

PUBLIC RECORD

Dates: 02/05/2023 - 05/05/2023

Medical Practitioner's name: Dr Rene LESKOVAC

GMC reference number: 7478149

Primary medical qualification: MD 2011 University of Zagreb

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

Summary of outcome

Erasure

Immediate order imposed

Tribunal:

Legally Qualified Chair	Mr Jonathan Storey
Lay Tribunal Member:	Ms Jenny Portway
Medical Tribunal Member:	Dr Barry Adams-Strump

Tribunal Clerk:	Mr Joel Taylor
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Attendance and Representation:

Medical Practitioner:	Present and not represented
GMC Representative:	Mr Ged Doran, Counsel

Attendance of Press / Public

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

Overarching Objective

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

Determination on Facts and Impairment - 03/05/2023

Background

1. Dr Leskovac qualified in 2011 in Zagreb, Croatia. At the time of the events that led to his conviction Dr Leskovac was practising as a functional assessor.
2. The allegation that has led to Dr Leskovac's hearing is that on 14 October 2021, he was convicted of two counts of possessing an indecent image of a child and one count of possessing extreme pornographic images. Dr Leskovac was sentenced to a 12 month Community Order and a sexual harm prevention order ('SHPO'). The SHPO set out that Dr Leskovac be prohibited from contacting 'any female person known or believed to be under the age of 16' and restricted in his use of devices capable of accessing the internet. Dr Leskovac entered a guilty plea on 14 October 2021 but had previously denied any wrongdoing.
3. The initial concerns were raised with the GMC on 12 July 2018 by Dr Leskovac's self-referral.

The Allegation and the Doctor's Response

4. The Allegation against Dr Leskovac is as follows:

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

1. On 14 October 2021 at Nottingham Crown Court you were:
 - a. convicted of:
 - i. two counts of possessing an indecent photograph/ pseudo photograph of a child; and **Admitted and found proved**

- ii. possessing extreme pornographic images – act of intercourse/ oral sex with a dead/ alive animal. **Admitted and found proved**
- b. sentenced to:
- i. sexual harm prevention order for a period of five years under S.103 of the Sexual Offences Act 2003; **Admitted and found proved**
 - ii. community sentence – Must undertake Rehabilitation Activity Requirement for a maximum of 15 days as part of a 12-month Community Order – Concurrent. **Admitted and found proved**

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

To be determined

The Admitted Facts

5. At the outset of these proceedings, Dr Leskovac admitted the Allegation in full, as set out above, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'). In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.
6. 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 Leskovac's fitness to practise is impaired by reason of a conviction for a criminal offence.

The Evidence

7. The Tribunal had regard to the documentary evidence provided by the parties. This included, but was not limited to:
 - Certificate of conviction;
 - Sentencing remarks;
 - Police reports;
 - Police witness statements;
 - Dr Leskovac's Defence Statements;

- Records of Dr Leskovic’s police interviews;
 - A letter from Dr Leskovic to the GMC;
 - Dr Leskovic’s (undated) witness statement;
 - Dr Leskovic’s comments on aspects of the police investigation;
 - An email from Dr Leskovic to his then solicitors;
 - Two expert reports commissioned by Dr Leskovic’s then solicitors;
 - Timelines of Dr Leskovic’s activities;
 - Various photographs, screenshots and correspondence adduced by Dr Leskovic.
8. Dr Leskovic also gave oral evidence at the hearing. In his evidence, Dr Leskovic told the Tribunal that, whilst he admitted as a matter of fact his conviction and sentence, he had only pleaded guilty on legal advice and under duress and that he still maintained he never did the things he was convicted of. He said that he had never seen indecent images of children until he was shown them at a police interview.
9. He told the Tribunal that, at the time of his arrest, he was working as a Functional Assessor, where he regularly saw clients who had been victims of child abuse. Dr Leskovic said that this had given him a full understanding of the harm that child abuse can cause and that he would never engage in such activities.
10. Dr Leskovic told the Tribunal that it was correct that he lacked insight because he did not accept that he did the things he was convicted for. He said it would be dishonest for him to falsely claim insight. He told the Tribunal that he had been fully compliant with the Police investigation from the start, informing the GMC of his conviction and complying with all the requirements of his community order.
11. Dr Leskovic told the Tribunal that he was subject to regular police inspections of his devices at home and that there has never been anything flagged from these inspections. He also confirmed that he had pleaded guilty to the entire indictment.

Submissions

On behalf of the GMC

12. Mr Ged Doran, Counsel on behalf of the GMC, submitted that Dr Leskovic had been convicted of a serious crime and for actions that the public would find abhorrent. He submitted that the serious nature of Dr Leskovic’s convictions violated fundamental principles of the profession and that a finding of impairment was necessary to maintain public trust in the profession as well as to uphold proper professional standards.

13. Mr Doran noted that the Certificate of Conviction did not specify in relation to which of the images described in the police evidence Dr Leskovac had been convicted but submitted that, regardless of which images were in question, Dr Leskovac’s conduct was a serious departure from Good Medical Practice (2019) (‘GMP’), breached fundamental tenets of the profession and had brought the profession into disrepute.
14. Mr Doran submitted that Dr Leskovac had sought to lay blame for his conviction elsewhere including a friend in Croatia and the police and that his denial of any wrongdoing showed that he had no remorse or insight and had not remediated.
15. Mr Doran referred the Tribunal to Dame Janet Smith's test in The Fifth Shipman Report, cited in *CHRE v NMC and P Grant [2011] EWHC 927 (Admin)*, which set out factors that it must regard when considering impairment:
 - ‘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.*--
 - 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.’*
16. Mr Doran submitted that Dr Leskovac’s actions had brought the profession into disrepute and undermined public confidence. He also submitted that, because of his lack of insight, Dr Leskovac was liable in the future to repeat his actions.

On behalf of Dr Leskovac

17. Dr Leskovac submitted that the Tribunal had seen no evidence that his fitness to practise was impaired. He said that it would be paradoxical and dishonest to show insight into something he did not do.
18. Dr Leskovac submitted that he had admitted that he had received a conviction and that he had advised the GMC at an early stage. He told the Tribunal that he had remediated in regard to his conviction because he had fully engaged and complied with the requirements of his sentence. He submitted that complying with these requirements, whilst being convicted of something of which he was innocent, demonstrated his commitment to be lawful and proper. He submitted that he was no risk to patients.

The Relevant Legal Principles

19. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision of impairment is a matter for the Tribunal's judgement alone.
20. The Tribunal must determine whether Dr Leskovac's fitness to practise is impaired today, taking into account his conviction and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.
21. The Tribunal reminded itself that it should not attempt to punish Dr Leskovac for a second time during this process, following his sentence at the conclusion of the criminal proceedings. Instead, the Tribunal should have regard to the circumstances of this case, and how this relates to each limb of the overarching objective and the wider public interest, while not of course seeking to go behind the conclusions of the criminal court.
22. In considering the difference between criminal and regulatory proceedings, the Tribunal had regard to *PSA v HCPC [2014] EWHC 2521*, in which it was set out that 'A criminal conviction...marks a breach of criminal law. A finding of impairment marks a breach of professional standards' and that those professional standards are set out in GMP.
23. The Tribunal also had regard to the case of *Bawa-Garba v General Medical Council (Respondent) [2018] EWCA Civ 1879* where it was noted that the criminal court and the Tribunal were different bodies, with different functions, addressing different questions and at different times.

24. The Tribunal was also mindful of the considerations set out in *Dey v. General Medical Council (GMC) [2001] UKPC 44* which states:

'The object of disciplinary proceedings against a medical practitioner who has been convicted of a criminal offence is twofold. It is to protect members of the public who may come to him as patients and to maintain the high standards and reputation of the profession. It is not to punish him a second time for the same offence. Nevertheless the same conduct which constitutes the offence for which he has been convicted may also demonstrate that the need to maintain the standards and reputation of the profession or to protect the public or both requires the erasure of his name from the Register. There is no clear line of demarcation: the difference lies not in the facts themselves but in the perspective from which they are viewed.'

The Tribunal's Determination on Impairment

25. The Tribunal began by reminding itself of paragraphs 1 and 65 of GMP, which say:

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

...

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

26. The Tribunal had regard to the Certificate of Conviction and the Judge's sentencing remarks. In particular, it noted the following:

'...committing offences of this kind is simply wrong, wholly wrong, unforgivably wrong. Every child in those images is a real person...every time someone looks at those images, the dignity of that child is stripped away even more.

...Some of what you said to the probation officer...suggests that you do not accept that you commit(sic) these offences. I sentence you on the basis that you did...If I were to

sentence you on the basis of all of the material that I have read about in this case, you would be going to prison and for some time. But I am bound...to sentence you on the basis of what you pleaded guilty to.'

27. The Tribunal reminded itself that Dr Leskovic had been convicted of possessing indecent images of children and extreme pornography involving animals. It was satisfied that these offences were very serious and considered that they amounted to a clear breach of the standards set out in GMP, specifically paragraphs 1 and 65.
28. The Tribunal had no doubt that Dr Leskovic's conviction brought the profession into disrepute and undermined public confidence in the profession. The public would be justifiably appalled that a doctor had committed serious offences, including those linked to the abuse of children and indicating a sexual interest in children and animals, and would be unlikely to feel safeguarded if Dr Leskovic was their clinician.
29. It further considered that Dr Leskovic's convictions breached fundamental tenets of the profession and were contrary to each of the three limbs of the overarching objective. In its view, Dr Leskovic's fellow practitioners would regard the conduct that led to his convictions as deplorable.
30. The Tribunal heard Dr Leskovic's evidence that he understood the impact that abuse has but noted that he still went on to commit offences. Although Dr Leskovic maintained that he was innocent the Tribunal reminded itself that he had pleaded guilty and that the Tribunal could not go behind this conviction.
31. The Tribunal was also mindful that it had seen no evidence of insight or remediation into the conduct that led to Dr Leskovic's conviction and so considered that there was a real risk of repetition.
32. The Tribunal was therefore satisfied that Dr Leskovic's fitness to practise is currently impaired by reason of his conviction. The seriousness of the conviction was such that public confidence in the medical profession would be seriously undermined were it to make a finding of no impairment.
33. The Tribunal determined that this decision was consistent with the need to protect, promote, and maintain the health, safety, and well-being of the public; promote and maintain public confidence in the medical profession; and promote and maintain proper professional standards and conduct for members of the profession. The Tribunal further noted that criminal conduct such as that of which Dr Leskovic was convicted helped

perpetuate the market for indecent images of children and contributed to the continuing risk to the safety and wellbeing of children from the creation and dissemination of such material.

Determination on Sanction - 05/05/2023

34. Having determined that Dr Leskovic's fitness to practise is impaired by reason of his 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.

The Outcome of Applications Made during the Sanction Stage

35. The Tribunal determined to proceed in the absence of Dr Leskovic after he did not re-join the hearing after making his oral submissions on sanction. The details of this determination can be found in Annex A.

The Evidence

36. The Tribunal took into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

Submissions

37. On behalf of the GMC, Mr Doran submitted that the Tribunal must ensure that any sanction it imposes be sufficient to protect patients and maintain public confidence in the profession. He referred the Tribunal to paragraph 92 of the Sanctions Guidance (2020) ('the SG'), which deals with suspension:

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

38. Mr Doran submitted that the Tribunal must consider if the facts found proved and the particulars set out in the impairment determination mean that Dr Leskovac’s convictions are fundamentally incompatible with his continued registration.
39. Mr Doran submitted that, although Dr Leskovac did not receive a prison sentence, the Tribunal had seen the sentencing remarks, which highlighted the serious and grave negative impact that crimes of this nature have on children. He also referred the Tribunal to paragraphs 151 – 159 of the SG, which deal with sex offences and child abuse materials. In particular, he highlighted paragraph 153:

‘153 While the courts distinguish between degrees of seriousness, any conviction for child sex abuse materials against a registered doctor is a matter of grave concern because it involves such a fundamental breach of the public’s trust in doctors and inevitably brings the profession into disrepute. It is therefore highly likely that, in these cases, the only proportionate sanction will be erasure. However, the tribunal should bear in mind paragraphs 20–23 and 61–111 of this guidance, which deal with the options available to it, and the issue of proportionality...’

40. Mr Doran reminded the Tribunal that Dr Leskovac had been convicted of possession of indecent images of children and submitted that paragraph 153 of the SG made it clear that erasure was the appropriate and proportionate sanction to impose.
41. Dr Leskovac submitted that he had not breached any elements of GMP as he was innocent of the charges that were brought against him. He told the Tribunal that he is a good doctor and keeps his medical knowledge up to date by reading academic papers and articles.
42. Dr Leskovac told the Tribunal that his role as a Functional Assessor involved him offering legal and health advice to benefits claimants. He said that, in this role, he developed good professional relationships with clients and submitted that his role improved public trust in the medical profession. He submitted that this went to paragraph 65 of GMP and showed that he was not in breach of that paragraph.
43. Dr Leskovac submitted that he was guilty of no wrongdoing, had never put patients at risk, was of previous good character and had always conducted himself honestly and with integrity. He submitted that he poses no risk of repetition as he does not use the internet except in exceptional circumstances.

44. Dr Leskovac acknowledged that a doctor with this sort of conviction would probably need to receive some sort of sanction, but said that a member of the public that was aware of the facts and circumstances of the case would understand his innocence.

The Legal Principles

45. The Tribunal had regard to the SG and GMP, as well as the submissions of both parties, and bore in mind that the purpose of imposing a sanction was to serve the overarching objective, not to punish the doctor, although a sanction may have a punitive effect.
46. The Tribunal bore in mind the principle of proportionality, balancing the interests of Dr Leskovac with the need to uphold professional standards, maintain public confidence in the profession and protect patients. It reminded itself that the reputation of the profession as a whole was more important than that of any particular doctor.
47. The Tribunal had particular regard to the following paragraphs of the SG:

'115 If the tribunal receives a signed certificate of a conviction or determination...then it must accept the certificate as conclusive evidence that the offence was committed, or that the facts are as found by the determination...

116 The purpose of the hearing is not to punish the doctor a second time for the offences they were found guilty of. The purpose is to consider whether the doctor's fitness to practise is impaired as a result. If so, the tribunal then needs to consider whether to restrict the doctor's registration to protect the public (who might come to the doctor as patients) and to maintain the high standards and good reputation of the profession...

117 However, the tribunal should bear in mind that the sentence or sanction previously imposed is not necessarily a definitive guide to the seriousness of the offence. There may have been personal circumstances that led the court or regulatory body to be lenient. For example, the court may have expressed an expectation that the regulatory body would erase the doctor. Similarly, the range of sanctions and how they are applied may vary significantly amongst other regulatory bodies.'

48. The Tribunal also had regard to relevant caselaw including: *Professional Standards Authority for Health and Social Care v General Medical Council & Dighton (Rev 1) [2020] EWHC 3122 (Admin)* and *Dey v. General Medical Council (GMC) [2001] UKPC 44*.

The Tribunal's Determination on Sanction

49. The Tribunal began by considering the aggravating and mitigating factors in this case. It considered that the very serious nature of Dr Leskovac's convictions and his lack of insight were aggravating factors. In relation to insight, the Tribunal noted that, in his police interview, Dr Leskovac initially suggested that an acquaintance from Croatia had remote access to his laptop. He later claimed that GPS location data proved that he was not with his laptop at the relevant times. More recently, in the course of these proceedings, Dr Leskovac suggested that a named police officer was responsible for the presence of the indecent images on his devices. The Tribunal found these varying explanations to be unpersuasive and an attempt to divert blame from himself. The Tribunal noted that Dr Leskovac had been legally represented before the criminal courts and had entered guilty pleas, which had not successfully been appealed.
50. The Tribunal accepted that Dr Leskovac was of previous good character and considered this as a mitigating factor.
51. The Tribunal then went on to consider what sanction, if any, would be appropriate and proportionate.
52. The Tribunal considered that the serious nature of Dr Leskovac's convictions meant that taking no action was not possible in this case. Equally, it took the view that conditions would not be proportionate to the severity of the convictions. It also considered that no conditions could be formulated to address the concerns of the convictions.
53. The Tribunal then went on to consider an order of suspension. The Tribunal noted that an order of suspension could be an appropriate sanction to allegations of this nature under certain circumstances. It had regard to paragraph 92 of the SG, as set out above, and turned to consider if Dr Leskovac's convictions were fundamentally incompatible with continued registration.
54. The Tribunal considered that the grave nature of Dr Leskovac's convictions engaged all three limbs of the overarching objective. The Tribunal was of the view that it was fundamental to public trust in the profession that doctors are not convicted of sexual offences involving children. It considered that Dr Leskovac had made a serious departure

from GMP and shown no insight. Although it noted that there was no evidence that the behaviour that led to Dr Leskovac’s convictions had since been repeated it found, for the reasons set out in its Facts and Impairment determination, that there remained a real risk of repetition.

55. The Tribunal considered that the offences for which Dr Leskovac was convicted would be seen as morally reprehensible by fellow practitioners and the public and brought the reputation of the profession seriously into disrepute. His convictions were for conduct that helped perpetuate the market for indecent images of children and contributed to the continuing risk to the safety and wellbeing of the public, including children, from the creation and dissemination of such material.
56. The Tribunal turned to paragraph 153 of the SG, as set out above. It considered that, in light of the above and in accordance with this paragraph of the SG, Dr Leskovac’s convictions were incompatible with continued registration and that an order of suspension would not satisfy the need to maintain public confidence and uphold proper standards.
57. In these circumstances, the Tribunal was satisfied that a sanction of suspension would be inappropriate and insufficient to mark the gravity of Dr Leskovac’s convictions, and that a period of suspension would be insufficient to promote and maintain public confidence in the medical profession and proper standards of conduct or to safeguard the health, safety and wellbeing of the public.
58. It considered that the following factors listed in paragraph 109 of the SG, the presence of any of which the SG states may indicate erasure is appropriate, to be engaged in this case:
 - a** A particularly serious departure from the principles set out in *Good medical practice* where the behaviour is fundamentally incompatible with being a doctor.
 - b** A deliberate or reckless disregard for the principles set out in *Good medical practice* and/or patient safety.
 - ...
 - d** Abuse of position/trust (see *Good medical practice*, paragraph 65: ‘*You must make sure that your conduct justifies your patients’ trust in you and the public’s trust in the profession*’).
 - ...

- f Offences of a sexual nature, including involvement in child sex abuse materials (see further guidance below at paragraphs 151 - 159).
- ...
- j Persistent lack of insight into the seriousness of their actions or the consequences.'

59. The Tribunal determined that the only appropriate and proportionate sanction in this case was one of erasure. Erasure was the only sanction sufficient to protect, promote, and maintain the health, safety, and wellbeing of the public; promote and maintain public confidence in the medical profession; and promote and maintain proper professional standards and conduct for members of the profession.
60. In light of the above, the Tribunal determined to erase Dr Leskovac's name from the medical register.

Determination on Immediate Order - 05/05/2023

61. Having determined to erase Dr Leskovac's name from the register, the Tribunal then considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Leskovac's registration should be subject to an immediate order.

Submissions

62. On behalf of the GMC, Mr Doran submitted that an immediate order of suspension was necessary in order to protect members of the public and was otherwise in the public interest. He submitted that the circumstances and nature of Dr Leskovac's convictions represented a serious and fundamental breach of the trust that the public must have in a doctor.
63. Mr Doran also submitted that there was a real risk to patients and the protection of public confidence in the profession required an immediate order be imposed.

The Tribunal's Determination

64. In reaching its decision, the Tribunal took into account the submissions from Mr Doran, and its previous determinations.

65. The Tribunal exercised its own judgement and took into account the principle of proportionality. The Tribunal bore in mind that it may impose an immediate order where it was satisfied that it was necessary for the protection of members of the public or is otherwise in the public interest or was in the best interests of the practitioner. It has also considered the guidance given in paragraphs 172 – 178 of the SG. It had particular regard to paragraphs 172, 173, and 178:

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

173 An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor's special position of trust, or where immediate action must be taken to protect public confidence in the medical profession.

...

178 Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect.'

66. The Tribunal noted that Dr Leskovac was already under an IOT suspension and would not be disadvantaged by an immediate order. It also considered that not imposing an immediate order would have a negative impact on public confidence in the profession. Having considered the submissions, and in light of all the circumstances of the case and having particular regard to the gravity of the conviction and the real risk of repetition, the Tribunal determined that it was necessary to impose an immediate order on Dr Leskovac's registration in order to protect members of the public and on the basis that it was in the public interest.

67. This means that Dr Leskovac's registration will be suspended from the date on which notification of this decision is deemed to have been served upon him. The substantive direction, as already announced, will take effect 28 days from that date, unless an appeal

is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

68. The interim order will be revoked when the immediate order takes effect.

69. This concludes the case

ANNEX A – 05/05/2023

Application to proceed in Dr Leskovac’s absence.

70. On day three of the hearing, having made submissions on sanction, Dr Leskovac did not return after a break in proceedings. He did not contact the Tribunal or MPTS staff to advise of a technical issue and attempts to contact him were unsuccessful.
71. Therefore, the Tribunal invited submissions from Mr Doran on whether it should proceed in Dr Leskovac’s absence.

Submissions

72. On behalf of the GMC, Mr Doran submitted that it appeared that Dr Leskovac had voluntarily absented himself from the hearing and that the Tribunal had made all reasonable efforts to contact him. He noted that the Tribunal had allowed ample time for Dr Leskovac to return or contact the Tribunal.
73. Mr Doran also submitted that, at the stage of the hearing at which Dr Leskovac absented himself, it was unlikely that there would be further material submissions from either party and that Dr Leskovac would not be disadvantaged if the hearing were to proceed in his absence.

Legal advice

74. The Tribunal had the discretion to proceed in the doctor’s absence, as set out in Rule 31 of the Fitness to Practise Rules (2004) (‘the Rules), which states:

‘31 Where the practitioner is neither present nor represented at a hearing, the Committee or Panel may nevertheless proceed to consider and determine the allegation if they are satisfied that all reasonable efforts have been made to serve the practitioner with notice of the hearing in accordance with these Rules.’

75. The Tribunal was mindful of the principle, set out in *R v Hayward [2001] EWCA Crim 168*, as applied in *R v Jones [2002] UKHL 5* and *General Medical Council v Adeogba, General Medical Council v Visvardis [2016] EWCA Civ 162*, that the discretion to proceed in the absence of a doctor should be exercised with appropriate care and caution, balancing the interests of the doctor with the wider public interest.

The Tribunal's determination

76. The Tribunal noted that Dr Leskovac had attended the hearing so far and had already made his submissions at the sanction stage. It considered that it would not be unfair to Dr Leskovac for the hearing to proceed in his absence from this point.
77. The Tribunal considered that sufficient time and effort had been given to enable Dr Leskovac to re-join the hearing or contact MPTS staff but that he had not taken these opportunities. It therefore concluded that Dr Leskovac had voluntarily absented himself from these proceedings.
78. The Tribunal reminded itself that there was a public interest in disposing of cases efficiently and therefore determined to proceed in Dr Leskovac's absence.