal accepted that Dr Najeeb's behaviour and deficient performance had not caused actual serious harm. However, it was satisfied that her behaviour and performance created a very real risk of harm in the future.

250. The Tribunal was satisfied that an order of conditions or suspension would be insufficient to meet the identified level of risk. Further, Dr Najeeb's misconduct and deficient professional performance represent a serious patient safety concern, and she has persistently shown no evidence of insight into the seriousness of the allegation and the potential and actual consequences of the same. She has not provided evidence of any attempts to remediate.

251. Overall, the Tribunal determined that the seriousness of its findings is such that allowing Dr Najeeb to remain on the register would present a high risk to public protection and would seriously undermine patient safety, public confidence in the profession and the maintenance of proper professional standards. Further, it was of the view that a reasonable member of the public, fully informed of the facts of this case, would be concerned if Dr Najeeb was allowed to remain on the medical register, given her performance issues, and her dishonest attempts to conceal those issues.

252. The Tribunal had specific regard to its finding that Dr Najeeb's misconduct and deficient professional performance fell significantly below the standards expected of a doctor. The Tribunal considered paragraph 80 of the Guidance introduction, which says that '*honesty is at the heart of medical professionalism and is essential for the public to have trust in doctors and the systems they work in*'. The Tribunal determined that Dr Najeeb's behaviour seriously undermined public confidence in the profession and was a serious departure from professional standards.

253. The Tribunal determined that Dr Najeeb's misconduct undermines her ability to practise safely and effectively and is incompatible with continued registration at this point in time. The Tribunal found that the level of current and ongoing risk Dr Najeeb poses to public protection is so significant that she should not be allowed to practise.

254. Having regard to its findings as set out above, and given the circumstances of this case, the Tribunal determined to erase Dr Najeeb's name from the medical register.

Determination on Immediate Order – 09/09/2026

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

Submissions

256. On behalf of the GMC, Ms Tighe submitted that an immediate order was necessary. She referred to the Guidance (*MPT Hearings > Part C: stage three – sanction > Step 3: decide on sanction > Immediate and interim orders following sanction)* and the Tribunal's determination on sanction. She stated that it would be inappropriate for Dr Najeeb to hold unrestricted registration before the substantive sanction could take effect. She reminded the Tribunal that Dr Najeeb remained registered, although she had relinquished her license to practice in 2025. She reminded the Tribunal of its findings in relation to the risk to patient safety and public confidence, as set out in the Tribunal's determination on sanction.

The Tribunal's determination

257. The Tribunal considered that it may impose an immediate order if it is necessary for the protection of members of the public or is otherwise in the public interest. The decision whether to impose an immediate order is at the discretion of the Tribunal, based on the facts of the case.

258. The Tribunal had regard to paragraph 84 of the Guidance (*MPT Hearings > Part C: stage three – sanction > Step 3: decide on sanction > Immediate and interim orders following sanction)*, which provide:

> *'84 It will not usually be appropriate for a doctor to hold unrestricted registration until a sanction takes effect in cases where:*
>
> *a the doctor poses a risk to patient safety*
>
> *b the risk to one or more parts of public protection is high, and/or*
>
> *c immediate action is needed to maintain public confidence in the medical profession.'*

259. The Tribunal determined that all of the factors set out in paragraph 84 were present. It considered that Dr Najeeb poses an ongoing risk to patient safety by virtue of her misconduct and deficient professional performance. The Tribunal's assessment of the level of current and ongoing risk to public protection was high in relation to both misconduct and deficient professional performance. It determined that immediate action is needed to maintain public confidence in the medical profession. The Tribunal therefore determined to impose an immediate order.

260. This means that Dr Najeeb's registration will be suspended from the date on which notification of this decision is deemed to have been served upon her. The substantive direction, as already announced, will take effect 28 days from that date, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

261. The interim order currently in place on Dr Najeeb's registration will be revoked when the immediate order takes effect.

262. That concludes this case.

ANNEX A – 03/09/2026

Service and proceeding in absence

263. Dr Najeeb was not present or represented at this hearing.

264. The Tribunal was provided with a copy of a Service Bundle from the General Medical Council (GMC). The Service Bundle indicates that, on 28 May 2026, Dr Najeeb's legal representatives contacted the GMC and MPTS to confirm that Dr Najeeb would not be in attendance at the hearing and would not be represented. On the 2 June 2026, Dr Najeeb's legal representative contacted the GMC via telephone and confirmed that they remained instructed to accept service of documents. On 14 July 2026, the GMC sent a letter by email to Dr Najeeb's legal representatives, enclosing a copy of the hearing bundle and allegation. Dr Najeeb's representatives responded to the email on 17 July 2026, confirming that Dr Najeeb would not be attending the hearing.

265. The Tribunal also noted that on 17 July 2026, notice of this hearing was sent by the Medical Practitioners Tribunal Service via email to Dr Najeeb's legal representatives, confirming the start date of the hearing as 24 August 2026, and that the hearing would be held virtually. The letter also requested confirmation from Dr Najeeb as to whether she would be attending and provided information as to the support available in relation to the hearing. On 28 July 2026, Dr Najeeb's legal representatives confirmed receipt of the notice of hearing.

Submissions

266. On behalf of the GMC, Ms Tighe took the Tribunal through the service bundle and highlighted that both the Notice of Allegation and the Notice of Hearing had been sent by email to Dr Najeeb's legal representatives, with her representatives confirming on more than one occasion that she would not be attending the hearing or be represented. She submitted that all reasonable efforts have been made to serve Dr Najeeb with notice of the hearing in accordance with the Rules.

267. Turning to proceeding in absence, Ms Tighe submitted that Dr Najeeb's representatives had informed the GMC in a telephone call on 2 June 2026, that Dr Najeeb would not be providing any further information, would no longer be engaging with the GMC, and would not be attending the hearing. She submitted that Dr Najeeb had been informed about the hearing and about the ability to be legally represented. She stated that Dr Najeeb has chosen not to attend and has not instructed representatives to attend the hearing on her behalf. She submitted that it was clear that Dr Najeeb is aware of the nature of the hearing and what the allegations are against her. Furthermore, she stated that Dr Najeeb has been informed that if she does not attend the hearing, that the Tribunal may proceed in her absence, and of the possible consequences should her fitness to practise be found to be impaired.

268. Ms Tighe submitted that Dr Najeeb has voluntarily absented herself from the hearing. She stated that the GMC has made every effort to keep Dr Najeeb up to date with the investigation and the evidence the GMC seeks to rely upon. She stated that there has been no request for a postponement and there is no evidence to suggest that an adjournment would secure Dr Najeeb's attendance. She submitted that proceeding in absence is at the Tribunal's discretion, which should be exercised with great care and caution, balancing Dr Najeeb's interests with the statutory overarching objective. She submitted that the hearing should proceed in the absence of Dr Najeeb.

The Tribunal's Determination

Service

269. The Tribunal considered whether the relevant documents have been served in accordance with Rules 15 and 40 of the Rules. In so doing, the Tribunal has taken into account all of the evidence before it, together with the submissions on behalf of the GMC.

270. The Tribunal accepted the evidence contained in the service bundle and was satisfied that all reasonable efforts have been made to serve Dr Najeeb with both notice of the allegations and notice of this hearing by way of her legal representatives. The Tribunal also took into account the response from Dr Najeeb's representatives, which confirmed receipt and her non-attendance. Accordingly, the Tribunal was satisfied that service has been effected in accordance with the Rules.

Proceeding in Dr Najeeb's Absence

271. Having been satisfied that notice was properly served upon Dr Najeeb, the Tribunal then considered whether to proceed with this hearing in her absence, in accordance with Rule 31 of the Rules. The Tribunal was conscious that the discretion to proceed in the absence of Dr Najeeb should be exercised with the utmost care and caution, balancing Dr Najeeb's interests with the wider public interest.

272. In making its determination the Tribunal noted that the decision as to whether or not the hearing should proceed in Dr Najeeb'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.'*

273. The Tribunal took into account the case law referred to by GMC Counsel and the Legally Qualified Chair (LQC). The Tribunal had regard to the criminal case of *R v Jones* [2002] UKHL 5, which sets out the factors that should be taken into account when determining whether to proceed in the absence of the practitioner including:

- the nature and circumstances of the Respondent's/Appellant's absence and, in particular, whether the behaviour may be deliberate and voluntary and thus a waiver of the right to appear;
- whether an adjournment might result in the Respondent/Appellant attending the proceedings at a later date; the likely length of any such adjournment;
- whether the Respondent/Appellant, despite being absent, wished to be represented at the hearing or has waived that right;
- the extent to which any representative would be able to receive instructions from, and present the case on behalf of, the absent Respondent/Appellant;
- the extent of the disadvantage to the Respondent/Appellant in not being able to give evidence having regard to the nature of the case;
- the general public interest;
- and, in particular, the interest of any victims or witnesses that a hearing should take place within a reasonable time of the events to which it relates; the effect of delay on the memories of witnesses.

274. The Tribunal had regard to the legal authority of *General Medical Council v Adeogba; General Medical Council v Visvardis* [2016] EWCA Civ 162, and the principles derived from that case, including:

- There was a difference between a criminal trial and the decision under Rule 31. The latter decision must also be guided by the context provided by the main statutory objective of the GMC, namely the protection, promotion and maintenance of the health and safety of the public as set out in the Medical Act;
- In that regard, the fair, economical, expeditious and efficient disposal of allegations made against medical practitioners is of very real importance;
- It would be contrary to the GMC's overarching objective if the practitioner could deliberately frustrate the process by non-engagement; and
- Whenever a practitioner does not attend there will be prejudice to him or her, especially when their input is crucial but that does not outweigh other factors.

275. The Tribunal noted that the letters sent to Dr Najeeb 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. The Tribunal concluded, in light of the information before it, that Dr Najeeb had voluntarily absented herself from this hearing

276. The Tribunal considered whether an adjournment would result in Dr Najeeb's 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 her attendance.

277. The Tribunal also considered whether any decision to proceed in Dr Najeeb'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 she would wish to present. The Tribunal noted that Dr Najeeb had not engaged with the Pre-Hearing Meeting nor had she complied with case management direction to prepare and disclose witness statements. 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 Najeeb. However, considering the available evidence, the Tribunal was of the view that any potential prejudice to Dr Najeeb did not outweigh the public interest in this case.

278. The Tribunal noted that witnesses had been warned to give evidence. The majority of these witnesses were medical practitioners who had taken time out of their clinical practice to give evidence. Delay would potentially have a negative impact on the witnesses'

recollection of events. The Tribunal also recognised that, given the allegations of dishonesty, misconduct and professional performance, further delay was not in the public interest and would negatively impact the overarching objective.

279. Having balanced each of the relevant factors against the need to ensure public protection and the public interest, the Tribunal determined that it is fair and just to proceed with the hearing in Dr Najeeb's absence.

280. The hearing will therefore proceed in Dr Najeeb's absence.

ANNEX B – 03/09/2026

Application to admit further evidence under Rule 34(1)

281. Following a request from the Tribunal for additional documentation, Ms Tighe made an application for the obtained evidence to be admitted under Rule 34(1) of the Rules. The documents were as follows:

a. The handwritten notes of the meeting which took place between Dr Najeeb and Dr B on 12 December 2023.

b. The handwritten notes of Dr Najeeb's interview for a locum consultant post that took place on 1 December 2022 at QEHKL.

Submissions

282. On behalf of the GMC, Ms Tighe submitted that the documents had been obtained at the request of the Tribunal.

283. The note of the meeting on 12 December 2023 was clearly relevant to the determination of paragraph 4 of the allegation, given it was a record of the meeting outlined within it. She stated that it would be fair to admit the document, and to allow Dr B to speak to her handwritten notes in oral evidence.

284. The note of the interview on 1 December 2023 was clearly relevant to the determination of paragraph 3 of the allegation, given it was a record of the interview outlined within it.

The Relevant Legal Principles

285. The test for admitting evidence in hearings, is set out in Rule 34(1):

> *'The Tribunal may admit any evidence they consider fair and relevant to the case before them, whether or not such evidence would be admissible in a court of law'.*

286. The Tribunal should first consider whether the evidence in question was relevant to any question to be determined by the Tribunal. If deemed relevant, the Tribunal should then consider whether it would be fair to Dr Najeeb to allow the GMC to rely on the additional evidence. The additional documents should only be admitted if that could be done without injustice to either party.

The Tribunal's decision

287. The Tribunal was of the view that the handwritten notes were relevant to the substantive allegation before it, specifically paragraph 3 and 4, and the associated paragraphs at 5 and 6.

288. The Tribunal next considered whether it would be fair to admit the evidence into the evidence for the hearing.

289. The notes were obtained following a request from the Tribunal and are the most contemporaneous evidence of the meeting on 12 December 2023 and the interview on 1 December 2022. The Tribunal noted that a summary of the meeting, which took place on 12 December 2023, and handwritten note was emailed to Dr Najeeb on 21 December 2023 and therefore she should be aware of what the notes contain, even if the original notes were not provided to her in advance of the hearing. In relation to the note of the interview on 1 December 2022, Dr Najeeb was aware of the case against her and the statement of Dr D which reflected the note of the interview. Therefore again, even if the original note had not been provided to her in advance of the hearing, she should have been aware of what the notes contained.

290. The Tribunal was of the view that, as the most contemporaneous evidence of the meeting and interview, it would be fair to both Dr Najeeb and the GMC for the Tribunal to receive it, particularly when making decisions on dishonesty.

291. Accordingly, the Tribunal determined to grant the application to admit the evidence under Rule 34(1).

ANNEX C – 03/09/2026

Application to amend the allegation under Rule 17(6)

292. On day 2 of the hearing, Ms Tighe, Counsel on behalf of the GMC, made an application pursuant to Rule 17(6) of the Rules, to amend the allegation at paragraph 5(d) and withdraw paragraph 5(e).

Submissions

293. Ms Tighe submitted that the application to amend was in relation to paragraph 5(d) and (e) of the allegation, and any subsequent paragraph as relates to those subparagraphs. She provided the Tribunal with the proposed amendment, and stated that the amendment to paragraph 5(d) was made in relation to evidence contained within Dr McGee's second witness statement, dated 25 March 2026, and confirmed in his oral evidence that an email confirming Dr Najeeb's move from consultant to registrar was sent to her on 10 November 2022. She stated that the evidence has been disclosed to Dr Najeeb prior to the hearing and the amendment reflects that evidence. She stated that, on that basis, the amendment would not cause any injustice to Dr Najeeb.

294. Ms Tighe submitted that, in relation to paragraph 5(e) of the allegation, the GMC seeks to withdraw that paragraph on the basis that it no longer considers that the evidence supports that the letter of 1 November 2022 was sent to Dr Najeeb.

295. The proposed amendment was as follows:

10. When carrying out the actions described at paragraphs 2, 3 and 4, you knew:

    a. you did not hold the role of Consultant for the duration of your employment at Blackpool Teaching Hospital;

    b. there had been concerns raised in respect of your ability to work in a Consultant level position whilst at Blackpool Teaching Hospital;

    c. you had been moved from a Consultant role to a Registrar role;

    d. a meeting had taken place on 19 October 2022 with Blackpool Teaching Hospital;

        i. <u>on 10 November 2022, you were sent an email confirming the move</u>

from a Consultant role to a Registrar role.

~~e. on 1 November 2022, you had been sent confirmation in writing by Blackpool Teaching Hospital confirming your move from a Consultant role to a Registrar role;~~

f. you had not successfully completed the ACLS course.

11. Your actions as described at paragraphs:

a. 2.a. and 2.b. were dishonest by reason of paragraph 5.a.-5.c.;

b. 3. was dishonest by reason of paragraph 5.f.;

c. 4. was dishonest by reason of paragraph 5.b.-~~5.e.~~ 5.d.

The Tribunal's Decision

296. In considering the application the Tribunal had regard to Rule 17(6) of the Rules which states:

Where, at any time, it appears to the Medical Practitioners Tribunal that—

(a) the allegation or the facts upon which it is based and of which the practitioner has been notified under rule 15, should be amended; and

(b) the amendment can be made without injustice,

it may, after hearing the parties, amend the allegation in appropriate terms.

297. The Tribunal noted that the proposed amendment was not a substantial change to the allegation, and merely changed the evidence on which the GMC seeks to prove that Dr Najeeb knew of the meeting of 19 October 2022. It noted that this was evidence that Dr Najeeb has already been provided with in advance of the hearing.

298. The Tribunal determined to allow the amendment, satisfied that it was in the interests of justice to do so. It concluded that Dr Najeeb had received adequate notice of the proceedings, had chosen not to attend or to be represented, and also having noted that the amendment would be consistent with the evidence already served in the case, which Dr Najeeb had been provided with. It was satisfied that allowing the application would cause no prejudice to Dr Najeeb.

299. Therefore, the Tribunal determined to allow Ms Tighe's application to amend paragraph 5(d) of the allegation and withdraw paragraph 5(e). It also made amendments to subsequent paragraphs to reflect the changes.