PUBLIC RECORD

Dates: 07/08/2026

Doctor:	Dr Olusola SANUSI
GMC reference number:	7487959
Primary medical qualification:	MD 2013 University of Szeged Medical and Medicine Sciences Centre

Type of case	**Outcome on impairment**
Review - Misconduct	Impaired

Summary of outcome

Suspension, 9 months
Review hearing directed

Tribunal:

Legally Qualified Chair	Mr Juleun Lim
Lay Tribunal Member:	Ms Hannah De Merode
Registrant Tribunal Member:	Dr Euan Strachan-Orr

Tribunal Clerk:	Mrs Lorraine Cheetham

Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Mr Raj Joshi, 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 Impairment - 07/08/2026

1. At this review hearing the Tribunal has to decide in accordance with Rule 22(1)(f) of the Rules whether Dr Sanusi's fitness to practise is impaired by reason of misconduct.

The Outcome of Applications Made during the Impairment Stage

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

Background

3. Dr Sanusi qualified in Hungary in 2013. She obtained registration with the GMC on 31 March 2015 and undertook various SHO posts around the UK. In 2020 Dr Sanusi undertook roles in public health and became involved in medical writing.

The 2025 Tribunal

4. Dr Sanusi's case was first heard at a Medical Practitioners Tribunal hearing which took place between 17 and 26 November 2025 ('the 2025 Tribunal').

5. The 2025 Tribunal found proved that, on 2 April 2024 the GMC wrote to Dr Sanusi informing her that her licence to practise had been withdrawn, that she must not work in any role which requires her to hold a licence to practise and that if she was working in a role which required her to hold a licence to practise she must stop immediately. The 2025 Tribunal also found that Dr Sanusi wrote a private prescription for atorvastatin and fluticasone furoate for Patient A when she knew that her licence to practise had been

withdrawn. It further found proved that Dr Sanusi knew that she required a licence to practise in order to prescribe and that she had acted dishonestly.

6. The 2025 Tribunal then considered whether Dr Sanusi's actions amounted to misconduct. The 2025 Tribunal took into consideration that Dr Sanusi had not put Patient A at risk and there was no suggestion that the medication prescribed to Patient A was incorrect, or dangerous. It did find that there was an element of risk to patient safety in her actions by virtue of writing prescriptions without a licence to practise. The 2025 Tribunal also determined that Dr Sanusi's conduct had brought the medical profession into disrepute and breached a fundamental tenet of the profession, namely, to act with honesty and integrity.

7. Dr Sanusi disengaged from proceedings prior to the 2025 Tribunal announcing its decision on the facts. The 2025 Tribunal found that Dr Sanusi demonstrated very limited evidence of reflection, particularly in relation to her dishonest conduct. It also found that she lacked insight into her behaviour, the impact of her actions on others, particularly patients, pharmacists and the wider profession. The 2025 Tribunal did not receive any evidence of remediation from Dr Sanusi. It therefore concluded that there was a risk of repetition.

8. The 2025 Tribunal determined that in view of its findings of fact and serious misconduct, a finding of impaired fitness to practise was necessary to promote and maintain public confidence in the medical profession. It also determined that a finding of impaired fitness to practise was required to promote and maintain proper standards of conduct for members of the medical profession.

9. The 2025 Tribunal considered the mitigating and aggravating factors and concluded that a period of suspension would be an appropriate and proportionate sanction. It was of the view that this would give Dr Sanusi the opportunity to develop full insight and remediate her misconduct. The 2024 Tribunal was satisfied that an 8 month suspension would properly mark the seriousness with which it viewed Dr Sanusi's dishonest conduct. Further, it considered that a period of suspension would send out a clear message to the profession that this type of behaviour was not acceptable.

10. The 2025 Tribunal considered the following may assist the reviewing Tribunal:

- That Dr Sanusi attend the review hearing and provide the material set out below;
- Evidence of any courses and other activities she has undertaken in order to demonstrate remediation of her dishonesty;

- An updated statement demonstrating her understanding of what she did wrong, why it was wrong, what steps she can take to reassure the reviewing Tribunal that it will never happen again and why it will not happen again;
- Evidence that she has maintained her clinical knowledge and skills, including any CPD;
- Evidence of paid or unpaid work;
- Testimonials; and
- Any other information that she considers will assist a future Tribunal.

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

The Evidence

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

- MPTS Record of Determination dated 26 November 2026;
- Telephone note from the GMC to Dr Sanusi dated 07 January 2026;
- Letter from MPTS to Dr Sanusi containing the MPTS Case Management Directions dated 13 January 2026;
- Letter from GMC to Dr Sanusi regarding MPT Information Request dated 9 April 2026;
- Email from Dr Sanusi dated 11 April 2026 requesting an extension to the deadline for the provision of evidence;
- Email reminder from MPTS to Dr Sanusi dated 1 July 2026 regarding the upcoming review hearing and Dr Sanusi's reply dated 2 July 2026.

Submissions

13. On behalf of the GMC, Mr Joshi submitted that the onus is on the doctor to provide evidence to demonstrate that their fitness to practise is no longer impaired. He referred the Tribunal to *CHRE v NMC & Paula Grant [2011] EWHC 927 (Admin)*, where the court identified the key questions for impairment including whether the practitioner has demonstrated insight, whether misconduct is remediable and whether it has been remedied and whether there remains a risk of repetition. Mr Joshi reminded the Tribunal of the details set out in the case of *Cohen v General Medical Council [2008] EWHC 581 (Admin)* where the court recognised that some misconduct may be capable of remediation but emphasised that genuine insight and sustained remediation are essential. Mr Joshi further referred the

Tribunal to *Yeong v GMC [2009] EWHC 1923* where it was stressed that a practitioner's failure to engage with the regulator is itself a relevant factor in assessing impairment.

14. Mr Joshi submitted that, despite the suggestion by the previous Tribunal that Dr Sanusi provide evidence to show insight or remediation and that she has kept her medical knowledge and skills up to date, none has been provided. Mr Joshi stated that the Tribunal has received no evidence whatsoever from the doctor, nor has she engaged with the GMC or the MPTS during the review period which, he submitted, demonstrates a failure to comply with her regulatory body.

15. Mr Joshi submitted that the GMC's position is that as far as this review hearing is concerned, Dr Sanusi continues to pose a current and ongoing risk to public protection requiring restrictive action in response. He submitted that a finding of impairment is necessary in relation to public protection and a member of the public would be horrified to hear that an individual who had been previously suspended had not provided any evidence to this reviewing Tribunal. He further submitted that looking at the level of risk, given the lack of engagement from Dr Sanusi, the Tribunal can now consider that the level is now high.

16. In all the circumstances, Mr Joshi invited the Tribunal to find that Dr Sanusi's fitness to practise remains impaired by reason of misconduct on all three limbs of the impairment test.

The Relevant Legal Principles

17. The Tribunal had regard to the Guidance for MPTS Tribunals > Section three: MPT hearings - review hearings (22 June 2026).

18. Throughout the decision-making process, the Tribunal bore in mind the GMC and MPTS' legal duty as set out in Section 1 of the Medical Act 1983 to protect the public, which is split into three distinct parts. It means that a Tribunal must act in way that: protects, promotes and maintains the health, safety and well-being of the public ('patient safety'); promotes and maintains public confidence in the medical profession ('public confidence'); and promotes and maintains proper professional standards and conduct for members of the profession ('uphold professional standards').

19. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. As noted above, the 2025 Tribunal set out the matters that a

future Tribunal may be assisted by. This Tribunal is aware that it is for Dr Sanusi to satisfy it that she would be safe to return to unrestricted practice.

20. This Tribunal must assess whether Dr Sanusi poses any current and ongoing risk to one or more of the three parts of public protection requiring restrictive action in response. It must be made with reference to the findings of the 2025 Tribunal as well as any relevant new evidence presented at this hearing. The Tribunal must determine whether Dr Sanusi's fitness to practise is impaired today, taking into account her conduct at the time of the events and any relevant factors since then, such as whether the matters are remediable, have been remedied and any likelihood of repetition.

The Tribunal's Determination on Impairment

21. The Tribunal considered whether Dr Sanusi poses any current and ongoing risk to public protection and if her fitness to practise remains impaired by reason of her misconduct.

22. The Tribunal had regard to the Guidance for MPTS Tribunals > Section three: MPT hearings - review hearings (22 June 2026) which required that the following steps be followed to decide if Dr Sanusi's fitness to practice is impaired.

Step 1a: consider what has happened since the previous MPT's decision

What was the 2025 Tribunal's assessment of risk to public protection and the reasons given for it?

23. The Tribunal noted that the 2025 Tribunal hearing took place before the imposition of the new Guidance for MPTS Tribunals. Therefore the 2025 Tribunal did not specifically state the level of risk that it considered the doctor posed in terms of one or more or the three parts of public protection. This does not preclude this Tribunal from considering what the level of risk posed by Dr Sanusi was and whether the level has now changed.

24. The Tribunal had regard to the determination of the 2025 Tribunal, it concluded that Dr Sanusi's conduct had "*brought the medical profession into disrepute and breached a fundamental tenet of the profession, namely, to act with honesty and integrity*." It also found that Dr Sanusi has demonstrated limited insight and there remained a risk of her repeating her dishonesty. However the 2025 Tribunal noted that Dr Sanusi accepted that her actions were wrong and there was no evidence of a pattern of dishonest behaviour or deep-seated

attitudinal issues. It further concluded that there was "more work required to demonstrate that Dr Sanusi has developed full insight and remediated her misconduct".

25. This Tribunal was of the view that given the findings made by the 2025 Tribunal and the categorisation of risk in the current guidance, the 2025 Tribunal would have considered this case to fall within the low risk category. It was mindful that in its decision the 2025 Tribunal stated that:

"Looking at the facts of the case, the Tribunal decided that this case was not one where Dr Sanusi's misconduct is 'fundamentally incompatible with continued registration' because the Tribunal accepted that:

- *Dr Sanusi's misconduct, although unacceptable, was an isolated incident;*
- *There is no suggestion that Dr Sanusi benefited or stood to benefit either financially or professionally;*
- *No harm was caused and the potential risk to the public was low; and*
- *Dr Sanusi has demonstrated to the Tribunal that she is capable of developing insight and therefore remediating for her actions."*

What new evidence has been received since the 2025 Tribunal hearing and what impact does it have?

26. The Tribunal had regard to the factors identified by the 2025 Tribunal which may assist a future review, namely: evidence of Dr Sanusi's engagement with these proceedings; evidence to demonstrate remediation of her dishonesty; an updated statement demonstrating her understanding of her misconduct; evidence of her insight into the impact of her actions; and evidence that she has maintained her medical knowledge and skills during the period of suspension. Dr Sanusi has not provided any evidence as suggested by the 2025 Tribunal.

What evidence is there of insight and is Dr Sanusi's insight genuine?

27. The tribunal was unable to assess whether Dr Sanusi has developed insight into her misconduct in the intervening period due to the lack of any evidence having been served. The Tribunal observed that the lack of any evidence and engagement in this matter by Dr Sanusi could be suggestive of a lack of any further insight having been developed.

What evidence is there relating to remediation, has the Allegation now been remedied or is it still likely to be repeated?

28. The Tribunal found that Dr Sanusi has not provided any documentary evidence for it to assess remediation. It was not possible for the Tribunal to come to the view that Dr Sanusi's misconduct has been remedied when she has failed to provide any objective evidence despite being prompted to by the 2025 Tribunal. The Tribunal found that the lack of any evidence of remediation coupled with the lack of any evidence of insight having been developed in the intervening period brought to the Tribunal to the conclusion that there is a risk of repetition.

Has the doctor kept their knowledge and skills up to date?

29. The Tribunal was further unable to determine whether Dr Sanusi had kept their knowledge and skills up to date due to the lack of any evidence.

Has the risk to public protection that previously required restrictive action in response changed and if so, how?

30. The Tribunal considered that the risk to public protection has increased given Dr Sanusi's apparent lack of engagement with these regulatory proceedings. The Tribunal also considered that it was difficult to assess the risk to public protection as Dr Sanusi has provided no objective documentary or oral evidence as suggested by the 2025 Tribunal to assist this Tribunal. This could be interpreted as a disregard for her regulator and the regulatory process or to properly understand the seriousness of her misconduct. She failed to provide sufficient evidence of her progress as to insight, remediation and reflection. Therefore, the Tribunal considered that the risk to public protection has increased.

Step 1b: make a finding on impairment

31. The Tribunal determined based on the findings above that Dr Sanusi continues to pose a current and ongoing risk to public protection requiring restrictive action in response. The Tribunal was satisfied that a finding of impairment is necessary and that all three limbs of public protection are engaged. The Tribunal found that there is a current and ongoing risk to the public as, although the previous finding was that Dr Sanusi prescribed medication whilst not holding a licence on one occasion and that the medicines prescribed were not incorrect or dangerous, Dr Sanusi's serious misconduct and dishonesty, and the ongoing lack of engagement, lack of evidence of insight and remediation and the risk of repetition satisfied

the Tribunal that Dr Sanusi poses a current and ongoing risk to public safety. The Tribunal further found that the need to maintain public confidence and uphold standards for members of the profession would be undermined were a finding of current impairment not made for the same reasons. The current level of risk identified is at a medium level.

32. This Tribunal has therefore determined that Dr Sanusi's fitness to practise remains impaired by reason of misconduct.

Determination on Sanction - 07/08/2026

33. Having determined that Dr Sanusi's fitness to practise is impaired by reason of misconduct, the Tribunal now has to decide in accordance with Rule 22(1)(h) of the Rules what action, if any, it should take with regard to her registration.

The Evidence

34. The Tribunal has taken into account the background to the case and the evidence received during the earlier stage of the hearing where relevant to reaching a decision on what action, if any, it should take with regard to Dr Sanusi's registration.

Submissions

35. On behalf of the GMC, Mr Joshi submitted that the decision as to the appropriate sanction to impose in this case was a matter for the Tribunal exercising its own independent judgement.

36. Mr Joshi stated that the Tribunal had found that the level of risk has increased and Dr Sanusi continues to pose an ongoing risk to public protection. Mr Joshi submitted that given Dr Sanusi's blatant lack of engagement with these proceedings, lack of insight, remediation or evidence of CPD, conditions would not be appropriate. He submitted that whilst Dr Sanusi's disengagement is serious, the threshold for erasure is not met at this stage. He submitted that suspension is appropriate to give Dr Sanusi a final opportunity to demonstrate insight and remediation and provide this to a further reviewing Tribunal. He stated that the length of suspension is a matter for the Tribunal.

The Tribunal's Determination

37. The decision as to the appropriate sanction to impose, if any, in this case is a matter for this Tribunal exercising its own independent judgement. In reaching its decision, the Tribunal has taken account of the Guidance for MPTS Tribunals and the overarching objective. It has reviewed its decision on impairment and has considered the level of current and ongoing risk Dr Sanusi poses to public protection.

38. The Tribunal was clear that it should have regard to the principle of proportionality and should start by considering the least restrictive option when determining what sanction to impose, if any. In terms of proportionality, the Tribunal must ask itself what is required and no more than necessary to meet the GMC and MPTS' legal duty to protect the public in a timely way. 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.

39. The Tribunal had regard to the relevant paragraphs as to sanction in the Guidance for MPTS Tribunals (including Section three: MPT hearings - review hearings > Step 2: decision on what action to take, if any > Outcomes available to the MPT at the sanction stage of a review).

40. The Tribunal appreciated that its task is to determine what is the necessary and proportionate regulatory action to take at this stage to address the level of current and ongoing risk to public protection.

No action

41. In coming to its decision as to the appropriate sanction, if any, to impose in Dr Sanusi's case, the Tribunal first considered whether to conclude the case by taking no action.

42. The Tribunal had regard to the relevant paragraphs as to sanction in the Guidance for MPTS Tribunals, including that it will usually be necessary for the Tribunal to restrict a doctor's registration where their fitness to practise is impaired in order to achieve public protection. There may be exceptional circumstances to justify a Tribunal taking no action but *"Exceptional circumstances are unusual, special, or uncommon, so such cases are likely to be very rare"*.

43. The Tribunal did not identify any exceptional circumstances in this case such as to justify a decision to take no further action. It determined that, in view of its findings on

impairment, it would be neither sufficient nor in the public interest to conclude this case by taking no action.

Conditions

44. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Sanusi's registration.

45. The Tribunal had regard to the paragraphs relating to conditions in the Guidance for MPTS Tribunals. The Tribunal noted that conditions restrict a doctor's ability to practise and/or require them to do something. The purpose of putting in place a sanction of conditions is to provide a doctor with time to address identified failings to demonstrate they are fit to practise on an unrestricted basis, whilst ensuring that the current and ongoing risk posed to public protection is being adequately managed. The Tribunal has borne in mind that any conditions imposed would need to be appropriate, workable and measurable.

46. The Tribunal determined, in light of its findings in respect of Dr Sanusi's dishonest conduct and disengagement from these proceedings that the imposition of conditions on her registration would be inappropriate and insufficient. The Tribunal concluded that conditions would not adequately address the current and ongoing risk given the lack of insight, remediation and consequent risk of repetition.

Suspension

47. The Tribunal then went on to consider whether suspending Dr Sanusi's registration would be appropriate and proportionate.

48. The Tribunal considered that the misconduct was remediable and not fundamentally incompatible with continued registration. It considered that suspension continued to be appropriate and proportionate given that the level of risk has been deemed to be medium. This means the current and ongoing risk to public protection posed by the doctor needs to be managed by restricting their registration for a period, with the aim they should be able to safely return to unrestricted practice in the future.

49. It had regard to the MPT Hearings Guidance which stated, *"suspension may be proportionate in cases where some, or all, of the following factors are present:*

conditions are not appropriate, measurable and/or workable

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."

50. In all the circumstances, the Tribunal determined to suspend Dr Sanusi's registration for a further period. It determined that this was appropriate and proportionate given its findings on impairment, the lack of insight and remediation, Dr Sanusi's lack of engagement with her regulator and the medium level of risk the Tribunal has identified.

51. The Tribunal considered that a period of suspension would be sufficient to protect the public, uphold public confidence in the profession, to promote proper professional standards and send out a message to the doctor, the public and the medical profession that her misconduct was unacceptable. It would further allow an opportunity for Dr Sanusi to re-engage with the proceedings and take action to develop her insight and address remediation.

Erasure

52. The Tribunal determined that erasure would be disproportionate in the circumstances of this case. The Tribunal was satisfied that the public can be protected and professional standards upheld through a period of suspension.

Length of suspension

53. In determining the length of suspension, the Tribunal had regard to paragraph 46 of the relevant section of the MPT Hearings Guidance which states:

'46 The MPT will need to decide the appropriate length of time that suspension should be put in place for, up to the maximum of 12 months. The following factors will be relevant:

a *the assessment of the level of current and ongoing risk to public protection posed by the doctor*

b *the reasons for assessing suspension as being the proportionate response*

c *the amount of time the doctor is likely to need to remediate, complete treatment for and/or recover from a health condition that is having, or is likely to have, an impact on their ability to practise safely and effectively, and/or*

d *the amount of time the parties will reasonably need to prepare for any review of whether the doctor continues to pose a current and ongoing risk to public protection requiring restrictive action in response or is safe to return to unrestricted practice.'*

54. The Tribunal considered that a period of 9 months suspension would be both proportionate and sufficient in the circumstances. It considered that it was possible for Dr Sanusi to meaningfully re-engage in this period and to develop her insight and remediation.

Review

55. The Tribunal determined to direct a review of Dr Sanusi's case. A review hearing will convene shortly before the end of the period of suspension. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Sanusi to demonstrate that she has re-engaged with the regulator and has developed full insight and remediated her misconduct. It therefore may assist the reviewing Tribunal if Dr Sanusi provides the following:

- Evidence of any courses and other activities she has undertaken in order to demonstrate remediation of her dishonesty;
- A written statement demonstrating her understanding of what she did wrong, why it was wrong, what steps she can take to reassure the reviewing Tribunal that it will never happen again and why it will not happen again;
- Evidence that she has maintained her clinical knowledge and skills, including any CPD;
- Evidence of relevant paid or unpaid work;
- Testimonials;
- Any other information that will assist the reviewing Tribunal.

56. The Tribunal have directed to suspend Dr Sanusi's registration for 9 months. The MPTS will send Dr Sanusi a letter informing her of their right of appeal and when the

direction and the new sanction will come into effect. The current order of suspension will remain in place during the appeal period.

57. That concludes this case.

ANNEX A – 07/08/2026

SERVICE AND PROCEEDING IN ABSENCE

58. Dr Sanusi was neither present nor represented at the hearing. The Tribunal therefore considered whether to continue with the hearing in her absence.

Submissions

59. The Tribunal was provided with a copy of a Service bundle from the GMC. This included:

- Screenshots of the contact information held for Dr Sanusi by the GMC, namely her registered postal address and email address;
- GMC Information letter to Dr Sanusi sent by Special Delivery, dated 15 June 2026 and Royal Mail proof of delivery of GMC Information letter, dated 16 June 2026;
- MPTS Notice of Hearing ('NoH') letter, dated 1 July 2026;
- Emails from Dr Sanusi dated 11 April 2026 and 2 July 2026, confirming her non attendance at today's hearing.

60. On behalf of the GMC, Mr Joshi submitted that MPTS NoH was sent, and received, at least 28 days in advance of the hearing via email which Dr Sanusi acknowledged in her email dated 2 July stating that she would not be attending today's hearing. Mr Joshi submitted that the Tribunal would find the requirements for service had been complied with.

The Relevant Legal Principles

61. The Tribunal considered Rule 31 of the Rules:

> ***31*** *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.*

62. The Tribunal referred to the case of *GMC v Adeogba; GMC v Visvardis [2016] EWCA Civ 162 and R v Jones [2001] EWCA Crim 168*, which sets out the GMC's responsibility; to communicate with the practitioner at the address they have provided, and make sure that all

reasonable efforts have been made to serve the practitioner with notice of the hearing in accordance with these rules.

63. The Tribunal also bore in mind the new *Guidance for MPTS Tribunals,* Section 1 on procedural matters, specifically the paragraphs on proceeding in a doctor's absence.

Service

64. The Tribunal first considered whether the Notice of Hearing had been served in accordance with Rules 20 and 40, and paragraph 8 of Schedule 4 to the Medical Act 1983.

65. The Tribunal considered that the MPTS had sent the notice of the hearing to Dr Sanusi which she had replied to confirm that she was unable to attend.

66. Accordingly, the Tribunal was satisfied that notice of the hearing had been properly served in accordance with the Rules.

Proceeding in absence

67. The Tribunal then considered whether it would be appropriate to proceed with this hearing in Dr Sanusi's absence pursuant to Rule 31 of the Rules. The Tribunal was conscious that the discretion to proceed in the absence of the doctor should be exercised with caution, balancing the interests of the doctor with the wider public interest.

68. The Tribunal noted the relevant case law in determining whether to proceed in Dr Sanusi's absence. The Tribunal found nothing to indicate that if this hearing was adjourned that she would attend at a later date. It considered that Dr Sanusi has voluntarily absented herself from these proceedings on the basis that Dr Sanusi, despite having ample time to do so, has not provided any evidence in support of reasons for her inability to attend the hearing. On this basis, the Tribunal could find no good reason not to proceed.

69. The Tribunal therefore concluded that it would be both fair and in the public interest for this hearing to proceed without further delay. It exercised its discretion to proceed in Dr Sanusi's absence in accordance with Rule 31 of the Rules.