

PUBLIC RECORD

Date: 17/05/2024

Medical Practitioner's name: Dr Michael ISIMA
GMC reference number: 6121387
Primary medical qualification: MD 1977 Universitat Wien

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

Summary of outcome
Suspension for 12 months
Review hearing directed

Tribunal:

Legally Qualified Chair:	Mr Ali Sarwar
Lay Tribunal Member:	Ms Miriam Karp
Medical Tribunal Member:	Dr Loralie Rodrigues
Tribunal Clerk:	Miss Emma Saunders

Attendance and Representation:

Medical Practitioner:	Not present, not represented
GMC Representative:	Mr Andrew Molloy, 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.

Overarching Objective

Throughout the decision making process the tribunal has borne in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act) to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on consideration of Non-compliance - 17/05/2024

Background

1. This is the third review of Dr Isima's case following a Medical Practitioners Tribunal (MPT) non-compliance hearing which took place on 14 to 15 October 2021 ('the 2021 Tribunal'), a first review hearing on 29 July 2022 ('the 2022 Tribunal') and a second review hearing on 26 April 2023 ('the 2023 Tribunal').

2. The General Medical Council (GMC) is conducting an investigation into Dr Isima's fitness to practise in respect of concerns raised about his clinical performance. These concerns arose following locum placements as a Specialist Registrar in Obstetrics and Gynaecology at Luton and Dunstable Hospital between June and October 2019 and Milton Keynes University Hospital between 4 and 7 October 2019. The fitness to practise concerns were initially brought to the attention of the GMC in April 2020 by Dr Isima's Responsible Officer, who advised that Dr Isima was involved in a Serious Incident in 2019 which resulted in a neonatal death. The GMC case examiner subsequently summarised the concerns as follows:

- poor communication skills,
- poor record keeping,
- acting outside the limits of his competence,
- failure to make decisions on management plans,
- no sense of urgency when asked to review patients,
- delaying procedures inappropriately,
- ignoring colleague advice,
- an inability to explain how he kept his professional portfolio up to date as a locum, and

- a general lack of insight into his clinical performance.

The 2021 Tribunal hearing

3. On 28 January 2021, Dr Isima was directed to undergo an assessment of his performance, under Rule 7(3) and Schedule 1 of the GMC (Fitness to Practise) Rules (2004), as amended ('the Rules'). The GMC sent repeated correspondence notifying Dr Isima that he must comply with this direction however Dr Isima did not undertake a performance assessment. Dr Isima was subsequently referred to the 2021 Tribunal.

4. The 2021 Tribunal determined that the GMC's direction for Dr Isima to undergo a performance assessment was reasonable, that Dr Isima had failed to comply with it and that he had provided no good reason for his failure to comply.

5. The 2021 Tribunal determined to suspend Dr Isima's registration for a period of nine months and directed a review hearing.

The 2022 Tribunal hearing

6. The 2022 Tribunal had regard to Dr Isima's statement that he was willing to undertake the performance assessment and noted email correspondence between the GMC and Dr Isima dated 25 July 2022, which acknowledged his intention to comply with the direction. The 2022 Tribunal was encouraged that Dr Isima had begun to take steps to demonstrate his willingness to comply with the GMC Assistant Registrar's direction. The 2022 Tribunal considered, however, that while these statements indicated Dr Isima's intention to comply, there was no evidence of him having made actual arrangements for a performance assessment to take place.

7. The 2022 Tribunal considered that Dr Isima had had the opportunity to arrange and complete a performance assessment during the period of suspension. The 2022 Tribunal had not been presented with sufficient evidence to suggest that Dr Isima had taken concrete steps to comply with the direction.

8. The 2022 Tribunal considered whether a good reason had been provided for Dr Isima's continued failure to undergo a performance assessment. It bore in mind the context provided in Dr Isima's witness statement that he had reconsidered his position and decided to undergo the performance assessment before contesting the substantive matters,

which he disputes, at a future MPT hearing. However, the 2022 Tribunal did not consider that this constituted a good reason for his failure to comply with the direction. Therefore, the 2022 Tribunal was not satisfied that Dr Isima had complied with the GMC's direction and determined that non-compliance had been found.

9. The 2022 Tribunal considered that, in light of the positive development that Dr Isima had indicated that he was willing to comply and had begun to communicate with the GMC about the process, it was appropriate and proportionate to impose conditions that would allow Dr Isima to return to clinical practice with adequate support and supervision while completing his performance assessment.

10. The 2022 Tribunal determined to impose conditions for a period of nine months and directed a review hearing. The conditions included: *"1. He must actively engage with the GMC to comply with the direction to complete a performance assessment and to do so by the date of the next review hearing"*.

The 2023 Tribunal hearing

11. The GMC stated that Dr Isima had failed to provide the second part of the portfolio required prior to a performance assessment and that this portfolio was crucial to the assessment being arranged. The GMC advised the 2023 Tribunal that the requirement for this part of the portfolio had been communicated to Dr Isima by the GMC on numerous occasions but that Dr Isima had failed to actively engage with the GMC and to comply with the direction to undergo a performance assessment. The GMC also stated that Dr Isima had oscillated in his intention to apply for Voluntary Erasure (VE) and that his most recent application had been rescinded.

12. Dr Isima said that it did not make any sense for him to be at the hearing as there must be a reason for non-compliance and assessment but he had not seen any reason for the assessment. Dr Isima submitted that there had been damning reports made against him and he had not been given the chance to reply. Dr Isima said that he had not been given the chance to state his case so that the GMC could judge if he needed to undertake a performance assessment. Dr Isima said that he had no confidence that he would be treated fairly at a performance assessment.

13. The 2023 Tribunal acknowledged that Dr Isima was unhappy about being asked to undergo a performance assessment but considered that this was not a sufficient reason for

him not to comply with the direction. The 2023 Tribunal considered that there was continued non-compliance with the direction and the conditions which were imposed by the 2022 Tribunal.

14. The 2023 Tribunal agreed with the GMC's submission that it could not investigate this matter in a proportionate way until Dr Isima undergoes a performance assessment. The 2023 Tribunal concluded that, given Dr Isima's continued non-compliance, the only appropriate and proportionate sanction was suspension.

15. The 2023 Tribunal determined to suspend Dr Isima's registration for a period of 12 months and directed a review hearing. The 2023 Tribunal indicated that this reviewing Tribunal would be assisted by receiving:

- evidence that Dr Isima had undergone a performance assessment, along with its results; and
- any other information which Dr Isima considered would assist.

This Hearing

16. This Tribunal has considered, under Rule 22A of the Rules, whether there has been a failure to comply with a performance assessment in accordance with Schedule 1 of the Rules. In reaching its decision, the Tribunal has given careful consideration to all of the evidence adduced in this case.

The Outcome of an Application made during this Stage

17. The Tribunal determined that service of the notice of this hearing had been effected in accordance with Rule 40 of the GMC (Fitness to Practise) Rules 2004 as amended ('the Rules'), and paragraph 8 of Schedule 4 to the Medical Act 1983, as amended. The Tribunal determined to proceed with the hearing in Dr Isima's absence in accordance with Rule 31 of the Rules. The Tribunal's full decision on this matter is included at Annex A.

Documentary Evidence

18. The Tribunal took into account the documentary evidence received:

Record of Determinations Medical Practitioners Tribunal

- The determinations and associated documents regarding Dr Isima's previous non-compliance hearings;
- A letter dated 7 June 2023 sent by email by the GMC to Dr Isima in which the GMC invited him to undergo a performance assessment. Similar correspondence was sent by the GMC to Dr Isima by email on 6 September 2023, and later on 8 December 2023;
- A letter from Dr Isima to the MPTS Case Management Team dated 14 September 2023;
- A response from the GMC to Dr Isima dated 6 October 2023;
- A letter from Dr Isima to the GMC dated 20 March 2024, including 'GMC Promises 'More Compassionate Approach' in Investigations' article.

19. Within Dr Isima's letter to the MPTS dated 14 September 2023, Dr Isima asked that his message be passed to the GMC as he alleged that they were not talking to him directly. He stated that *"the GMC has bluntly refused till today to investigate the course of the death of an African baby who would have celebrated his/her fourth birthday now... The GMC has also refused to investigate the death of another African baby with most likely severe brain damage"*. Dr Isima stated:

"After the events I continued working as if nothing happened. Either the responsible authorities were irresponsible or the allegation was not yet fabricated then... Go to your internet and find out how many doctors particularly black and brown doctors have died because of the inhumane torture of the GMC... Their attitude was intimidating. The GMC never expected this good report. In all the cases, I am as innocent as a newborn baby and that is why I shall fight it till God's intervention will prevail. And it will.

...

I have been summoned about 5 times by the GMC. In each of the times I have listened patiently to the council recite the allegation fabricated by Dr [A] for the GMC. Each time I wanted to challenge this reckless fabrication from Dr [A], I was told not now, we talk about it later. Later is now three years plus... I will only meet the GMC when the GMC is ready to talk about what happened on those two occasions honestly and without gimmick."

20. In a response dated 6 October 2023, the GMC stated that it had previously explained the position with regard to its investigation and the basis upon which Dr Isima had been directed to undergo a performance assessment. The GMC stated that Dr Isima had been

given the opportunity to make submissions and representations to the MPTS and that it had ultimately been their decision to impose the conditions and then suspension. The GMC stated:

“Whilst you do not agree with the decision to refer you to a performance assessment, the decision remains in force and you need to undergo the assessment, to enable us to progress this matter to a conclusion.

In addition, you have previously expressed a wish to seek voluntary erasure but then withdrew your application. This option remains open to you, should you wish.

...

I note that you have indicated to [the MPTS] that we have refused to engage with you directly. This is not the case as we have continued to correspond with you via your registered email address, both in connection with the outstanding performance assessment, as well as your recent non-compliance review hearing. I note that you have chosen not to respond to any of this correspondence.

...

In conclusion, whilst we note your comments, the position remains the same and the direction to undergo the performance assessment remains in place.”

21. Within Dr Isima’s letter to the GMC dated 20 March 2024, Dr Isima stated that he had received over a hundred telephone calls and emails as the GMC had published online a case:

“in which the judgment was based on the mere allegations of a pathological liar. You have not allowed me to challenge these disingenuous allegations. This is because you have never been interested in getting to the truth... Why is the GMC uncomfortable with carrying out a transparent investigation? The GMC without asking me told the world what I did without allowing me to state my version of what happened. If the GMC had read and understood the report of the HSIB we would not be where we are now.”

22. Dr Isima stated that the HSIB had stated that “no doctor attended to the call that the head midwife accused him of attending to and refused to section the patient”. He stated that he was operating on a 29 week twin mother and it would be unimaginable that he would be out of the theatre when his colleague was in the labour ward. Dr Isima stated that he had never left a patient on the theatre table and began to operate on another patient. He asked why it did not occur to the head midwife to call for an emergency caesarean section. Dr Isima stated that it was a cover-up. He stated that he was very good at OB/gynaecology and in

surgery, as his University of Vienna certificate could testify. He stated that asking for a “*performance test*” was evidence that the GMC did not understand the severity of the offence. Dr Isima stated that he was called when the baby was dying, that he delivered the baby in one minute, and “*this woman from her medical history was supposed to be delivered before 38 weeks*”. He further stated “*Why have an investigate that will exonerate the scapegoat and expose the very people the GMC wants to protect?*”

23. Dr stated that “*each time we met on Zoom, you only recited the fabricated lies of your friend Dr [A] hoping that one day I would give up*”. Dr Isima stated that the “*performance test*” was not acceptable as the GMC had not acted neutrally. He stated that the GMC had taken sides and could not be trusted. He stated that he will never tolerate injustice and that he would not accept anything short of 100% exoneration.

Submissions

24. Mr Molloy, Counsel on behalf of the GMC, stated that there had been no further communication from Dr Isima apart from the correspondence listed above and that Dr Isima has failed to comply with the direction to undergo a performance assessment.

25. No written submissions regarding non-compliance were received from Dr Isima in relation to today’s hearing.

Tribunal’s Decision

26. The Tribunal considered whether Dr Isima had complied with the original direction to comply with a performance assessment. The Tribunal had regard to *Non-compliance hearings guidance for medical practitioner tribunals* (‘the non-compliance guidance’) and the evidence produced in this case when making its decision. Whilst the Tribunal had borne in mind the submissions made by Mr Molloy, it reminded itself that the decision regarding non-compliance was one for it to reach, exercising its own judgement.

27. The Tribunal took account of the correspondence sent by the GMC to Dr Isima since the last hearing in which he was asked to engage with a performance assessment. The Tribunal noted that Dr Isima had sent a number of letters to the GMC but that there has been no agreement to undertake a performance assessment.

28. The Tribunal noted that there has been no material change in the position since the 2023 Tribunal hearing. The Tribunal concluded that Dr Isima has not undergone a performance assessment and there had been no information from him about why he has not complied with that direction.

29. As such, the Tribunal determined that Dr Isima has continued to fail to comply with the original direction to comply with a performance assessment and he has not provided any good reason as to why he has continued not to comply with the direction. The Tribunal was of the view that this continued failure created a public protection risk given the serious concerns raised about Dr Isima's clinical performance.

30. In all the circumstances, the Tribunal determined that non-compliance has been found.

Determination on Sanction - 17/05/2024

31. Having determined that there was non-compliance by reason of Dr Isima's failure to comply with a performance assessment, in accordance with Schedule 1 to the Rules, the Tribunal went on to consider whether a sanction should be imposed.

32. The Tribunal had taken into account all of the evidence received during the earlier stage of the hearing when reaching its decision on sanction.

Submissions

33. Mr Molloy, on behalf of the GMC, referred to the non-compliance guidance, including paragraphs C8 and C9:

"C8 Protection of the public means acting in a way that meets the three elements of the statutory overarching objective:

- i. protecting, promoting, and maintaining the health, safety and wellbeing of the public*
- ii. promoting and maintaining public confidence in the profession*
- iii. promoting and maintaining proper professional standards and conduct for the members of the profession.*

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C9 Where a tribunal has made a finding of non-compliance, some action against the doctor's registration is likely to be necessary to protect the public. The tribunal should consider the relevance of, and impact on, each of the three elements of the statutory overarching objective and specify in their decision which elements are met by the order of conditional registration or suspension."

34. Mr Molloy submitted that Dr Isima has continuously failed to comply with the GMC's direction to undergo a performance assessment. He stated that the GMC had made reasonable steps to engage with Dr Isima to explain the potential consequences of non-compliance. Mr Molloy stated that the various concerns demonstrate a pattern of unacceptably low standards of professional performance. He submitted that the GMC cannot investigate Dr Isima's fitness to practise in a proportionate way, and take action in response to the concerns, without Dr Isima completing a performance assessment.

35. In terms of conditions, Mr Molloy referred to the non-compliance guidance in that conditions are unlikely to be appropriate where a doctor has explicitly refused to comply with the direction and there is no mitigating information available. He submitted that this was the case here.

36. Mr Molloy stated that Dr Isima's recent explicit refusal to comply was both clearly documented and unambiguous. He stated that Dr Isima has had extensive opportunity to comply with the direction, but evidently fundamentally disagrees that he should be required to undergo a performance assessment.

37. Further, Mr Molloy stated that the GMC was aware that Dr Isima is currently retired, thus rendering conditions ineffective. Mr Molloy submitted that this, combined with Dr Isima's continued refusal to engage with the performance assessment, suggested that anything less than suspension would not assist the GMC in progressing the investigation. Mr Molloy submitted that there was also a real concern that Dr Isima will continue with non-compliance due to his repeated position with regards to undergoing the performance assessment.

38. Mr Molloy referred to C25 of the non-compliance guidance, which includes that *"Suspension has a deterrent effect and can be used to send a signal to the doctor, the profession and public about what behaviour is expected from a registered doctor..."* He submitted that, given the finding of non-compliance, a further order for suspension would

be the only real means of sending a signal to the doctor as to the seriousness of the non-compliance.

39. Mr Molloy stated that Dr Isima had not currently been suspended for two consecutive years - in relation to indefinite suspension - and submitted that a further order for suspension was therefore correct, proportionate and a balanced response to Dr Isima's continued non-compliance.

40. No written submissions regarding sanction were received from Dr Isima in relation to today's hearing.

The Tribunal's Approach

41. The Tribunal was aware that the decision as to the appropriate sanction, if any, to impose on Dr Isima's registration was a matter for this Tribunal exercising its independent judgment. In reaching its decision, the Tribunal took account of the non-compliance guidance. The Tribunal had regard to a number of paragraphs within the non-compliance guidance, including those paragraphs quoted above.

42. Throughout its deliberations, the Tribunal considered its overarching objective which includes:

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

43. The Tribunal has also borne in mind that the purpose of the sanctions is not to be punitive, but to protect patients and the wider public interest, although they may have a punitive effect.

No action

44. The Tribunal first considered whether to conclude Dr Isima's case and take no further action.

45. The Tribunal had regard to the initial concerns that were raised in respect of Dr Isima's clinical performance, along with Dr Isima's continued non-compliance with the direction to undertake a performance assessment.

46. The Tribunal determined that, in view of the continuing non-compliance, it would be neither sufficient, proportionate nor in the public interest to conclude this case by taking no action.

Conditions

47. The Tribunal next considered whether it would be appropriate to impose a period of conditions on Dr Isima's registration. It has borne in mind that any conditions must be appropriate, proportionate, workable and measurable.

48. The Tribunal had regard to a number of paragraphs within the non-compliance guidance, including:

"C14 Conditions are unlikely to be appropriate where a doctor has explicitly refused to comply with a direction or request to provide information or has failed to respond to a direction or request to provide information, and there is no mitigating information available."

49. The Tribunal again had regard to the seriousness of the initial concerns raised and Dr Isima's continued non-compliance with the direction to undertake a performance assessment.

50. The Tribunal noted that the 2022 Tribunal had imposed conditions at that point but that this had not resulted in compliance and so the 2023 Tribunal had suspended Dr Isima's registration for 12 months. The Tribunal had no evidence before it to suggest that the position had materially changed since the 2023 Tribunal hearing and has been provided with correspondence from Dr Isima in which he explicitly states that he will not undergo a performance assessment.

51. In all the circumstances, the Tribunal was unable to formulate workable or appropriate conditions that, given Dr Isima's continued non-compliance, would adequately protect the public and the public interest. The Tribunal was of the view that a reasonable and

informed member of the public would be surprised to learn that conditions had been imposed in circumstances such as this.

52. The Tribunal therefore determined that it would be neither sufficient nor appropriate to direct the imposition of conditions on Dr Isima's registration.

Suspension

53. Having determined that the imposition of conditions would not be appropriate, the Tribunal considered whether to suspend Dr Isima's registration for a further period.

54. The Tribunal had regard to a number of paragraphs within the non-compliance guidance, including:

"C22 In the context of non-compliance, an order of suspension sends a message about the important role the GMC and MPTS play in making sure that a doctor's practice meets the expected standards and that the public is adequately protected where fitness to practise concerns have been raised.

C23 When considering whether a period of suspension is a proportionate response to a doctor's non-compliance, the tribunal may want to consider the previous opportunities the doctor has had to comply and the level of the doctor's engagement with the fitness to practise process."

55. As before, the Tribunal had regard to the serious nature of the initial concerns raised about Dr Isima and his continued non-compliance. The Tribunal was of the view that Dr Isima had been given several opportunities, over a number of years, to engage with the GMC and to undertake the required performance assessment but he has failed to do so.

56. The Tribunal has also had regard to the relevant correspondence from Dr Isima in which he sets out that he will not undertake a performance assessment. The Tribunal was of the view that Dr Isima has impeded the GMC's investigation as it cannot move forward without a completed performance assessment.

57. The Tribunal considered that, based on the information before it, it was highly unlikely that Dr Isima will comply with the direction in the future.

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58. The Tribunal noted paragraph C25 of the non-compliance guidance as quoted above, in that *“Suspension has a deterrent effect”* and *“can be used to send a signal to the doctor, the profession and public about what behaviour is expected from a registered doctor”*. The Tribunal determined that suspension was the only appropriate sanction that it could impose and that this would adequately protect the public given the serious concerns which cannot be investigated without the performance assessment.

59. The Tribunal considered, with reference to paragraph C23 of the guidance, the previous opportunities that Dr Isima has had to comply and the level of his engagement with the fitness to practise process. The Tribunal determined to suspend Dr Isima’s registration for a period of 12 months. It considered that this was the necessary and proportionate period of time given its findings as to non-compliance and the current position.

60. The Tribunal noted that there had not yet been two consecutive years of suspension in Dr Isima’s case, with regard to the following paragraphs of the non-compliance guidance:

“C27 After a doctor has been suspended under a non-compliance order for two consecutive years, and there is evidence of continued non-compliance, the tribunal can suspend the doctor indefinitely. A doctor cannot be erased for non-compliance.

C28 If a tribunal decides to direct indefinite suspension, there is no automatic further review hearing of the case, although it is open to the doctor to request a review after a period of two years have elapsed from the date when the indefinite suspension takes effect.”

61. The effect of this direction is that, unless Dr Isima exercises his right of appeal, this decision will take effect 28 days from when written notice of this determination is deemed to have been served upon him. For the avoidance of doubt, the current order of suspension will remain in place during the appeal period. If Dr Isima does decide to appeal against this decision, the suspension currently imposed on his registration will remain in force until the appeal is determined. A note explaining Dr Isima’s right of appeal will be provided to him.

62. A Tribunal will review Dr Isima’s case at a hearing to be held before the end of the period of suspension. It will then consider whether it should take any further action in relation to his registration. Dr Isima will be informed of the date of that meeting, which he will be expected to attend. The Tribunal reviewing Dr Isima’s case would be assisted by receiving the following from Dr Isima:

- evidence that he had undergone a performance assessment, along with its results; and
- any other information which he considers would assist.

63. That concludes this hearing.

ANNEX A - 17/05/2024

Service and Proceeding in Absence

Service

64. Dr Isima is neither present nor represented at this hearing.

65. The Tribunal was provided with a copy of a Service bundle from the General Medical Council (GMC). This included a screenshot of the contact information held for Dr Isima on the GMC system, namely his registered postal address and email address.

66. The bundle also included a GMC information letter dated 4 April 2024, which was sent to Dr Isima by email and post, and the Medical Practitioners Tribunal Service (MPTS) notice of hearing letter dated 8 April 2024. The Tribunal was provided with Royal Mail Track and Trace documentation. This showed that the GMC letter was delivered on 6 April 2024 and the MPTS letter on 9 April 2024.

67. Mr Molloy, Counsel on behalf of the GMC, referred to relevant case law (*GMC v Adeogba* [2016] EWCA Civ 162 and *GMC v Visvardis* [2016] 1 WLR 3867), which confirmed that the GMC has a duty to communicate with a doctor at the registered address that they provide. Mr Molloy submitted that the Tribunal could be satisfied that the relevant correspondence had been sent to Dr Isima and that he had been given notice of this hearing in accordance with the relevant rules.

68. The Tribunal had regard to the service documentation provided by the GMC. It determined that notice of this hearing had been served on Dr Isima in accordance with Rule 40 of the GMC's (Fitness to Practise) Rules 2004, as amended, ('the Rules'), and paragraph 8 of Schedule 4 to the Medical Act 1983, as amended.

Proceeding in Absence

69. The Tribunal then went on to consider whether it would be appropriate to proceed with this hearing in Dr Isima's absence pursuant to Rule 31 of the Rules.

70. Mr Molloy invited the Tribunal to proceed with the hearing in Dr Isima's absence. He stated that the Tribunal may be again assisted by the cases of *Adeogba* and *Visvardis*, which state that the discretion to proceed in the absence of a doctor should be exercised with great care and caution balancing the interests of the doctor with the wider public interest.

71. Mr Molloy stated that there was a history of failure to engage with the fitness to practise process and, as such, adjourning the hearing to provide Dr Isima with a further opportunity was likely to be a fruitless exercise. He submitted that Dr Isima had been given every opportunity to attend this hearing; Dr Isima is fully aware of this hearing but has decided not to attend. Mr Molloy submitted that the GMC was of the view that it had done everything possible to facilitate Dr Isima's attendance today. He submitted that it would therefore be fair, in the interests of justice and in the public interest, to proceed with this hearing today. Mr Molloy stated that there had been no application for an adjournment and, based on the information provided, there was no indication that an adjournment would result in Dr Isima's attendance at a future hearing. Mr Molloy submitted that there was no good reason to adjourn this hearing as Dr Isima had voluntarily absented himself.

72. In deciding whether to proceed with this hearing in Dr Isima's absence, the Tribunal carefully considered all the information before it, including the service documentation and Mr Molloy's submissions. The Tribunal was conscious that the discretion to proceed in the absence of a doctor should be exercised with the appropriate care and caution, balancing the interests of the doctor with the wider public interest.

73. The Tribunal balanced Dr Isima's interests with the public interest in deciding whether to proceed in his absence. In all of the circumstances and in accordance with Rule 31 of the Rules, the Tribunal determined that it was appropriate to proceed in Dr Isima's absence because he has voluntarily absented himself, no application is made for an adjournment, any such adjournment would be unlikely to result in Dr Isima's participation in a future hearing, and it is in the public interest for this hearing to proceed expeditiously.