

## PUBLIC RECORD

Dates: 14/08/2023 - 16/08/2023

Medical Practitioner's name: Dr Moheeb Hamdy Abdulrehim Aly  
GADULLAH

GMC reference number: 7728553

Primary medical qualification: MB BCh 2013 Ain Shams University

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

Summary of outcome  
Suspension, 4 months.

## Tribunal:

Legally Qualified Chair	Mr Lee Davies
Lay Tribunal Member:	Ms Rosemary Rollason
Medical Tribunal Member:	Dr Mark Garfield

Tribunal Clerk:	Mr Josh Dayco
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## Attendance and Representation:

Medical Practitioner:	Present and not represented
Medical Practitioner's Representative:	N/A
GMC Representative:	Mr Mark Monaghan, 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 Facts and Impairment - 15/08/2023

#### Background

1. Dr Gadullah qualified at Ain Shams University, Egypt in 2013. Prior to the events which are the subject of the hearing Dr Gadullah served his military service in Egypt and commenced his residency at Ain Shams University Hospital in 2015. Thereafter, Dr Gadullah completed his Masters in Orthopaedics. Dr Gadullah worked in a number of private hospitals in Egypt before migrating to the UK in 2019. At the time of the events Dr Gadullah was practising as a registrar in Queen Elizabeth Hospital in Birmingham.
2. The allegation that has led to Dr Gadullah's hearing relates to dishonesty and can be summarised as follows: on 3 February 2022 at Isleworth Crown Court, following a guilty plea on 6 January 2022, Dr Gadullah was made subject of an order for conditional discharge for a period of two years in respect of using a false instrument with intent contrary to section 3 of the Forgery and Counterfeiting Act 1981. Dr Gadullah, on 9 May 2021 at the check-in desk at terminal 2 of Heathrow airport, produced a false document as evidence of his negative covid status ('the certificate') in order to board an Egypt Air flight to Cairo, Egypt. Dr Gadullah knew that the certificate was false.
3. The background to these matters is that Dr Gadullah was experiencing difficult personal circumstances including a close relative's illness and challenging work patterns. On 9 May 2021, Dr Gadullah presented a false PCR Covid test certificate at Heathrow airport in an attempt to travel to Egypt via Egypt Air. A passenger service supervisor at the check in desk raised a suspicion that Dr Gadullah's COVID-19 certificate may be fake. After making an inquiry with the testing laboratory, she found out that they had no record of Dr Gadullah taking a test and therefore confirming that Dr Gadullah's COVID-19 test certificate is fake. The passenger service supervisor then contacted the Police. The Police

attended and Dr Gadullah spoke with Police Officer A. Dr Gadullah signed the officer's police notebook admitting that he had attempted to travel using a fraudulent covid PCR certificate. Dr Gadullah was interviewed by the police on 1 June 2021. He denied intending to travel using the fraudulent certificate. He stated that he presented it to see if they would accept it in that form.

4. Dr Gadullah admitted his fraudulent actions and that he was aware that his COVID-19 test certificate was fake. However, Dr Gadullah said that he was fully vaccinated, and that Egypt Air guidance was unclear. He also said that he was 'short of time' and was undergoing personal difficulties. Dr Gadullah also said that he made a mistake and that no one was hurt apart from himself. He stated that he had his punishment and since May 2021, he had kept his medical practice at the highest standard of care that he can provide.
5. Dr Gadullah self-referred himself to the GMC.

### The Allegation and the Doctor's Response

6. The Allegation made against Dr Gadullah is as follows:

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

1. Following a guilty plea on 6 January 2022, on 3 February 2022 at Isleworth Crown Court, you were made the subject of an order for conditional discharge for a period of two years in respect of using a false instrument with intent contrary to section 3 of the Forgery and Counterfeiting Act 1981, in that, on 9 May 2021 at the check-in desk at terminal 2 of Heathrow airport, you produced a false document as evidence of your negative covid status ('the certificate') in order to board an Egypt Air flight to Cairo, Egypt.

**Admitted and found proved**

2. You knew that the certificate was false.

**Admitted and found proved**

3. Your actions as set out in paragraph 1 were dishonest by reason of paragraph 2.

**Admitted and found proved**

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

**To be determined**

## The Admitted Facts

7. At the outset of these proceedings, Dr Gadullah made admissions to the entirety of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'). In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs of the Allegation as admitted and found proved.

## Impairment

8. In light of Dr Gadullah's admissions to the Allegation, the Tribunal has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts found proved, Dr Gadullah's fitness to practise is impaired by reason of misconduct.

## The Evidence

9. Dr Gadullah provided his own witness statements and gave oral evidence at the hearing.

## Documentary Evidence

10. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to:
  - Dr Gadullah's self-referral to the GMC;
  - Police pocket note book entry;
  - MG5 Police report dated 3 February 2022;
  - Forged covid certificate;
  - MG11 – witness statement of Police officer;
  - Transcript of Dr Gadullah's Police interview;
  - Indictment;
  - Dr Gadullah's conditional discharge order;
  - Letter to Dr Gadullah relating to the outcome of his employer's conduct hearing;
  - Dr Gadullah's letter to the case examiners;
  - Three statements from Dr Gadullah;
  - Various documents provided by Dr Gadullah in response to the Rule 7 letter;
  - Various feedbacks from Dr Gadullah's colleagues and patients;
  - Various references from Dr Gadullah's professional colleagues;
  - Various email correspondence provided by Dr Gadullah;

- Various certificates provided by Dr Gadullah;
- Email correspondence from Dr Gadullah to the GMC.

### Submissions

11. Mr Monaghan, Counsel, on behalf of the GMC, submitted that Dr Gadullah's fitness to practise is currently impaired by reason of misconduct. He referred the Tribunal to the relevant case law in this case. Mr Monaghan said that the explanations given by Dr Gadullah at different stages were inconsistent and incoherent.
12. He said that even at this late stage, it seems like Dr Gadullah's view was that he was treated unfairly. Mr Monaghan submitted that, given Dr Gadullah's various accounts, the Tribunal may find that there is an element of putting the blame on other parties. Mr Monaghan referred the Tribunal to the evidence provided by Dr Gadullah. He said that in what was seen and heard by the Tribunal, Dr Gadullah's insight was less than might be ideal in this case. He added that Dr Gadullah's documents and oral evidence still concentrate on his feelings about the effect that this matter has had on him and may have on his future career rather than the potential impact to the medical profession.
13. Mr Monaghan submitted that Dr Gadullah's actions were serious and had breached the tenets of good medical practice. He said that in the midst of a worldwide medical crisis, if a doctor forges a health-related document and tries to use that document to circumvent strict and necessary health restrictions, the public would be very surprised if a finding of misconduct and impairment was not found.
14. Dr Gadullah submitted that he admits to his dishonest behaviour and there were difficult personal circumstances surrounding his actions. Furthermore, Dr Gadullah admitted under cross-examination that when he was interviewed by the Police he told lies in relation to his use of the fraudulent certificate.
15. Dr Gadullah told the Tribunal that he had now been practising for two years since the incident occurred and the issue had not affected his practice.
16. Dr Gadullah said that he tries his best to maintain public trust and maintain good standards in his profession. He said that he had tried to move on since the incident.

17. Dr Gadullah submitted that he knows how serious his actions were and had reflected frequently on it. He said that he does not think that anything similar would happen again because he does not want to go through the same situation he went through. Dr Gadullah said that he is not usually a dishonest person and that he had provided feedback which attests to his clinical capabilities.

### The Relevant Legal Principles

18. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof, the decision of impairment is a matter for the Tribunal's judgement alone.
19. In approaching the decision, the Tribunal was mindful that the allegation alleged misconduct, therefore, it should adopt a two- stage process: first whether the facts as found proved amounted to misconduct and that the misconduct was serious; and then whether the finding of that misconduct led to a finding of impairment.

### The Tribunal's Determination

#### Misconduct

20. In determining whether Dr Gadullah's fitness to practise is currently impaired by reason of misconduct, the Tribunal first considered whether the facts found proved amounted to serious misconduct.
21. The Tribunal noted that Dr Gadullah was made the subject of a conditional discharge for a period of two years in respect of using a false instrument with intent contrary to section 3 of the Forgery and Counterfeiting Act 1981. Dr Gadullah, at the check-in desk at terminal 2 of Heathrow airport, produced a false document as evidence of his negative covid status in order to board an Egypt Air flight to Cairo, Egypt. Dr Gadullah knew that the certificate he had was false and that Dr Gadullah admitted that he acted dishonestly in doing so.
22. The Tribunal considered the following paragraphs of Good Medical Practice (2013 edition) (GMP).

*1 Patients need good doctors. Good doctors make the care of their patients their first concern... 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.*

*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.*

23. The Tribunal was of the view that these paragraphs from GMP were engaged in this case. It was clear that Dr Gadullah had acted dishonestly in producing a false document as evidence of his negative covid status in order to board a flight to Egypt.
24. The Tribunal considered that this was a serious lapse of judgement from Dr Gadullah, albeit set against the difficult personal circumstances he was experiencing. However, the Tribunal was mindful of the premeditated element of Dr Gadullah's dishonesty. It noted that Dr Gadullah received a copy of the certificate from a friend via WhatsApp. The Tribunal was of the view that, at this point, Dr Gadullah should have appreciated the seriousness of falsifying a document and the potential consequences of such actions. The Tribunal noted that it was Dr Gadullah himself who amended the certificate and had put in his own details, knowing that the information was false, and used it in an attempt to travel to Egypt. Furthermore, these actions were carried out during a worldwide pandemic.
25. The Tribunal determined that Dr Gadullah's actions amounted to misconduct, and that this misconduct was serious.

### Impairment

26. The Tribunal having found that the facts found proved amounted to misconduct, went on to consider whether, as a result of that misconduct, Dr Gadullah's fitness to practise is currently impaired.

27. In determining whether a finding of current impairment of fitness to practise is necessary, the Tribunal looked for evidence of remediation and insight, and the likelihood of repetition, balanced against the three elements of the overarching statutory objective.
28. The Tribunal had regard to paragraph 76 of the judgment in the case of *CHRE v NMC & Paula Grant [2011] EWHC 927 (Admin)*, in which Mrs Justice Cox set out the helpful and comprehensive approach of Dame Janet Smith in her 5th Shipman Report to determining issues of impairment. At paragraph 25.67 of the Shipman Report, Dame Janet identified the following as an appropriate test for panels considering impairment of a doctor's fitness to practise.
- 'Do our findings of fact in respect of the doctor's misconduct...show that his/her fitness to practise is impaired in the sense that s/he:
- a. has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or
  - b. has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or
  - c. has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or...
  - d. has in the past acted dishonestly and/or is liable to act dishonestly in the future.'
29. In the present case, the Tribunal considered that limbs (b), (c) and (d) are engaged.
30. In relation to insight, the Tribunal assessed that Dr Gadullah's insight into his actions is very limited. Dr Gadullah had accepted that what he did was wrong. However, the Tribunal was of the view that he does not fully appreciate the seriousness of his actions and the impact that his actions had on the reputation of the profession and public confidence.
31. In relation to remediation, the Tribunal appreciates that dishonesty can be difficult to remediate. However, Dr Gadullah has referred to having reflected in his written statements but has not provided any evidence that he has taken any positive steps to remediate his misconduct.



32. Given the Tribunal's view on insight and remediation, it considered that there is a risk of repetition in this case.
33. The Tribunal determined that the public expects to be able to trust doctors. The public expects doctors to act with integrity and adhere to the principles set out in GMP. Where doctors fail to do so in a significant way, public trust in the profession is undermined and a finding of impairment of fitness to practise is required.
34. Therefore, the Tribunal determined that Dr Gadullah's fitness to practise is currently impaired by reason of misconduct, and that such a finding is required in order to promote and maintain public confidence in the medical profession; and promote and maintain proper professional standards and conduct for members of the profession.

#### **Determination on Sanction - 16/08/2023**

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

#### **The Evidence**

36. The Tribunal has considered the evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.
37. Dr Gadullah provided an email correspondence reinforcing his submissions for the Tribunal to consider during its deliberation on sanction. The Tribunal gave Mr Monaghan the opportunity to respond to this before reaching its decision on sanction.

#### **Submissions**

38. On behalf of the GMC, Mr Monaghan, Counsel, submitted that a period of suspension would be the appropriate sanction in this case. He referred the Tribunal to the relevant paragraphs of the Sanctions Guidance (November 2020 edition) ('the 'SG').
39. Mr Monaghan submitted that given the nature of the Allegation, conditions would not be workable in this case. He said that the factors for suspension outlined in paragraphs 97a, 97e, 97f and 97g of the SG are present in this case. Mr Monaghan submitted that Dr Gadullah's dishonesty raises an issue of public confidence in the profession and a sanction of suspension is needed to maintain confidence in the profession. He added

that the GMC's position is that it does not consider that Dr Gadullah's conduct is fundamentally incompatible with continued registration. Mr Monaghan said that the GMC is mindful of the fact that Dr Gadullah had acknowledged fault in his guilty plea at the Crown Court. Mr Monaghan said that the GMC took the view that Dr Gadullah's initial admission was of significance and his not fully candid response in the Police interview did not lead the GMC to consider that erasure was required. He referred to Dr Gadullah's admissions during these regulatory proceedings. He said that the GMC had considered the appropriate sanction very carefully before deciding to submit that suspension was appropriate in this case.

40. Mr Monaghan submitted that the GMC accepts that Dr Gadullah has some insight and was mindful of Dr Gadullah's personal circumstances at the time of the dishonesty. He said that comments made by Dr Gadullah could indicate a lack of understanding as to how dishonesty affects the public's confidence in the profession. However, he submitted that in the course of Dr Gadullah's evidence before the Tribunal, a degree of increased insight appeared in light of his response to the questions from the Tribunal. Mr Monaghan referred the Tribunal to the relevant mitigating and aggravating factors in this case and submitted that in considering those factors, a sanction of suspension would be appropriate. He also submitted that the GMC does not submit for a suspension at the upper end of the scale. Mr Monaghan added that the GMC does not invite the Tribunal to conclude that a review hearing is required in this case.
41. Dr Gadullah addressed the Tribunal's determination on impairment. He said that he admitted his own fault and that he was not trying to justify anything. Rather, he was clarifying the circumstances he was in at the time. Dr Gadullah said that it was a personal incident, but he agrees that his actions had affected the reputation of the medical profession. He said that he fully appreciates what had happened, the seriousness of his actions and that this could end his medical career in the UK.
42. Dr Gadullah submitted that he had apologised to his employers, to the GMC and within the letter he had wrote. He said that he tried to take all the positive steps he could take and that he worked on himself as a doctor. Dr Gadullah believes that is how he could help the public, by being a good doctor. He said that he had never been dishonest in his practice or had done anything to raise suspicion with any of his colleagues.

43. Dr Gadullah submitted that he believes that he had done his best, he fully appreciates the seriousness of his actions and that the letters he had wrote demonstrates the reflections he had made.

### **The Tribunal's Approach to Sanction**

44. The Tribunal bore in mind that the decision as to the appropriate sanction, if any, to impose in this case is a matter for the Tribunal exercising its own judgement.
45. In reaching its decision, the Tribunal has applied the SG. It has 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 upon Dr Gadullah.
46. It must consider the sanctions available, starting with the least restrictive, and apply the principle of proportionality. The Tribunal must balance Dr Gadullah's interests with the public interest, and the statutory overarching objective and its duty to protect the public.

### Aggravating and Mitigating Factors

47. Before deciding what action, if any, to take in respect of Dr Gadullah's registration, the Tribunal considered the aggravating and mitigating factors present in this case.
48. The Tribunal identified the following to be aggravating factors:
- Dr Gadullah's dishonest conduct and the impact it had on the reputation of the medical profession;
  - Dr Gadullah's fraudulent action was committed during a global pandemic, in which strict rules were in place to protect the public;
  - Dr Gadullah lied to the Police when interviewed at the Police station.
49. The Tribunal identified the mitigating factors to be:
- Dr Gadullah admitted what he had done to the Police Officer at the scene, had pleaded guilty at the Crown Court and admitted the Allegation at the outset of these proceedings.
  - Dr Gadullah had apologised within his written statements and during his evidence and submissions in these proceedings;

- There are no other disciplinary findings against Dr Gadullah;
- Dr Gadullah’s good professional development since the incident;
- Difficult personal circumstances that Dr Gadullah was experiencing at the time of the incident;
- Positive testimonials and references from his professional colleagues.

50. The Tribunal addressed Dr Gadullah’s insight. It determined that, currently, Dr Gadullah has some insight into his misconduct and that this appeared to increase as this Tribunal progressed. Dr Gadullah had now acknowledged the seriousness of his actions and the affect it had on the medical profession. Dr Gadullah had also made expressions of remorse and apology and the Tribunal was of the view that these proceedings helped Dr Gadullah to develop his insight.

### **The Tribunal’s Determination on Sanction**

51. Having considered possible aggravating and mitigating factors, the Tribunal reminded itself that it must consider each of the sanctions available, starting with the least restrictive, taking account of the current SG.

#### No Action

52. In coming to its decision as to the appropriate sanction, the Tribunal first considered whether to conclude the case by taking no action. The Tribunal reminded itself that there should be exceptional circumstances to justify taking no action where a finding of impairment has been made.

53. The Tribunal determined that there were no exceptional circumstances to justify taking no action in this case. It therefore decided that given the serious nature of the Tribunal’s findings on impairment, it would be neither proportionate nor in the public interest to take no action on sanction.

#### Conditions

54. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Gadullah’s registration. The Tribunal had regard to the various paragraphs of the SG, which indicate the types of cases in which conditions might be appropriate. The Tribunal

considered that any order of conditions would need to be appropriate, proportionate, workable and measurable.

55. Given the nature of Dr Gadullah’s misconduct, which involves dishonesty, the Tribunal could not formulate any appropriate conditions which would be workable. It was of the view that conditions would not sufficiently mark the gravity of the misconduct. The Tribunal therefore determined that an order of conditions would not be appropriate or proportionate, nor would it be in the public interest.

### Suspension

56. The Tribunal then went on to consider whether imposing a period of suspension on Dr Gadullah’s registration would be appropriate and proportionate. In doing so, the Tribunal had regard to the following paragraphs of the SG:

*92 Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (ie for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession).*

*93 Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions (see paragraphs 24–49).*

*97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.*

- a A serious breach of Good medical practice, but where the doctor’s misconduct is not fundamentally incompatible with their continued registration, therefore complete removal from the medical register would not be in the public interest. However, the breach is serious enough that any sanction lower than a suspension would not be sufficient to protect the public or maintain confidence in doctors.*

...

- e* No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage.
- f* No evidence of repetition of similar behaviour since incident.
- g* The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour.

57. The Tribunal concluded that all the factors set out above apply in this case. The Tribunal noted that Dr Gadullah has developed his insight through these proceedings. Although the Tribunal found that there was a risk of repetition, it was of the view that the risk is not significant in this case. It was clear to the Tribunal that Dr Gadullah is a good medical practitioner and having now gained greater insight, is unlikely to act in this manner again.
58. The Tribunal was satisfied that a period of suspension would be sufficient to mark the seriousness of Dr Gadullah's misconduct and send a signal to the doctor, the profession, and the public about the standards of conduct expected and how those standards will be upheld. It determined that a period of suspension would maintain public confidence in the profession and uphold proper professional conduct, as the public would understand that he is prevented from working as a doctor for the duration of the suspension.
59. Turning to the duration of the suspension, the Tribunal considered that a period of four months suspension would be the appropriate sanction given the seriousness of Dr Gadullah's misconduct and his current level of insight. The Tribunal took the view that a period of four months was appropriate to mark the seriousness of the misconduct and to maintain public confidence.

#### Review

60. The Tribunal carefully considered paragraph 164 of the SG. However, it determined that Dr Gadullah appreciates the gravity of his misconduct, he has demonstrated insight and he would not pose a risk to patients upon resuming practice. Therefore, it did not consider that any useful purpose would be served by a review in this case.

### Determination on Immediate Order - 16/08/2023

61. Having determined to suspend Dr Gadullah's registration, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Gadullah's registration should be subject to an immediate order.

### Submissions

62. On behalf of the GMC, Mr Monaghan, Counsel, submitted that Dr Gadullah is not currently subject an interim order and that the GMC considers that is would not be in the public interest for an immediate order to be imposed in this case.
63. Dr Gadullah did not make any contrary submissions on whether an immediate order was necessary.

### The Tribunal's Determination

64. In reaching its decision, the Tribunal has exercised its own judgement, and has taken account of the principle of proportionality. The Tribunal has borne in mind that it may impose an immediate order where it is satisfied that it is necessary for the protection of members of the public or otherwise in the public interest or is in the best interests of the practitioner. It has also borne in mind the guidance given in paragraph 172 the SG, which states:

*172 The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order.*

65. The Tribunal considered that Dr Gadullah does not pose a risk to the public or patient safety. The Tribunal bore in mind the above paragraphs of the SG and took account the specific basis upon which the Tribunal reached its sanction determination, it did not consider an immediate order to be necessary.

66. Therefore, the Tribunal determined not to impose an immediate order of suspension on Dr Gadullah's registration.
  
67. This means that Dr Gadullah's registration will be suspended 28 days from the date on which written notification of this decision is deemed to have been served, unless he lodges an appeal. If Dr Gadullah does lodge an appeal, he will remain free to practise unrestricted until the outcome of any appeal is known.
  
68. That concludes the case.