PUBLIC RECORD

Dates: 22/04/2026 - 27/04/2026
18/06/2026 – 19/06/2026
13/07/2026 – 14/07/2026
16/07/2026

Doctor:	Dr Ozgur AKBABA
GMC reference number:	6110813
Primary medical qualification:	Tip Doktoru 2003 Uludag Universitesi

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

Summary of outcome

Suspension, 7 months
Review hearing directed

Tribunal:

Legally Qualified Chair	Mrs Emma Gilberthorpe
Registrant Tribunal Member:	Dr Marianne Kennedy
Registrant Tribunal Member:	Dr Caroline Roberts

Tribunal Clerk:	Mr Joel Taylor-Garratt (22/04/2026 to 19/06/2026) Mrs Olivia Gamble (13/07/2026 to 14/07/2026) Mrs Jennifer Ireland (16/07/2026 only)

Attendance and Representation:

Doctor:	Present, represented (22/04/2026 to 27/04/2026) Present, not represented (18/06/2026 to 16/07/2026)
Doctor's Representative:	Mr Andrew Rosemarie, Counsel (22/04/2026 to 27/04/2026)
GMC Representative:	Mr James Halliday, Counsel (22/04/2026 to 27/04/2026) Mr Christopher Hamlet (18/06/2026 to 16/07/2026)

Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held in public.

Protecting the Public

Throughout the decision making process the tribunal has borne in mind the statutory duty as set out in s1(1) of the Medical Act 1983 (the 1983 Act) to protect the public. The tribunal has considered the relevance and impact on each of the three distinct parts of public protection to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Facts - 24/04/2026

Background

1. Dr Akbaba qualified in 2003 from Uludag Universitesi in Turkey. Prior to the events which are the subject of the hearing, Dr Akbaba began working as a GP in the UK in 2010.

2. The allegations that have led to Dr Akbaba's hearing relate to his Turkish convictions and his failure to inform without delay the GMC and NHS England of those proceedings. It is alleged by the General Medical Council (GMC) that, in 2022, Dr Akbaba was convicted in Turkey of two counts of Simple Injury and one count of Simple Threat. The context of these offences was XXX disputes between Dr Akbaba and Person C. Dr Akbaba disputes the validity of the convictions. It is further alleged that Dr Akbaba failed to notify without delay either the

GMC or NHS England of the charges he was facing or of the conviction he had received. Dr Akbaba was sentenced to a total of 1 year, 6 months and 22 days in prison and a punitive fine of Turkish Lira (TRY) 4,500.00.

3. The initial concerns were raised with the GMC in December 2019 by Person C.

The Outcome of Applications made during the Facts Stage

4. The Tribunal refused the preliminary applications made on behalf of Dr Akbaba, including that part of the Allegation be 'excluded' and that the Tribunal should not be bound by the findings of a preliminary hearing held in March 2026. The Tribunal's full decision on these applications is included at Annex A.

5. The Tribunal granted the GMC's application, made pursuant to rule 17(2)(c) of the General Medical Council (Fitness to Practise) Rules 2004, as amended, ('the Rules'), to amend the Allegation. This application was to amend typographical errors appearing in paragraph 2 of the Allegation. The application was not opposed. The Tribunal considered that it would cause no injustice to make the suggested amendments as they were merely to correct a typographical error.

The Allegation and the Doctor's Response

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

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

1. On 26 April 2022 at Istanbul Regional Court 10th Penal Chamber, you were:

    a. convicted of two counts of Simple Injury; Admitted and found proved

    b. sentenced to:

        i. 1 Year and 3 months imprisonment in respect of the first count referred to at paragraph 1a; Admitted and found proved

        ii. 3 months 22 days imprisonment in respect of the second count referred to at paragraph 1a. Admitted and found proved

2. On 6 June 2022 at Istanbul Regional Court 12th Penal Chamber, you were:

~~b.~~ a. convicted of Simple Threat; Amended under Rule 17(2)(c) Admitted and found proved

~~c.~~ b. sentenced to a punitive fine of Turkish Lira (TRY) 4,500.00. Amended under Rule 17(2)(c) Admitted and found proved

3. The offences outlined in paragraph 1 and 2, if committed in England and Wales, would constitute criminal offences. To be determined

4. You failed to notify the GMC without delay that you:

   a. were being prosecuted in respect of the criminal offences in Turkey as set out in paragraph 1 and paragraph 2; Admitted and found proved

   b. had been convicted of the criminal offences in Turkey as set out in paragraph 1 and paragraph 2; Admitted and found proved

5. You failed to notify NHS England without delay that you had been convicted of the offences in Turkey as set out in paragraph 1 and 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:

a. conviction in respect of paragraphs 1, 2 and 3; To be determined

b. misconduct in respect of paragraphs 4 and 5. To be determined

The Admitted Facts

7. At the outset of these proceedings, through his Counsel, Mr Rosemarine, Dr Akbaba made admissions to some paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the Rules. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

The Facts to be Determined

8. In light of Dr Akbaba's response to the Allegation made against him, the Tribunal is required to determine whether there are offences in England and Wales that are equivalent to those for which Dr Akbaba was convicted in Turkey.

Witness Evidence

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

- Mr A, GMC investigation officer, dated 27 September 2024;
- Ms B, Programme Manager for Professional Standards in NHS England, dated 28 November 2024.

10. Dr Akbaba provided his own witness statement dated 1 March 2026 and his Chronology, dated 14 February 2026.

11. The Tribunal also received evidence on behalf of Dr Akbaba in the form of witness statements from the following witnesses who were not called to give oral evidence:

- Dr C, Turkish Medical Association Central Council Member, dated 19 February 2026;
- Prof D, Professor of Forensic Medicine, dated 2 March 2026.

Documentary Evidence

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

- The Court documents from Turkey;
- Dr Akbaba's appeal against the conviction;
- Advice written for the Tribunal on equivalent convictions by Ms E, dated 23 February 2026;
- Whatsapp messages between Dr Akbaba and Person C; and
- Various correspondence between the GMC and Person C.

The Tribunal's Approach

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

14. The Tribunal will approach fact finding by firstly identifying agreed facts and evidence. To reach a decision on the disputed facts, the Tribunal will assess the evidence in the round. It will consider what conclusions and inferences can be drawn from the documentary evidence.

The Tribunal's Analysis of the Evidence and Findings

15. The Tribunal only has to consider paragraph 3 of the Allegation, namely whether there are equivalent offences in England and Wales to those set out at paragraphs 1 and 2 of the Allegation.

16. The Tribunal noted Mr Rosemarine's submissions that, in reference to foreign convictions in the Medical Act, the intention of Parliament was for a doctor not to be punished in England by corrupt or illegitimate convictions by a foreign judiciary and that the Tribunal was duty bound to go behind the convictions in this case. The Tribunal considered that the Rules and the Medical Act were clear on how an MPT hearing should proceed and that it was not the Tribunal's place to make judgements about the legitimacy of foreign authorities or to infer Parliament's intention. Its role at this stage of the proceedings is to determine whether the offences for which Dr Akbaba was convicted in Turkey, if committed in England and Wales, would constitute a criminal offence.

17. The primary evidence to assist the Tribunal is the written advice provided by Ms E. Ms E is qualified in both Turkish and English law and provided her opinion in relation to equivalence of both of the offences in question. The Tribunal noted Mr Rosemarine's submission that this advice was not sound because of Ms E's lack of experience and failure to set out her understanding of her duty to the Tribunal or that her statement would be provided as evidence.

18. The Tribunal acknowledged that Ms E was relatively junior in her profession, having qualified in Turkey in 2021 and England and Wales in 2023. However, the Tribunal did not consider that this undermined the validity or relevance of her opinion. Equally, the Tribunal did not consider her opinion undermined by virtue of not having made a statement regarding the use of her advice in these proceedings. Ms E was not an expert witness, nor was she

providing a witness statement. The Tribunal was satisfied that Ms E's advice was relevant as a piece of evidence in the case.

19. The Tribunal first considered the convictions for Simple Injury which Ms E refers to as 'simple assault'. Ms E advised that Dr Akbaba's actions constituted an assault under section 86 of the Turkish Penal Code, which *'clearly distinguishes assaults resulting in injuries that can be alleviated by simple medical interventions from those that cannot. Usual examples for a simple medial intervention would be the application of ointment or simple bandages.'* The Tribunal noted that the first count of the counts of Simple Injury was described in the court documents as being 'relieved by simple medical intervention' but that the second count 'could not be relieved by simple medical intervention'.

20. The Tribunal noted that Ms E had stated she did not have access to any material describing the level of injury sustained by Person C the second assault and that her opinions were based on court documents. Her opinion was that the conviction for the first count of Simple Injury would equate to common assault under section 39(1) of the Criminal Justice Act 1988. In relation to the second count that was not relieved by simple medical intervention, Ms E advised that this level of injury in her view would constitute an offence of assault occasioning actual bodily harm under section 47 of the Offences against the Person Act 1861. Ms E stated that, if the injuries sustained were not more than *'transient or trifling'* then it could be charged as a common assault.

21. Having reviewed the court documentation and Ms E's opinion, the Tribunal was satisfied that, depending on the level of injury sustained, Dr Akbaba's convictions for Simple Injury could equate to offences under section 47 of the Offences against the Person Act 1861 or section 39(1) of the Criminal Justice Act 1988.

22. The Tribunal determined that there was an equivalent offence in England and Wales to that of Simple Injury.

23. The Tribunal then turned to consider the offence of Simple Threat. It again referred to the court documents and Ms E's advice. It also had reference to Dr Akbaba's description of the message that he had sent to Person C and to the message itself.

24. The message in question, sent by Dr Akbaba read:

> *'I will use whatever I have, you better reply to me, if you don't, it will not be good for you, don't say that I didn't warn you, if you go further with this, I will take it even further and you will disgrace yourself.'*

25. The Tribunal noted Ms E's opinion that there was an inaccuracy in the translation of this message as the Turkish word 'rezil' had a more serious meaning than the word 'disgrace'. The Turkish meaning being more akin to 'humiliation' and *'has a widely agreed sexual connotation when involving [XXX].'* However, the Tribunal acknowledged that the GMC had stated it did not allege that Dr Akbaba had threated to release intimate images/videos as referenced by Ms E.

26. In relation to his message, Dr Akbaba had said in his witness statement that he *'temporarily lost my cool'* and that he *'shouldn't have sent that unclear text message.'*

27. The Tribunal considered Ms E's opinion that such a message would form an offence of sending via a public communications network a message which is grossly offensive, indecent, obscene or menacing under section 127(1) of the Communications Act 2003. Ms E also suggested that Dr Akbaba's actions could form an offence under the Online Safety Act 2023. The Tribunal noted that the GMC acknowledged that this Act was not law at the time of the incident and it would be unfair to apply this retrospectively.

28. The Tribunal had regard to the Collins Dictionary definition of the word menacing:

> *'If someone or something looks menacing, they give you a feeling that they are likely to cause you harm or put you in danger.'*

29. The Tribunal considered that Dr Akbaba's message was clearly menacing in nature, giving the impression that he would cause harm to Person C. As such, the Tribunal was satisfied that his conviction could fall under the Communications Act 2003.

30. As such, the Tribunal determined that there was an equivalent offence to that of Simple Threat.

31. The Tribunal therefore found paragraph 3 of the Allegation proved in relation to paragraphs 1 and 2.

The Tribunal's Overall Determination on the Facts

32. The Tribunal has determined the facts as follows:

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

1. On 26 April 2022 at Istanbul Regional Court 10th Penal Chamber, you were:

    a. convicted of two counts of Simple Injury; Admitted and found proved

    b. sentenced to:

        i. 1 Year and 3 months imprisonment in respect of the first count referred to at paragraph 1a; Admitted and found proved

        ii. 3 months 22 days imprisonment in respect of the second count referred to at paragraph 1a. Admitted and found proved

2. On 6 June 2022 at Istanbul Regional Court 12th Penal Chamber, you were:

    ~~b.~~ a. convicted of Simple Threat; Amended under Rule 17(2)(c). Admitted and found proved

    ~~c.~~ b. sentenced to a punitive fine of Turkish Lira (TRY) 4,500.00. Amended under Rule 17(2)(c). Admitted and found proved

3. The offences outlined in paragraph 1 and 2, if committed in England and Wales, would constitute criminal offences. Determined and found proved

4. You failed to notify the GMC without delay that you:

    a. were being prosecuted in respect of the criminal offences in Turkey as set out in paragraph 1 and paragraph 2; Admitted and found proved

    b. had been convicted of the criminal offences in Turkey as set out in paragraph 1 and paragraph 2; Admitted and found proved

5. You failed to notify NHS England without delay that you had been convicted of the offences in Turkey as set out in paragraph 1 and 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:

a. conviction in respect of paragraphs 1, 2 and 3; To be determined

b. misconduct in respect of paragraphs 4 and 5. To be determined

Determination on Impairment - 14/07/2026

33. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Akbaba's fitness to practise is impaired by reason of misconduct or a conviction for a criminal offence.

The evidence

34. The Tribunal has reviewed its findings of fact and in addition, the Tribunal received further evidence and a number of testimonials from Dr Akbaba's wife, colleagues and employers, all of which it has read.

Submissions

Submissions on behalf of the GMC

35. Mr Halliday, Counsel, submitted that Dr Akbaba's fitness to practise was currently impaired. In relation to misconduct, Mr Halliday submitted that Dr Akbaba had a clear duty, set out in paragraph 75 of Good Medical Practice (2013) ('GMP'), which was in force at the relevant time, to inform the GMC without delay if, anywhere in the world, he had been charged with or found guilty of a criminal offence.

36. Mr Halliday submitted that Dr Akbaba's failure to declare his conviction clearly fell below the expected standard of a member of the profession. Dr Akbaba's duty to declare his convictions was not pending the outcome of an appeal, he had to inform the GMC without delay that he had been convicted. Mr Halliday said that Dr Akbaba had not put forward any proper reason to explain his failure to declare, which spanned a number of years, and that it was ultimately Person C who informed the GMC of the convictions.

37. Mr Halliday submitted that the length of time that Dr Akbaba's convictions went undeclared was significant and that it had prevented the GMC from pursuing its statutory

objective of protecting the public. He submitted that this had been a deliberate and concerted decision by Dr Akbaba over a prolonged period of time and that it amounted to serious misconduct.

38. Mr Halliday submitted that Dr Akbaba had been convicted of two counts, taking place years apart, of violence, and that the injuries inflicted in one of those incidents went beyond being limited in nature as it could not be relieved by simple medical intervention. Mr Halliday acknowledged that the conviction for Simple Threat, having been punished with a fine, could be considered to be at the lower end of the scale of seriousness.

39. Mr Halliday submitted that, whilst the seriousness of Dr Akbaba's failure to declare his conviction may be seen as less serious than the acts of violence themselves, it was increased because Dr Akbaba had previously been subject to criminal proceedings in the UK, which he had self-referred to the GMC, so he was aware of his duty to do so again. Mr Halliday said the seriousness was also increased because of the years of delay in Dr Akbaba informing the GMC and that this appeared to have been a deliberate act rather than forgetfulness.

40. Mr Halliday accepted that the events that led to the convictions are of a significant age and that there was no evidence of any repeated conduct. Mr Halliday submitted that Dr Akbaba's misconduct and conviction fell in the mid-range of the spectrum of seriousness. He submitted that there was no relevant context to reduce the seriousness and that Dr Akbaba continued to deny the allegations. Mr Halliday acknowledged that Dr Akbaba had expressed his remorse, had undertaken relevant training and had engaged with the GMC. He also had a XXX and there was no evidence of events being repeated.

41. Mr Halliday submitted that the level of risk to public protection was medium and that restrictive action was required, meaning that the Tribunal should find Dr Akbaba's fitness to practise impaired. Mr Halliday submitted that, although Dr Akbaba's convictions related to his private life, they were still related to acts of violence and that a finding of impairment was justified in order to protect the public. Mr Halliday also submitted that Dr Akbaba's actions failed to uphold proper professional standards and would undermine public confidence in the profession if a finding of impairment were not made.

Submissions on behalf of Dr Akbaba

42. Mr Rosemarine, Counsel, submitted that Dr Akbaba's fitness to practise was not impaired because of the many positive testimonials, which showed him to be a good doctor,

not a risk to anybody, and that all the issues relate solely to Person C. He submitted that Dr Akbaba was now XXX and regretted the heated nature of the argument, accepting that he should have taken more effective steps to de-escalate the situation and should have sought appropriate support. Mr Rosemarine said that Dr Akbaba also regretted having sent the threatening message to Person C.

43. Mr Rosemarine submitted that Dr Akbaba had shown insight into his actions, that he had had a lapse of judgement and failed to control his emotions. He now recognised the need to maintain his professionalism, including in his personal life. Mr Rosemarine submitted that there had been no recurrence of any similar issue since Dr Akbaba had XXX.

44. Mr Rosemarine reminded the Tribunal that Dr Akbaba did not deny the convictions but had spent years challenging them, saying that the Turkish court was corrupt and that he had acted in self defence. He submitted that the courts had not allowed Dr Akbaba to provide relevant evidence and that no English court would have convicted him. Despite challenging the legitimacy of the convictions, Mr Rosemarine said that Dr Akbaba had complied fully with the Turkish medical regulator but had simply not had the time to go through the same process with the GMC.

45. Mr Rosemarine reminded the Tribunal of the remediation efforts that Dr Akbaba had made, including a learning and development plan, relevant courses in ethics and his intention to complete a course on XXX.

46. Mr Rosemarine submitted that Dr Akbaba was no risk to patients and that there was no risk of him repeating his actions. He said that there was relevant work context that the Tribunal should take into account as doctors work under extreme pressure, meaning it is more likely for someone to act out of character. Mr Rosemarine submitted that Dr Akbaba fully understood the seriousness of these proceedings and that he had learned his lesson to prioritise his professional responsibilities to the NHS and GMC before everything else.

Reconvened Hearing June 2026

47. The Tribunal adjourned part heard on 28 April 2026, whilst in camera at the impairment stage. It reconvened still in camera on 18 June 2026. During the intervening period, Dr Akbaba informed the MPTS Case Management Team that he was no longer represented by Mr Rosemarine, that XXX, and that he had further documentary evidence which he now wished to admit before the Tribunal.

48. The documentary evidence included:

- A statement of Insight, Remediation, Current Risk and Relevant Context, from Dr Akbaba, dated 27 May 2026;
- A letter of Support from Dr F, GP partner and GP colleague of Dr Akbaba, Barton House Group Practice, London, dated 17 June 2026;
- 12 Workplace Supervisor Reports dated from January 2026 to April 2026;

49. Dr Akbaba also requested that he be permitted to call Dr F to give oral testimonial evidence on his behalf.

50. Mr Christopher Hamlet, Counsel, now representing the GMC, made no objection to the documentary evidence. He objected to the calling of Dr F to give oral testimonial evidence. Mr Hamlet said that given Dr Akbaba and Mr Rosemarine were XXX, Dr Akbaba may wish to consider if he wanted to make an application to exclude Mr Rosemarine from observing the hearing. He said he was neutral on any application to exclude Mr Rosemarine and objected to the hearing being held in private. Dr Akbaba told the Tribunal that it was more stressful to him with Mr Rosemarine observing the hearing.

51. The Tribunal determined that it was fair and relevant to admit the documentary evidence, and that Dr F could be called to give oral testimonial evidence. It refused the application to exclude Mr Rosemarine from observing the hearing, and it determined that the hearing should remain in public. The Tribunal's full reasoning can be found at Annex B.

52. Dr F was called to provide oral testimonial evidence. Dr Akbaba also provided oral evidence.

Summary of Dr Akbaba's oral evidence

53. In response to questions from the Tribunal, Dr Akbaba confirmed that he had XXX. Dr Akbaba said that he had undertaken a professional boundaries course in February 2026, where he looked at the root causes for his behaviour and identified that XXX was playing a role in that behaviour. He said following this, he identified that seeking support from organisations XXX would be helpful.

54. XXX

55. Dr Akbaba was asked XXX. He said further work moving forward would help to address the root causes, to explore XXX, understand why he did not do what he was supposed to do professionally and XXX.

56. Dr Akbaba was asked if, at this moment in time, he thinks he is able to do what he is supposed to do professionally. Dr Akbaba said he is able to and he has learned his lesson from his mistakes and he would be brave enough in the future if anything similar happened. He said that he understood his professional obligations and that XXX was not an excuse. He said that he had been using emotional reasoning, not acting properly or making rational decisions.

57. Dr Akbaba accepted that he needed further work to address the root causes and deal with them but said that he clearly now knows from his experiences that he should act professionally. He said at the time he had been living and working in Turkey, then he returned to England, which he was not planning to do initially, so it was not in his mind to report to the GMC. He said he accepted it was a serious mistake. Dr Akbaba was asked why he did not report to the GMC, he said that he thought that it was probably too late, that he was scared of the consequences and did not want to be seen as someone with convictions XXX.

58. Mr Hamlet asked Dr Akbaba to clarify what mistakes he was talking about. Dr Akbaba said that they were that he did not inform the GMC and NHSE about his convictions and that he had been XXX which he should have distanced himself from much earlier. Dr Akbaba said that he regretted sending the threatening message to Person C and that it was a mistake which resulted in the threat conviction. He said that the injury convictions were more complex, that in 2014 he and Person C were having an argument, he was defending himself and he was injured on that same day. He said that he has provided photographs of his injuries to the GMC. He said XXX called the police, they were both taken into custody and that Person C said XXX injuries had been caused by him, but he was also asked by the police if he wished to press charges as his injuries were very obvious. Dr Akbaba accepted that he should not have let the argument escalate.

59. Mr Hamlet referred Dr Akbaba to his statement in which he stated *"I understand that criminal convictions are serious matters for a doctor. I recognise that such matters can undermine public confidence in the profession, and I deeply regret that I'm appearing before the MPTS in circumstances where I may be perceived in that way."* Mr Hamlet put to Dr

Akbaba that at a preliminary stage, he advanced the case that his convictions were unsafe. He asked Dr Akbaba how he could go from that position to one in which he recognised that these convictions called into question his fitness to practise. Dr Akbaba said that in Court he had denied the allegations as he did not think he would be sentenced and it was clear that he was on the receiving end of violence from Person C. Dr Akbaba said however that Person C told the prosecutor that when Dr Akbaba was young, he was a member of XXX. He said the Court then turned against him. He said that he did not want to go behind his convictions, but was answering Mr Hamlet's question. Dr Akbaba said that he accepted the existence of his convictions and understands that the GMC and MPT do take this seriously. He said he has cooperated with the GMC and MPT, done his best to show that he has insight, has reflected on what he has experienced and learned from his mistakes. He said that he was showing that he was trying to do better professionally.

Further Submissions

60. The Tribunal noted that in the statement provided by Dr Akbaba dated 27 May 2026, he provided further information as to his insight and remediation, which the Tribunal did not have in April 2026. The Tribunal reminded Dr Akbaba and Mr Hamlet that their further submissions should be limited to the new evidence produced which included the steps taken by Dr Akbaba to develop his insight and remediation into his convictions and misconduct.

Submissions on behalf of the GMC

61. Mr Hamlet said that the Tribunal has previously received submissions from Mr Halliday on behalf of the GMC and that those submissions remained relevant. He submitted that Dr Akbaba's fitness to practise is currently impaired by reason of his convictions and his misconduct. He said that his submissions are directed purely at the additional material produced by Dr Akbaba which were produced essentially in an effort to demonstrate insight and remediation, and are designed inferentially to persuade the Tribunal that he has remediated the concerns, and potentially for it to conclude that Dr Akbaba is not impaired.

62. Mr Hamlet referred the Tribunal to the *MPTS Guidance for Tribunals (Section three: MPT Hearings > Part B > Stage 2: Impairment > Steps 2(a) to (e)* ('the Guidance').

63. Mr Hamlet referred the Tribunal to the relevant paragraphs of the Guidance, in particular, those paragraphs dealing with insight and remediation. Mr Hamlet said the Guidance provides that when assessing insight, the timing of an admission was important.

Further, that a doctor may lack genuine insight if they minimise the seriousness or impact of their behaviour, or their own role or culpability, or otherwise sought to blame others. In respect of remediation, Mr Hamlet said that the Guidance sets out that in order to successfully remediate, it is important that the doctor must first recognise that there is a concern and try to understand how it arose so that they can appropriately direct themselves to the right sort of remediation.

64. Mr Hamlet then referred the Tribunal to Dr Akbaba's statement dated 27 May 2026 and said that it appeared on face value to acknowledge the significance of the convictions and the impact they have on his professional position. Mr Hamlet said however, that it was evident from the content of Dr Akbaba's statement and his oral evidence that there remains a marked reluctance to accept fault in respect of his conduct underlying those convictions. He said that Dr Akbaba said little or nothing about the circumstances that led to them or his role in them.

65. Mr Hamlet reminded the Tribunal that at Stage 1 of these proceedings, Dr Akbaba sought to challenge the evidential foundation and legality of his convictions. He said that the fact Dr Akbaba challenged the validity of the convictions and given that there is an absence of any substantive acknowledgement of fault underlying it, this was indicative of an ongoing lack of insight. He reminded the Tribunal that Dr Akbaba's convictions by the Turkish authorities flowed from the doctor's conduct in sending malicious communications and two counts of physical violence against Person C, the latter attracting two significant custodial sentences. Mr Hamlet submitted that in the doctor's oral evidence, Dr Akbaba presented himself as the victim XXX and that he ought to have removed himself from XXX. He submitted that this was an attempt by Dr Akbaba to go behind the convictions.

66. In respect of Dr Akbaba's remediation, Mr Hamlet submitted that the doctor has claimed to have been reflecting seriously on the regulatory concern for the last one and a half years 'almost every day'. Mr Hamlet submitted that Dr Akbaba conceded in his oral evidence that it only occurred to him to undertake professional courses to address his *mistake* in April of this year. Mr Hamlet said Dr Akbaba has completed a professional boundaries course as remediation but has not undertaken remediation directed at XXX, of the conduct underlying these convictions, or of his failure to report. He said the Tribunal may consider this went to Dr Akbaba's integrity as there was no reference to any courses or reflections on that issue.

67. Mr Hamlet submitted that Dr F was called to give evidence as to Dr Akbaba's insight and remediation, but the foundation for that endorsement fell apart very quickly under cross-examination. He reminded the Tribunal that Dr F had no knowledge of what the professional boundaries course involved and could not explain why it was relevant to any of the specific concerns in this case. He said that Dr F conceded that he and Dr Akbaba had two meetings dedicated to discussing the issues in the case, but they did not include any discussion about Dr Akbaba's failings. Mr Hamlet submitted that Dr F's opinion that Dr Akbaba has good insight and remediation lacked credibility.

68. Mr Hamlet submitted that there are serious outstanding questions about Dr Akbaba's insight and remediation into his own failings beyond his rudimentary acknowledgement that he ought to have reported the convictions to the GMC. Mr Hamlet submitted that there remained concerns as to whether Dr Akbaba has remediated the root cause of his behaviour leading to the factual findings in this case. He said that this placed Dr Akbaba at risk of repeating similar behaviour in future. Mr Hamlet submitted that for these reasons, and endorsing the previous submissions of Mr Halliday, Dr Akbaba's fitness to practise is currently impaired.

Submissions by Dr Akbaba

69. As Dr Akbaba was no longer represented at the reconvened hearing in June 2026, he made his own submissions limited to the new evidence in relation to insight and remediation. The Tribunal also bore in mind the earlier submissions made on his behalf by Mr Rosemarine.

70. Dr Akbaba said that he understood the concerns of the GMC in that it may appear he only has insight into the failure to notify, and not into the simple injury conviction. He said that he was not asking the Tribunal to go behind the convictions, that he understood the convictions exist and the Tribunal must proceed on that basis. He accepted that he was convicted of simple injury and the convictions involved injury or violence or threats and that is a serious thing for a doctor. He said that he understood the Tribunal must proceed on the basis that the convictions exist.

71. Dr Akbaba submitted that insight did not require him to say something that he did not genuinely believe. He said that he has sought to demonstrate his understanding of why these matters are taken seriously, how concerns regarding violence or aggression can affect public confidence in the medical profession, and why the regulator must consider such cases carefully. He submitted that these proceedings have led him to undertake extensive

reflections regarding professional behaviour, as well as conflict management, emotional regulation, communication under stress, and the standards expected of a registered medical practitioner.

72. In respect to the matter of the simple injury conviction, Dr Akbaba reminded the Tribunal of the circumstances which he has already set out in his statement and said in his oral evidence. He said he should have removed himself from the serious conflict, stayed away from a situation where conflict was escalating, acted earlier, created distance to protect himself and to avoid any risk of further escalation and XXX. He said that he failed to do this and everything became worse. He said that his insight was not superficial and that he had deeply reflected.

73. Dr Akbaba said that he thought the impression of the lack of insight into his conviction may stem from the fact that the same root causes were also involved in him not being able to XXX leading to the convictions and of the failure to notify. He said the root causes were emotional reasoning, avoidance, feeling powerless and delayed action. He said that this is why XXX is important to address both matters. Dr Akbaba said that he understood his failures related to the convictions and that he took full responsibility.

74. Dr Akbaba referred to Mr Hamlet's submission in which he said that the doctor had undertaken a professional boundaries course which did not address his convictions. Dr Akbaba said that he has undertaken a XXX course which NHSE asked him to do. He said the professional boundaries course was more focused on the individuals, was a full three days (22 hours) and was limited to five attendees. Dr Akbaba said that the course dealt with everything but that there was still important remediation for him. He said that he had also started the process of XXX and prepared a development and restoration plan. He said that Dr F is one of his named people for accountability discussions and that he has complied with NHSE conditions and GMC conditions. He said that he has declared his conditions and why he has conditions when applying for roles which had led to many refusals, but he has kept complying with the conditions.

75. Dr Akbaba accepted that the professional boundaries course alone was not the complete answer, but that it was an important step, along with other steps he has taken to address the root causes. In respect of his convictions, Dr Akbaba said that accepting the convictions had not been easy for him and that he was not trying to go behind them but that when he was asked about them by Mr Hamlet, he had to answer the question and he needed to state why he felt it was very difficult but again accepted responsibility. He said he did not

raise the XXX in order to play the victim card, but that he wanted to explain that he had felt trapped, powerless and unable to act. Dr Akbaba invited the Tribunal to review the report from Professor D, forensic medical expert XXX, which was part of his defence bundle. Dr Akbaba also referred the Tribunal to the evidence of Dr F, as he is aware of Dr Akbaba's current practice, professional behaviour, work accountability and the discussions they have had about insight and remediation.

76. Dr Akbaba said that in relation to remediation efforts, practical changes were now in place, that he has completed an intense course on professional boundaries, prepared a development and restoration plan, started the process of XXX, had accountability discussions with Dr F, has been complying with NHSE and GMC conditions and has been open with his employers. He submitted that this shows insight into both his convictions and the failure to notify. He said there had been no pattern or repetition of similar behaviour and that he has been XXX. Dr Akbaba said that he sincerely and deeply regretted that he is appearing before the GMC and MPT as a doctor with convictions and regretted the impact this has had on public confidence and in the profession. Dr Akbaba said that he was genuinely sorry that he did not act in a better way, that he has learned from this and was trying to make sure he never again allows fear, distress, shame, or feeling powerless to delay him from taking the right action. He asked the Tribunal to see him as a whole person, not just through the convictions or as the person he was in 2014, 2017, or 2022. He said that he was not the same person and would not repeat the same mistakes.

77. Dr Akbaba submitted that the risk of repetition was very low, that the circumstances were historical dating back 12 years and arose in XXX. He said that there have been no clinical concerns and that he has continued to work safely and professionally, and recent workplace reports and references support his professionalism, communication, clinical practice, accountability and remediation.

78. Dr Akbaba submitted that the question for this Tribunal was not whether he continues to dispute aspects of the original allegation, but whether he currently presents a risk to patients, public confidence or the reputation of the profession. He submitted that the evidence demonstrates that he does not. He submitted that his fitness to practise is not currently impaired. He said that if the Tribunal determined that his fitness to practise is impaired, it should clearly identify the nature of that impairment, which parts of public protection are engaged, and the level of current risk. He said that patient safety is not currently engaged because there are no clinical concerns, which is supported by his workplace evidence and references from colleagues. He said that if the Tribunal considers

that public confidence or professional standards are engaged, he invited it to assess the current level of risk as low in light of his insight, remediation, accountability, compliance and the absence of repetition over many years. Dr Akbaba said that he loves being a GP, working in the UK and would like to be allowed to continue providing the best care he can to his patients.

The relevant legal principles

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

80. In approaching the decision on misconduct, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct, and that the misconduct was serious, and then whether the finding of that misconduct which was serious, poses a current and ongoing risk to public protection requiring restrictive action in response and therefore could lead to a finding of impairment.

81. Where appropriate, the Tribunal will also have regard to the *MPTS Guidance for Tribunals > General introduction > Protecting the public in specific case types* ('the Guidance Introduction'). The case types listed are: Sexual misconduct; Dishonesty; Violent or abusive behaviour; Discrimination; Clinical concerns; Impact of a health condition; Knowledge of English language; and Criminal convictions, cautions, court sanctions and determinations by another body responsible for the regulation of a health or social care profession.

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

- where on the spectrum of seriousness the allegation lies, based on the facts found proved,

- the impact of any relevant context known about Dr Akbaba and/or their working environment, and
- how Dr Akbaba has responded to the allegations.

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

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

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

85. The Tribunal also had regard to *Cheatle v General Medical Council [2009] EWHC 645 (Admin) (27 March 2009):*

> *'22 In circumstances where there is misconduct at a particular time, the issue becomes whether that misconduct, in the context of the doctor's behaviour both before the misconduct and to the present time, is such as to mean that his or her fitness to practise is impaired. The doctor's misconduct at a particular time may be so egregious that, looking forward, a panel is persuaded that the doctor is simply not fit to practise medicine without restrictions, or maybe at all. On the other hand, the doctor's misconduct may be such that, seen within the context of an otherwise unblemished record, a Fitness to Practise Panel could conclude that, looking forward, his or her fitness to practise is not impaired, despite the misconduct.'*

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

'a) Whether the registrant has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm;

b) Whether the registrant has in the past brought and/or is liable in the future to bring the profession into disrepute;

c) Whether the registrant has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the profession.

d) Whether the registrant has in the past acted dishonestly and/or is liable to act dishonestly in the future.'

Also:

'74 In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'

Reconvened Hearing July 2026

87. On 19 June 2026, whilst in camera at the impairment stage, the Tribunal noted that it did not have a certificate of completion for the XXX course which Dr Akbaba submitted he had completed in his oral submissions.

88. The Tribunal exercised its discretion and made a request for the certificate of completion for the XXX course to be provided. The Tribunal adjourned part-heard on 19 June 2026.

89. Whilst part heard, Dr Akbaba provided the MPTS with a certificate of completion for the XXX completed on 3 May 2026, along with several other course completion certificates for training completed between July 2025 and May 2026. Subsequently, Dr Akbaba provided three further workplace supervisor reports dated July 2026 and supplementary written submissions dated 7 July 2026.

90. On 10 July 2026 Mr Hamlet objected to the submission of further additional documents over and above what had been requested by the Tribunal.

91. The Tribunal reconvened in camera on 13 July 2026.

92. The Tribunal accepted the certificate of completion for XXX which had been requested, added it into the exhibits for this hearing and considered it when making its decision on impairment. However, the Tribunal did not accept the additional course certificates dated between July 2025 – May 2026, Dr Akbaba's supplementary written submissions dated 7 July 2026, or the further workplace supervisor reports submitted by Dr Akbaba. The Tribunal considered that Dr Akbaba had had sufficient opportunity to address the Tribunal on impairment at the reconvened hearing in June 2026, and the additional items had not been requested by the Tribunal.

The Tribunal's determination on impairment

Misconduct

Is there a legal basis for considering impairment?

93. The Tribunal began by considering whether there was a legal ground for impairment in relation to the misconduct allegations. The Tribunal considered that the following paragraphs of GMP were relevant to this case:

> *'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.*
>
> *…*
>
> *75 You must tell us without delay if, anywhere in the world:*
>
> *a you have accepted a caution from the police or been criticised by an official inquiry*

b *you have been charged with or found guilty of a criminal offence*

c another professional body has made a finding against your registration as a result of fitness to practise procedures.'

94. The Tribunal noted that Mr Rosemarine had submitted Dr Akbaba had not had time to inform the GMC or NHSE of his convictions or charges but considered that this was not consistent with Dr Akbaba's statements that he knew he should have made those declarations. The Tribunal also noted that Dr Akbaba's failure to declare the issues was not an isolated incident, given that they had been ongoing for a number of years and only came to light because of Person C contacting the GMC.

95. The Tribunal considered that Dr Akbaba was aware of his duty to declare the issues and had had various opportunities to do so, including at his appraisals and when applying for the national performers list. The Tribunal also considered that Dr Akbaba should have been aware of his duty from his previous FtP history. XXX.

96. The Tribunal considered that this indicated a deliberate avoidance of informing the GMC and NHSE of his convictions.

97. The Tribunal considered that Dr Akbaba's actions in failing to declare the criminal proceedings were serious and breached the threshold to be considered misconduct. It is a clear requirement set out in GMP and Dr Akbaba failed to uphold that duty. The Tribunal was satisfied that this formed a legal basis for it to consider impairment.

<u>Where on the spectrum of seriousness does the allegation lie?</u>

98. The Tribunal had regard to paragraphs 28 and 31 of part 2 of the Guidance:

'28 *Allegations that usually fall at the lower end of the spectrum of seriousness and due to their nature are more likely to be easily remediable include, but are not limited to:*

…

- *an incident of dishonest behaviour which is limited in nature and had limited impact, such as where it occurred outside of the doctor's professional role and the value of any financial or other benefit derived was low…*

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

…

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

99. The Tribunal was mindful that this case was not brought as one of dishonesty, merely as a failure to declare.

100. The Tribunal considered that Dr Akbaba's actions included elements of dishonesty and occurred within the scope of his professional role, it being a professional duty to declare criminal proceedings. The Tribunal considered that this fell in the mid-range of the spectrum of seriousness.

101. The Tribunal considered that there were features of Dr Akbaba's conduct that increased the seriousness. Dr Akbaba had failed to declare the criminal proceedings for a number of years despite having had contact with the GMC in that time and having undergone appraisals. Dr Akbaba had taken steps to try and avoid his convictions being disclosed, which the Tribunal considered indicated a level of premeditation. The Tribunal also considered that Dr Akbaba had undermined a system in place to protect the public by withholding information that the GMC may need to take action on.

102. The Tribunal considered these factors raised the seriousness into to the higher end of the spectrum of seriousness. In light of this, the Tribunal's starting point for assessing the risk to public protection in relation to Dr Akbaba's misconduct was high.

<u>What is the impact of any relevant context known about Dr Akbaba and/or their working environment?</u>

103. The Tribunal considered that there was no professional context that was relevant in this case.

104. The Tribunal considered that, during the process of XXX, it was possible that Dr Akbaba could have overlooked his duty to inform the GMC of the criminal proceedings but

considered that this did not explain his failure to do so for many years after that point. Ultimately, Dr Akbaba never did disclose his convictions.

How has Dr Akbaba responded to the allegation?

105. The Tribunal considered that Dr Akbaba had demonstrated good insight into the reasons for not declaring his convictions, showing that he understood he had a duty upon him and that he would avoid a repeat in the future. Dr Akbaba had admitted the allegations, had expressed remorse and had taken responsibility for his actions.

106. The Tribunal noted that Dr Akbaba had engaged with relevant training courses, including a three day professional boundaries course, and had sought to understand the motives and behaviours that led to him failing to declare his convictions. However, the Tribunal reminded itself of the seriousness of Dr Akbaba failing to declare convictions to the GMC.

107. The Tribunal also noted that Dr Akbaba had XXX. Dr Akbaba has also had two dedicated discussions with Dr F, as well as other conversations of support. The Tribunal noted that it was Dr Akbaba who initiated having these meetings with Dr F.

108. Dr Akbaba also provided oral evidence which assisted the Tribunal in understanding his level of insight and his understanding into the root cause for his misconduct. The Tribunal considered Dr Akbaba to be genuinely remorseful for his misconduct, and he had apologised for his failure to disclose.

109. The Tribunal noted that Dr Akbaba has taken steps to develop his insight and remediate his conduct, albeit relatively recently.

110. The Tribunal considered that Dr Akbaba's insight was good and his remediation was developing well, but that the most significant development had only come recently, from the 3-day course completed in February 2026. The Tribunal considered that Dr Akbaba had a plan and appeared to be committed to this, but he still had work to do. It appeared that Dr Akbaba had been able to identify motivators for his past behaviour but still needed to address those as part of his remediation work. The Tribunal was satisfied that Dr Akbaba was motivated to identify the root causes for his misconduct. The Tribunal considered it significant that Dr Akbaba had never actually disclosed his convictions and it is only after the

disclosure was made to the GMC that he appears to have developed any insight into his failing.

111. The Tribunal considered that, at present, there was a risk of Dr Akbaba not making a similar disclosure in the future. The Tribunal accepted that this risk was low but was unable to say there was no risk.

112. The Tribunal accepted that Dr Akbaba remained clinically competent, that there were no concerns regarding his medical knowledge or patient care and that he had maintained his professional skills. Furthermore, he has provided several positive workplace supervisor reports, dated between January and April 2026.

113. The Tribunal concluded that Dr Akbaba's recent remediation and response to the Allegations had no significant impact on the level of risk and it remained high.

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

114. In light of the above, the Tribunal considered that the risk to public protection remained high. The Tribunal accepted that Dr Akbaba's insight was genuine and that he had made efforts to remediate but that his remediation was not yet complete. The Tribunal also considered that there was a lack of current evidence about the efficacy of Dr Akbaba's remediation.

115. The Tribunal considered that there was no direct risk to patient safety but that the risk to public confidence in the profession and to proper professional standards was at the high level.

116. The Tribunal has therefore determined that Dr Akbaba's fitness to practise is impaired by reason of misconduct.

Conviction

117. The Tribunal then went on to consider Dr Akbaba's convictions.

Is there a legal basis for considering impairment?

118. The Tribunal noted that it was in possession of official documents relating to Dr Akbaba's conviction, Dr Akbaba had admitted the convictions and that the Tribunal had found that they would equate to an offence if committed in England and Wales. As such, the Tribunal was satisfied that there was a legal basis to consider impairment in relation to the convictions.

Where on the spectrum of seriousness does the allegation lie?

119. The Tribunal had regard to paragraph 31 of step 2 of the Guidance:

> *'31 Allegations that are likely to fall at the higher end of the spectrum of seriousness include, but are not limited to:*
>
> *…*
>
> - *a criminal conviction or other court sanction resulting in a custodial sentence (whether immediate or suspended)'*

120. The Tribunal noted that the conviction for Simple Threat was dealt with by a fine and so may fall at the lower end of the spectrum of seriousness but that both counts of Simple Injury resulted in a custodial sentence, which was suspended. The Tribunal considered that this indicated the conviction fell at the higher end of the spectrum of seriousness.

121. The Tribunal did not identify any features that further increased the seriousness. As such, the Tribunal's starting point for assessing the risk to public protection was high.

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

122. The Tribunal considered that there was no professional context that was relevant in this case.

123. The Tribunal considered the personal context that at the time of the offences, Dr Akbaba was in the process of XXX and all the stress related to an event of that nature. The Tribunal noted that Dr Akbaba maintained he acted in self-defence. However, the Tribunal must make decisions based on the facts before it. These are convictions for XXX. The Tribunal determined therefore that the context in this case had no impact on the level of assessed risk.

How has Dr Akbaba responded to the allegation?

124. Dr Akbaba has maintained his insistence that the convictions are unsafe as is his right to do so.

125. The Tribunal noted Mr Rosemarine's submissions that Dr Akbaba understands the seriousness of his convictions and that he has expressed shame XXX. Mr Rosemarine also submitted that Dr Akbaba had recognised the impact his convictions have on public confidence. He also admitted to having lost his cool, that an incident took place and that he should have responded differently.

126. Dr Akbaba said that he struggled to come to terms with accepting his convictions and said that he had been XXX. He said that he deeply regretted his actions, the impact they have had on public confidence and on the profession.

127. The Tribunal again recognised XXX. Further, the two dedicated discussions with Dr F which he initiated and the several workplace supervisor reports, dated between January and April 2026.

128. The Tribunal again reminded itself of Dr Akbaba's oral evidence. It adopted its same reasoning as it did in respect of his misconduct. The Tribunal considered Dr Akbaba to be genuinely remorseful. He said that he accepted the existence of his convictions, despite his struggle to accept them. The Tribunal was satisfied that Dr Akbaba was taking steps to identify and understand the root causes for his convictions and remediate them.

129. The Tribunal considered however that the message to Person C, which resulted in the conviction for Simple Threat, indicated the confrontational nature of the situation and that he had attempted to intimidate Person C, albeit he said that he had never meant his messages to have been threatening to Person C.

130. The Tribunal accepted that Dr Akbaba had expressed his remorse for his actions and had shown as much insight as possible for a person who denied the allegations. The Tribunal noted that Dr Akbaba has completed a XXX course as part of professional development as required by NHSE.

131. The Tribunal considered that Dr Akbaba's acknowledgements regarding his conduct with Person C were often couched as being that he cannot act that way as a doctor. He had

stated that he should have XXX sooner but had not commented on his actions being unacceptable. Although he said that he did not mean for his message to Person C to have been threatening.

132. The Tribunal noted that, despite his difficulty in accepting his convictions, Dr Akbaba was engaging with remediation.

133. The Tribunal considered it significant that the incidents which led to the convictions were of some age, having occurred in 2014, 2017 and 2018. Dr Akbaba was XXX. There was no evidence of any repetition of the conduct that led to his convictions. The Tribunal considered that the risk of Dr Akbaba repeating his actions was low, but it was unable to say there was no risk.

134. The Tribunal considered that, whilst the convictions were for serious offences, the significant length of time since the events and the lack of repetition since were sufficient to pull the level of risk down to medium.

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

135. The Tribunal considered that, whilst Dr Akbaba had shown as much insight as possible for a person who denied the allegations, there remained a risk to public protection.

136. The Tribunal considered that the risk to public safety was low but that it was medium in relation to public confidence and professional standards despite the significant time since the events. The Tribunal considered that a member of the public or the profession would be shocked if a finding of impairment was not made for a doctor convicted XXX.

137. The Tribunal has therefore determined that Dr Akbaba's fitness to practise is impaired by reason of his convictions for criminal offences.

Determination on Sanction - 16/07/2026

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

Submissions

139. On behalf of the GMC, Mr Hamlet submitted that the appropriate sanction in this case, taking into account the Tribunal's conclusions on impairment, was one of suspension. He directed the Tribunal to the Guidance (*MPT Hearings > Part C: stage three – sanction > Step 3: decide on sanction*), highlighting the relevant paragraphs.

140. Mr Hamlet reminded the Tribunal of the principle of proportionality, and stated that, given the level of seriousness of Dr Akbaba's conduct and the Tribunal's assessment of the level of ongoing risk, it would be wholly inadequate to take no action in this case. Turning to conditions, Mr Hamlet stated that this was not a case where conditions were appropriate or workable. He submitted that no conditions could be formulated to address the concerns identified by the Tribunal, particularly in relation to public confidence. He stated that conditions cannot meet the gravity of concerns or restore public confidence in the profession.

141. Mr Hamlet stated that suspension was the Tribunal's realistic starting point. He reminded the Tribunal that suspension had a deterrent effect and would send out a signal that Dr Akbaba's conduct was unbefitting of a registered doctor. He submitted that this was the key reason that a suspension was the appropriate and proportionate response. He stated that erasure was not an appropriate or proportionate sanction.

142. Mr Hamlet made no specific submissions on length but stated that the suspension would be at the higher end, taking into account Dr Akbaba's custodial sentence, albeit suspended, for acts of violence XXX, and the attempt to conceal that conviction from the GMC. Further, he stated that a review may be appropriate but would depend on the Tribunal's decision on the appropriate length of suspension.

143. Dr Akbaba expressed deep regret that he was before the MPTS as a doctor with convictions and accepted that this had affected public confidence in himself and in the profession. He submitted that the Tribunal should apply the principle of proportionality when determining what sanction to impose.

144. Dr Akbaba reminded the Tribunal that there were no clinical concerns in this case and that he had continued to work safely and professionally. He referred the Tribunal to the testimonials and workplace evidence, which supported his professionalism, communication, clinical practice, accountability and remediation. He stated that the character evidence did

not erase the seriousness of the findings, but are relevant to the whole picture, including his current character.

145. Dr Akbaba also reminded the Tribunal of the report from Prof D, which addressed the context of his case in detail, and offered the opinion that there was no basis to conclude that he posed a risk to patient safety. He submitted that this was consistent with the workplace evidence, the absence of clinical concerns and the lifting of interim conditions in September 2025.

146. Dr Akbaba submitted that he has taken practical remediation steps, including completion of a Professional Boundaries Course, XXX training required by NHSE, prepared a Development and Restoration Plan, XXX. He stated that he had been open with employers even when this has caused difficulty for him.

147. Dr Akbaba submitted that he was willing to be accountable and understood that his previous failures were about emotional reasoning, avoidance, delayed action, not seeking help earlier, and not creating distance earlier. He stated that he was now addressing these root causes through training, XXX, accountability and reflection.

148. Dr Akbaba also recognised that his previous suspension in 2012 may be taken into account by the Tribunal at this stage. He stated that he did not seek to minimise that matter but told the Tribunal he had learnt from that experience. He submitted that the previous matter should be seen as part of his regulatory history, but not as evidence of current patient safety risk or a pattern of similar behaviour.

149. Dr Akbaba asked the Tribunal to take into account the practical and financial impact of a sanction, although he accepted that public protection came first. He told the Tribunal that these proceedings have already had very significant professional and personal consequences, including substantial financial consequences, and an impact on XXX.

150. Dr Akbaba reminded the Tribunal that he has already experienced a prolonged period of restriction, scrutiny and accountability, which he has used to reflect, remediate, seek support, comply with requirements, and demonstrate safe practice. He submitted that the public interest can now be met by a constructive and accountable outcome which allows this process to move forward, rather than by a more restrictive outcome. He submitted that a period of conditions would be sufficient and proportionate, providing structured accountability and reassurance while allowing him to continue safe clinical practice. He

assured the Tribunal that he would fully comply with conditions. He submitted that conditions would be workable, measurable and proportionate in this case because there are no clinical concerns, no patient safety concerns, no repetition, and there is clear evidence of remediation and accountability.

The Tribunal's determination on sanction

151. At the impairment stage, the Tribunal determined that two of the three aspects of public protection were engaged, namely promoting and maintaining public confidence in the profession and upholding professional standards. It is for the Tribunal now to consider what regulatory action, if any, is needed to protect the public.

152. The Tribunal accepted legal advice and the procedure to be adopted under the Guidance (*MPT Hearings > Part C: stage three – sanction > Step 3: decide on sanction*). It 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.

153. The Tribunal also had regard to the Guidance *(Guidance introduction > Protecting the public in specific case types > Case type 8: criminal convictions, cautions, court sanctions and determinations by another body responsible for the regulation of a health or social care profession).* In this case, the Tribunal determined that the current and ongoing risk to public protection in relation to the convictions was medium, so it falls within the sanctions banding of six to 12 months suspension.

154. The Tribunal acknowledged that there is no sanctions banding for the misconduct involved in this case.

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

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

<u>No action</u>

157. The Tribunal considered that there are no exceptional circumstances in this case which would warrant the taking of no action in the context of the facts found proved and the Tribunal's determination on impairment. It considered that taking no action would not be sufficient, proportionate, or in the public interest.

Conditions

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

159. As a starting point, the Tribunal considered that the sanctions banding for convictions does not indicate that conditions would be sufficient to meet the level of risk to public protection. Moreover, given the seriousness of Dr Akbaba's conduct, the Tribunal did not consider that the imposition of conditions would be a proportionate or appropriate response sufficient to satisfy its determined level of the current and ongoing risk to public protection. The Tribunal further considered that it would not be possible to formulate conditions to address Dr Akbaba's conduct and, as such, conditions would be unworkable in this case.

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

Suspension

161. The Tribunal then went on to consider whether imposing a period of suspension on Dr Akbaba's registration would be appropriate and proportionate. The Tribunal acknowledged that suspension has a deterrent effect and bore in mind the sanctions banding tables, referred to above.

162. The Tribunal noted paragraphs 44 and 45 of the relevant section of the Guidance, which provide:

> *'44 Restrictive action of suspension is intended to address the level of current and ongoing risk to public protection and is not intended to be punitive. However, as it prevents a doctor from working and earning a living within that*

profession, it can have this effect. Suspension can also have a deterrent effect and be used to send a signal to the individual doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor.

45 Suspension may be proportionate in cases where some, or all, of the following factors are present:

a conditions are not appropriate, measurable and/or workable

b the level of current and ongoing risk to public protection is such that it cannot be safely managed with conditions and suspension is necessary to stop the doctor from working and putting patients at risk while they gain insight into any deficiencies and remediate, or undergo medical treatment, and/or

c the level of current and ongoing risk to public protection is such that, although patient safety is not an issue, suspension is needed to maintain public confidence in the profession and/or maintain professional standards.'

163. The Tribunal acknowledged that Dr Akbaba was impaired on grounds of both conviction and misconduct. It also took into account its assessment of risk, which it found to be medium in respect of conviction and high in respect of misconduct.

164. The Tribunal took into account its assessment on insight and remediation at the impairment stage, and its view that Dr Akbaba had done all he could to demonstrate insight without admitting the facts before it. It acknowledged that Dr Akbaba has taken some steps to remediate, but that was not yet complete. It was satisfied that his conduct could be remedied and accepted that Dr Akbaba is making progress in that regard.

165. The Tribunal also had regard to the testimonial evidence, which suggested that Dr Akbaba is a good doctor, who is well regarded by his patients and colleagues.

166. The Tribunal then went onto consider whether erasure was the most appropriate and proportionate sanction, as required by the Guidance. It had regard to paragraphs 55 and 57 of the relevant section of the Guidance, which provides:

'55 Erasure is action available for those cases where a doctor's behaviour, performance, or the impact that a health condition is having on their ability to

practise safely and effectively, is incompatible with continued registration at this point in time. It means the level of current and ongoing risk the doctor poses to public protection is so significant that they should not be allowed to practise.

…

57 Erasure may be the proportionate response where:

a conditions are not appropriate, measurable and/or workable and suspension is not sufficient to protect the public

b the doctor's behaviour or performance is such that it caused serious harm, and the risk of harm recurring cannot be mitigated sufficiently through putting conditions or suspension in place

c the doctor has shown a persistent lack of insight into the seriousness of the allegation about their behaviour or performance and the potential or actual consequences, and/or

d the seriousness of the facts found proven and/or impact of any relevant context that increased the current and ongoing risk to public protection mean the effect of the doctor continuing to hold registration is such that it will undermine public confidence in the profession.'

167. Although the conduct in this case was serious, the Tribunal was not satisfied that it was so serious that it warranted complete removal from the register. It determined that erasure would be disproportionate, having regard to Dr Akbaba's insight and his ongoing remediation. Further, it was satisfied that it was possible for Dr Akbaba to remediate his conduct and address the concerns of the Tribunal. Consequently, the Tribunal did not find that Dr Akbaba's conduct was incompatible with continued registration at this point in time. The Tribunal was satisfied that professional standards could be upheld through a period of suspension. The Tribunal was also satisfied that, in the circumstances as outlined above, public confidence would not be undermined by allowing Dr Akbaba to continue to hold his registration despite the seriousness of the facts found proven and the Tribunal's assessment of current and ongoing risk to public protection.

168. Having regard to its findings as set out above, and given the circumstances of this case, the Tribunal determined that suspension is the most appropriate sanction. The Tribunal then went on to consider the length of suspension and whether to direct a review prior to the end of the period of suspension.

Length of suspension

169. In determining the length of suspension, the Tribunal had regard to paragraph 63 of the relevant section of the MPTS Guidance which states:

> *'63 In all cases, once the MPT has identified the level of banding, they will need to decide the appropriate length of sanction to impose within that range provided they are satisfied it is the most proportionate type of action considering the individual circumstances of the case. The following factors will be relevant to deciding the appropriate length of time that conditions or suspension should be put in place for:*
>
> *a the reasons for assessing conditions or suspension as being the proportionate response*
>
> *b 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 likely to have, an impact on their ability to practise safely and effectively*
>
> *c where a condition has been imposed that requires a doctor to complete an assessment of their performance, health or knowledge of the English language, the time needed to complete the assessment, and/or*
>
> *d the amount of time the parties will reasonably need to prepare for a 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.'*

170. The Tribunal considered that a short period of suspension would not adequately mark the gravity of the conduct, or the convictions, nor send a message that such behaviour was

unacceptable. The Tribunal did not see any reason to depart from the sanctions banding identified in the Guidance.

171. The Tribunal acknowledged that any period of suspension would undoubtedly have an impact on Dr Akbaba and would deprive the NHS of a good doctor. However, it was of the view that this was outweighed by the need to uphold professional standards and send out a signal to Dr Akbaba, the public and the profession that his behaviour was unacceptable.

172. The Tribunal was of the view that Dr Akbaba needed sufficient time to remediate his conduct and address the concerns of the Tribunal. Furthermore, the Tribunal acknowledged that this was a case brought on grounds of both conviction and misconduct. For that reason, it considered that a period of suspension longer than the minimum indicated by the sanctions banding would be the most appropriate, although it did not view that the maximum length available was necessary.

173. The Tribunal concluded that a period of suspension for seven months was the appropriate and proportionate response. This period reflects the seriousness of both Dr Akbaba's convictions and the associated misconduct but also acknowledges the positive steps he has made, and the time he needs to complete further remediation.

Review

174. The Tribunal determined to direct a review of Dr Akbaba'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 Akbaba to demonstrate how he has remediated his conduct. It therefore may assist the reviewing Tribunal if Dr Akbaba provides:

- XXX;
- XXX;
- Any other information that he considers will assist.

Determination on Immediate Order - 16/07/2026

175. Having determined that Dr Akbaba's registration should be suspended for a period of seven months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether his registration should be subject to an immediate order.

Submissions

176. On behalf of the GMC, Mr Hamlet made no application for an immediate order, as the GMC did not view that an immediate order was necessary, although he accepted it was a matter for the Tribunal.

177. Dr Akbaba submitted that an immediate order was not necessary or proportionate. He stated that there were no clinical concerns or direct patient safety risk. He reminded the Tribunal of its acknowledgement that he was a well-regarded doctor, and stated that he has worked safely and complied with GMC and NHSE requirements since September 2024 when the investigation into his conduct started. He submitted that an immediate order would add a further restriction without being necessary for patient safety or public protection.

The Tribunal's Determination

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

179. The Tribunal had regard to paragraphs 83 and 84 of the Guidance (*MPT Hearings > Part C: stage three – sanction > Step 3: decide on sanction > Immediate and interim orders following sanction)*, which provide:

> *'83 The decision whether to impose an immediate order is at the discretion of the MPT based on the facts of the case. When deciding if an immediate order is needed the MPT should consider the seriousness of the proved allegation and the level of current and ongoing risk to public protection posed by the doctor.*
>
> *84 It will not usually be appropriate for a doctor to hold unrestricted registration until a sanction takes effect in cases where:*
>
> *a the doctor poses a risk to patient safety*
>
> *b the risk to one or more parts of public protection is high, and/or*
>
> *c immediate action is needed to maintain public confidence in the medical profession.'*

180. The Tribunal determined that there was no direct risk to patient safety. It acknowledged that it had found that there was a high risk to public protection in relation to misconduct, however, this was not in relation to patient safety. Considering the specific circumstances of this case, the Tribunal did not view that immediate action was necessary to maintain public confidence in the medical profession.

181. This means that Dr Akbaba'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 Akbaba does lodge an appeal, he will remain free to practise unrestricted until the outcome of any appeal is known.

182. There was no interim order in place.

183. That concludes this case.

ANNEX A – 23/04/2026
Preliminary applications

184. At the outset of the hearing, Mr Rosemarine, Counsel, raised several preliminary issues on behalf of Dr Akbaba. He raised the following issues:

A The 'blade' conviction should be excluded from the Allegation.
B Paragraph 3 of the Allegation should be struck out because the GMC had failed to state in the Allegation the specific equivalent offence in England and Wales.
C The Preliminary Hearing determination from a hearing held in March 2026 ('the March Tribunal') is not binding as it failed to consider essential evidence and proceeded contrary to MPT Preliminary Hearing Guidance.
D Evidence not considered by the March Tribunal demonstrates that the MPT proceedings constitute double jeopardy.

185. Prior to hearing any submissions, the Tribunal addressed the parties on the issues Mr Rosemarine intended to raise. The Tribunal considered that Points B and D were addressed by the March Tribunal and suggested that, at this stage, Mr Rosemarine only make submissions on Points A and C. It considered that, if the Tribunal granted Mr Rosemarine's application in relation to Point C, it could then hear submissions on Points B and D as it would have determined that the March Tribunal was not binding. However, if the Tribunal refused the application in relation to Point C and it considered the March Tribunal to be binding, then Points B and D would fall away, having already been addressed by that Tribunal.

186. The Tribunal invited comment from the parties regarding this suggestion and each agreed to this approach. Having received consent from both parties, the Tribunal invited Mr Rosemarine to make submissions on Points A and C only.

Submissions

187. On behalf of Dr Akbaba, Mr Rosemarine set out that he and the GMC agreed that judgements were made by the Turkish judiciary and that Dr Akbaba accepted he should have informed the GMC and NHS of those proceedings off his own back. However, he said that the Turkish judgements were corrupt and deeply prejudicial, both systematically and specifically towards Dr Akbaba because of his previous treatment at the hands of the state and because of his accuser claiming he was XXX.

188. In relation to Point C, Mr Rosemarine submitted that the March Tribunal could not be relied upon because it had failed to take into account, or even read, essential evidence submitted that showed Dr Akbaba's compliance with the Turkish regulator. He said that, if they had read this evidence, then the March tribunal would not have come to the conclusions that it had.

189. Mr Rosemarine also submitted that he had been denied the opportunity to put his case to the March Tribunal and that it had been procedurally unfair because the GMC had been allowed to present their case out of order. In response to Tribunal questions, Mr Rosemarine accepted that he had been able to present his case to the March Tribunal but had not been able to put his case as 'he wished' or point out essential evidence from the bundle, which led to the March Tribunal not reading that evidence. He said that there was no evidence in the March Tribunal's determination that it had taken into account judgements from the European Court of Human Rights, evidence relating to Dr Akbaba's compliance with the Turkish regulator or Dr Akbaba's bundle relating to his right to a fair trial.

190. In relation to Point A, Mr Rosemarine submitted that, whilst Dr Akbaba had received a conviction for two incidents of violence, the second incident (the one involving a knife) was entirely fictitious. He said that Dr Akbaba's accuser had never made mention of a knife and that it was unclear how that came to be part of the sentencing.

191. Mr Rosemarine highlighted discrepancies in dates contained within the judgement and submitted that the authorities had acknowledged factual errors had been made but that it was unclear by whom. Mr Rosemarine submitted that Rule 17(6) of the General Medical Council (Fitness to Practise) Rules 2004, as amended, ('the Rules') gave the Tribunal the power to strike out an allegation.

192. On behalf of the GMC, Mr Halliday, Counsel, submitted that, in relation to Point C, there was nothing to undermine the basis on which the March Tribunal made its decisions. He said that it was a striking submission by Mr Rosemarine to allege that the March Tribunal had not read documents. He said that, whilst there may have been no specific mention in their determination of the documents in question, the issues faced by the March Tribunal did not require such reference. Mr Halliday submitted that the documents that Mr Rosemarine said were not read were not relevant to the decisions being made by the March Tribunal.

193. Mr Halliday acknowledged in his written submissions that the parties had presented out of turn at the March Tribunal, but that no injustice was caused to Dr Akbaba by this and that he was able to make his case. Mr Halliday also submitted that the Guidance for Preliminary Hearings is merely guidance, not rule.

194. Mr Halliday submitted that an allegation of the corruption of the Turkish authorities was not to be addressed in this arena. It is not for an MPT to go behind a criminal conviction or to investigate international corruption allegations.

195. In relation to Point A, Mr Halliday submitted that Rule 17(6) is the appropriate Rule for the Tribunal to consider this application but that it provided no power to 'strike out' an allegation, merely to amend. Mr Halliday accepted that the issue of a knife was an error of unclear origin but submitted that the GMC did not rely upon the fact of a knife. Mr Halliday submitted that there was nothing for the Tribunal to correct in relation to this paragraph of the Allegation and that it did not have the power to amend a paragraph out of existence.

The Tribunal's decision

196. The matters raised by Mr Rosemarine are for the Tribunal's judgement alone under Rule 17(2)(a), taking into account the submissions of both parties.

Point A

197. The Tribunal began by considering Point A, the issue of the knife allegation. It first turned to identify the applicable rule:

'17…
(6) Where, at any time, it appears to the Medical Practitioners Tribunal that—

(a) the allegation or the facts upon which it is based and of which the practitioner has been notified under rule 15, should be amended; and
(b) the amendment can be made without injustice,

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

198. The Tribunal accepted Mr Halliday's submission that this rule did not provide the Tribunal with the power to 'strike out' an allegation, merely to amend it.

199. The Tribunal considered that the principle of injustice applied to both parties.

200. The Tribunal noted that the Allegation makes no reference to a 'blade'. The Tribunal reminded itself that, unlike the March Tribunal, this Tribunal has a fact finding role – if an allegation is not proved by the GMC, it will be found not proved.

201. As such, the Tribunal refused Point A of Mr Rosemarine's application.

Part C

202. The Tribunal then went on to consider Mr Rosemarine's application that the March Tribunal's decision should not be binding upon this Tribunal.

203. The Tribunal considered that Mr Rosemarine's case was that the March Tribunal had proceeded out of order, meaning he had been unable to put his case in the way he desired and that the March Tribunal had not read essential evidence, leading them to make incorrect decisions.

204. The Tribunal considered that it was not a requirement of the March Tribunal to specifically list all the evidence it had read and that not doing so did not mean it had not read a document. Nor was this proven by the March Tribunal coming to different conclusions than those that Mr Rosemarine thought they should do.

205. The Tribunal acknowledged that the Preliminary Hearing guidance does say that Mr Rosemarine should have made submissions before the GMC but that this was guidance, not rule. The Tribunal had been provided no evidence or explanation about why the order was reversed but did not consider that it caused any unfairness as Mr Rosemarine had clearly been able to make his case through submissions and had provided extensive documentary evidence.

206. The Tribunal determined that there was nothing to undermine the determinations of the March Tribunal and could see no reason why it would be unjust to abide by their decisions. It considered that there was no evidence that the March Tribunal did not read the documents in question, only that Mr Rosemarine says they would have come to a different conclusion if they had done so. The Tribunal considered that no disadvantage was caused by the parties making submissions out of order.

207. As such, the Tribunal refused Pact C of Mr Rosemarine's application.

208. In light of both parties' agreement to the Tribunal's suggested approach, set out above, the Tribunal determined that Parts B and D of Mr Rosemarine's application fell away and that he would not be invited to make submissions on those points – the March Tribunal's decisions are binding and there is no power to have an allegation excluded at this stage.

209. For completeness, the Tribunal noted that the March Tribunal appeared to make a determination that Dr Akbaba's convictions do have equivalent offences in England and Wales. This decision is merely that the allegation is capable of falling under conviction as a statutory ground for impairment – it did not make findings on the facts of this allegation. The March Tribunal was not a fact finding Tribunal, whereas this Tribunal is. The burden of proving paragraph 3 of the Allegation remains with the GMC and the Tribunal has a duty under Rule 17 to make findings of fact.

ANNEX B – 19/06/2026

Application to admit further evidence

210. Dr Akbaba's MPT hearing reconvened on 18 June 2026 whilst the Tribunal was in camera at the impairment stage. Between the Tribunal having adjourned part heard and having reconvened, Dr Akbaba had informed the MPTS Case Management Team that he was no longer legally represented by Mr Rosemarine XXX. Dr Akbaba also wished to provide further evidence to be considered at the impairment stage, before the Tribunal made its final determination.

211. Dr Akbaba provided a statement addressing Insight, Remediation, Current Risk and Relevant Context, dated 27 May 2026, along with twelve workplace supervisor reports, dated from January 2026 to April 2026. He also provided a letter of support from Dr F, GP partner and GP colleague of Dr Akbaba, Barton House Group Practice, London, dated 17 June 2026.

212. Dr Akbaba wished for Dr F be permitted to provide oral evidence during the hearing, before the Tribunal made its determination on impairment. He said Dr F would be available from 14:30 and that his evidence would be based upon the information Dr F provided in his letter of support.

213. Mr Christopher Hamlet, Counsel, on behalf of the GMC, submitted that there was no objection to the documentary material being admitted and that the GMC were neutral. Mr Hamlet objected to Dr F providing oral evidence as the content of Dr F's letter of support was not disputed, that it was essentially a testimonial. He noted the time remaining in this listing and did not wish to unnecessarily delay proceedings.

214. Mr Hamlet raised a further matter in which he said it would be for Dr Akbaba to make an application if he so wished, but it was not an application he was making. He drew the Tribunal's attention to the fact that Mr Rosemarine, Dr Akbaba's former representative was

attending as an observer, and that XXX, Dr Akbaba may take a view on that and wish to make an application regarding Mr Rosemarine attending the hearing as an observer. Mr Hamlet submitted however, that pursuant to Rule 41 of the Rules, these proceedings should be heard in public session.

215. Dr Akbaba said that he was more stressed by the fact that Mr Rosemarine was attending the hearing as an observer. XXX. Dr Akbaba said he would feel more comfortable without Mr Rosemarine's presence.

Tribunal's Decision

216. In respect of admitting the documentary evidence Dr Akbaba wished to submit, the Tribunal noted that there was no objection from the GMC. The Tribunal considered whether it would be both fair to admit the evidence and whether it was relevant.

217. The Tribunal considered that the evidence was relevant as it went to the question of Dr Akbaba's insight and remediation. It was satisfied that given Dr Akbaba was now representing himself and it had not yet announced its final determination on impairment, it was fair to admit the evidence.

218. The Tribunal then considered whether to allow Dr Akbaba to call Dr F to provide oral evidence. The Tribunal noted that Dr F was available from 14:30. At the time of considering the application it was around midday (just before lunch time). The Tribunal considered that Dr F may be able to expand on his letter of support and clarify points relating to Dr Akbaba's insight and remediation efforts. Considering the time of day the Tribunal was of the view that minimal delay would be caused by waiting for Dr F to give evidence.

219. The Tribunal was satisfied that it may benefit from hearing from Dr F and granted the application for him to provide oral evidence.

220. The Tribunal then went on to consider whether to exclude Mr Rosemarine from the proceedings.

221. The Tribunal had regard to Rule 42 of the Rules, which states:

> *'The Committee or Tribunal may exclude from any hearing any person whose conduct, in their opinion, is likely to disrupt the orderly conduct of the proceedings.'*

222. The Tribunal are not of the opinion at this stage that Mr Rosemarine's presence alone is likely to disrupt the orderly conduct of the proceedings and so did not exclude him under that Rule.

223. The Tribunal then went on to consider Rule 41 of the Rules which states:

> *'(1) Subject to paragraphs (2) to (6) below, hearings before the Committee and a Medical Practitioners Tribunal shall be held in public.*
>
> *(2) The Committee or Medial Practitioners Tribunal may determine that the public shall be excluded from the proceedings or any part of the proceedings, where they consider that the particular circumstances of the case outweigh the public interest in holding the hearing in public.'*

224. The Tribunal reminded itself that the starting point is that all hearings will be held in public. Having considered the particular circumstances of this case, the Tribunal was not satisfied that the additional pressure placed on Dr Akbaba, by the presence of Mr Rosemarine was sufficient to outweigh the public interest in holding the hearing in public. It determined therefore that Mr Rosemarine was not to be excluded but it retained the right to revisit this decision should it become necessary.