

PUBLIC RECORD

Dates: 29/09/2020

Medical Practitioner's name: Miss Fawzia ASHKANANI

GMC reference number: 4621777

Primary medical qualification: MB BCh 1985 University of Kuwait

Type of case	Outcome on impairment
MPT - Review	Impaired

Summary of outcome

6 months suspension

Tribunal:

Legally Qualified Chair	Ms Christina Moller
Lay Tribunal Member:	Mr Peter Scofield
Medical Tribunal Member:	Dr Andrew Hoyle

Tribunal Clerk:	Ms Fiona Johnston
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Attendance and Representation:

Medical Practitioner:	Not present and not represented
GMC Representative:	Ms Ceri Widdett, Counsel

Attendance of Press / Public

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

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 Impairment - 29/09/2020

1. The Tribunal has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') whether Miss Ashkanani's fitness to practise is impaired by reason of misconduct.

The Outcome of Applications Made during the Impairment Stage

2. The Tribunal accepted the GMC's submissions, made pursuant to Rules 20 and 40 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'), that notice of this hearing had properly been served on Miss Ashkanani, and granted its application, made pursuant to Rule 31 of the Rules, that this hearing should proceed in her absence. The Tribunal's full decision on these applications is included at Annex A.

Background

3. Miss Ashkanani's Medical Practitioners Tribunal Hearing took place in February 2020 ('the February 2020 Tribunal') and centred around the treatment and care that Miss Ashkanani provided to Patient A over a number of days in December 2013. Patient A had undergone a repair of his right inguinal hernia ('the surgery') on 27 December 2013. Patient A had been discharged on 28 December 2013 but on the car journey home had developed severe chest and upper abdominal pain. His son brought him back to the hospital and he was re-admitted via the Accident and Emergency Department. Patient A's condition slowly deteriorated and he died on 9 February 2014. Initial concerns were raised with the GMC on 10 November 2016 by Patient A's son.

February Tribunal

4. At the outset of the February 2020 hearing Miss Ashkanani admitted the majority of the paragraphs and subparagraphs of the Allegation. These admissions included that she had, on 12 December 2013, failed to:

- review Patient A's medical records;
- reassess whether Patient A required the surgery;
- check that Patient A was taking Bisoprolol pre-operatively;

- obtain an up to date assessment of Patient A's blood test results prior to surgery;
- record having undertaken a number of clinical actions.

It was also admitted that Miss Ashkanani inappropriately changed Patient A's admission to a 23-hour stay when an inpatient admission was indicated.

Miss Ashkanani admitted that she had, on 27 December 2013, failed to:

- review patient A's medical records pre-operatively;
- consider that Patient A was not taking Bisoprolol pre-operatively;
- consider that Patient A had only stopped taking Warfarin 4 days pre-operatively as opposed to the recommended 7-day period and advise the Consultant Anaesthetist of this;
- obtain an up to date assessment of Patient A's blood test results prior to surgery;
- discuss postponing the Surgery with Patient A;
- cancel or postpone the Surgery with Patient A;
- outline the risks of the Surgery to Patient A;
- admit Patient A as an inpatient;
- arrange for the monitoring of Patient A in HDU post-operatively;
- record her assessment and having undertaken certain actions.

Miss Ashkanani further admitted that she had, on 28 December 2013, failed to:

- review patient A's blood test results;
- monitor or arrange monitoring of Patient A's fluid intake and urine output;
- adequately consider that Patient A was suffering from chronic retention of urine;
- adequately consider Patient A's urinary retention;
- review Patient A following insertion of a catheter;
- arrange a review of Patient A prior to discharge;
- assess a number of factors including Patient A's cardio-respiratory function, cognitive state, mobility and fluid balance;
- record having undertaken certain actions.

5. Miss Ashkanani also admitted that she had inappropriately discharged Patient A.

6. The February 2020 Tribunal was of the view that, through her serious misconduct, Miss Ashkanani had put Patient A at unwarranted risk of harm, and had brought the medical profession into disrepute. The February 2020 Tribunal determined that a finding of impairment by reason of misconduct was necessary in order to satisfy the overarching objective. The February 2020 Tribunal determined that a period of suspension would be the appropriate and proportionate sanction in this case. It determined to suspend Miss Ashkanani's registration for a period of four months.

July Tribunal

7. Miss Ashkanani's case was reviewed on the 8 July 2020. The July 2020 Tribunal had regard to the information provided by Miss Ashkanani in the form of reflective statements and patient safety reviews. The Tribunal had regard to Miss Ashkanani's reflections document in which she again apologised to the family of Patient A and accepted some responsibility for the deficiencies in his care and treatment.

In her reflective statements, Miss Ashkanani apologised to Patient A's family for '*their loss and the suffering and the stress they had to go through...I am very sorry for the family suffering and loss*'. She stated that she accepts that she should have reviewed the patient case notes and that if she had done so the '*... case most probably would have a different course... this is my most and major mistake in this case*'. She further stated:

'I am very sorry and regret what happened and do not have any reasonable explanation, although it is not my usual practice not to assess patient before surgery and I am sorry this would not be the best way to learn from mistakes especially considering the outcome of this patient. I am sorry whatever I would say and explain is not enough to justify what happened all what I can say I truly I am very sorry that the patient and his family had to go through all this suffering and my sincere apology for their loss.'

Miss Ashkanani went on to state:

'The other issue I would like to explain is the accusation of lack of insight, this came even before this investigation at the time when the GMC was sending documents to my address in Dumfries. All what I can say is I am sorry I was not available at the address because I had already moved back to Kuwait and there was no way I would know about this. I did not refuse to receive any letter I was not living at the address at the time, in addition, GMC was e mailing my NHS mail address which I could not access at that time. Also, when I received the outcome of local investigation, I was informed that I had to discuss the outcome at my appraisal which I did. There was no mention that I had to reflect on the investigation, I can only apologize. During the investigation I am sorry if my statements gave the impression of lack of insight and that I am blaming others because of the discrepancy in my different statement. Some of the statement I provided is based on my memory of the case and not based on GMC bundle of documents. I am not denying any responsibility and I am blaming others, and I am not changing giving different statement. If anyone review the GMC document the details of the case would come to the conclusion that the outcome in this case is related to my main mistake of not reviewing patient case notes at different stages. I can only apologize for causing any confusion.'

It was further noted that:

'The other area of concern is lack of communication, if there is any concern regarding patient fitness for a procedure should be communicated to all parties involved in

patient care. In the case the concern was communicated to the other surgeon, however although it was known to both anaesthetist and the surgeon that the procedure would be performed by a different surgeon. This concern was communicated to the operating surgeon or least the responsible surgeon at that time did not suggest that the patient should be on his list considering he has more information about the patient. I would communicate this information and to leave this vital information to be discovered on the day of the surgery is inappropriate.

Another concern is that the pre assessing anaesthetist despite the discussion with the responsible surgeon regarding the fitness and the suitability of surgery for the patient and his knowledge of cardiologist letter that the patient should start B blocker and he was aware that patient did not start his medication yet, but he passed him fit to undergo surgery regardless of type of anaesthesia.

Another area of failure of communication I was not contacted or informed that the patient was re admitted and the family had concern, possibly the matter and issues could be explained and rectified at that time

I did learn my lesson and I am sorry it was the most hard, difficult and stressful way but I hope the system is aware of the potential area of fault and area of potential mistake and that the message received to avoid this happening in the future.'

8. The July 2020 Tribunal was of the view that these documents indicated that there had been some progression in Miss Ashkanani's insight and an application of her learning onto her current practice. The Tribunal also took into account the determination of the February 2020 Tribunal that it was satisfied that there was no significant risk of Miss Ashkanani repeating her misconduct. It further noted that there was no evidence placed before it that Miss Ashkanani has repeated the misconduct since the index events in this case or since her substantive hearing and that she is a well-respected senior medical practitioner.

9. The July 2020 Tribunal noted that Miss Ashkanani had already acknowledged that she was at fault and had apologised repeatedly for her actions, that there had been no repetition of any similar behaviour since the index events and she has seemingly practised without issue for a number of years. The July 2020 Tribunal also noted that her insight as demonstrated in her reflection's statements had developed since the February 2020 hearing, although it was not yet complete.

10. The July 2020 Tribunal determined that a further period of suspension of three months would be sufficient to maintain public confidence in the profession, and promote and maintain proper professional standards of conduct in this case.

11. The July 2020 Tribunal directed a review of Miss Ashkanani's case. It stated that the onus was on Miss Ashkanani to demonstrate how she had she addressed her misconduct and said that the reviewing Tribunal may be assisted by the following:

- A statement which should reflect on the allegations proved against her relating to Patient A, explaining what she had learnt from this and how she applies this learning to her everyday practice. It should also demonstrate her understanding of the impact of her actions on public confidence in the medical profession and the impact on the wider public interest and the profession as a whole
- A list of any development courses undertaken, relevant to the nature of the misconduct found, including online courses where these are most appropriate
- Appropriate notes and reflections applying the learning from these activities to the specific shortcomings identified during these proceedings.

Today's Review Hearing

12. The Tribunal has considered, under Rule 22(f) of the Rules, whether Miss Ashkanani's fitness to practise remains impaired by reason of her misconduct. It considered submissions by Ms Widdett, on behalf of the GMC.

Evidence

13. The Tribunal has taken account of the evidence provided, which includes, but is not limited to:

- Private Record of Determinations from the MPTS Fitness to Practise Panel hearing on 3 -11 February 2020;
- Private Record of Determinations from the MPTS Fitness to Practise Panel hearing on 8 July 2020;
- Email correspondence between Miss Ashkanani and the GMC, dated 23 July 2020 – 28 July 2020 – Comments regarding outcome of July MPT review hearing;
- MPTS letter to Miss Ashkanani, dated 13 August 2020 – Notification of Sanction;
- GMC letter to Miss Ashkanani, dated 24 August 2020 – Notification of sanction and reminder of evidence to assist reviewing tribunal;
- GMC email correspondence with Miss Ashkanani – Attendance information and supporting documentation.

14. Miss Ashkanani was not present and did not give evidence at today's hearing.

GMC Submissions

15. On behalf of the GMC, Ms Widdett took the Tribunal through the background to this review of Miss Ashkanani's fitness to practise. Ms Widdett submitted that Miss Ashkanani's fitness to practise remains impaired by reason of her misconduct.

16. Ms Widdett submitted that, except for testimonials from colleagues and patients, Miss Ashkanani has failed to provide evidence as requested by the July 2020 Tribunal.

Although Miss Ashkanani is subject to travel restrictions, she has not explained why she did not make herself available to give evidence on Skype or similar.

17. Ms Widdett submitted that Miss Ashkanani has not addressed the concerns of the previous hearing. Her insight is not complete and there is a lack of evidence of remediation or formal attempts to continue her professional development.

18. Ms Widdett submitted that the email dated 24 July 2020 from Miss Ashkanani, demonstrates a lack of insight and failure to accept responsibility for her misconduct, as well as a tendency to reflect blame:

'Dear All

I am sorry for the delay in sending this e mail and I am sorry that I could not attend the meeting I was at work and the net was not strong enough. I would like to send one comment if I am allowed to. The determination is based on public interest and in the previous determination it was mentioned that I am not a danger however if no rule taken is not in the best interest of the public. My comment this is one case and I did not meet the patient relation what about > 3,000 cases I operated after the case and > 8,000 I operated before this case I had no complaint or issue. In addition to thousands of patient I treated in the outpatient and thousands I treated as emergency and I had no complaint. They are the public and their opinion is not important. Also friends neighbors and colleagues they are also section of the public their opinion is not important to you. I could get you some more references from them if you want. Is your determination because I am a foreigner and not working in UK for the time being, would you have the same determination if it was a local person. I have attached some of my log book'.

19. Ms Widdett submitted that Miss Ashkanani's fitness to practise remains impaired by reason of her misconduct.

The Tribunal's Approach

20. The issue of whether or not Miss Ashkanani's fitness to practise is currently impaired is one for the Tribunal to determine, exercising its own judgement. The Legally Qualified Chair advised that the principles in *Grant 2011 EWHC 927* are relevant at this stage. The Tribunal must consider whether there is a risk of harm, as well as whether Miss Ashkanani's misconduct has brought the profession into disrepute or breached one of the fundamental tenets of the medical profession. It must also take into account the protection of the public, which includes the need to:

- a. protect, promote and maintain the health, safety and well-being of the public,
- b. promote and maintain public confidence in the medical profession, and

c. promote and maintain proper professional standards and conduct for members of that profession.

There was no comment on the Legally Qualified Chair's advice.

21. The Tribunal bore in mind that, in a review case, the persuasive burden falls upon the doctor to demonstrate that all the concerns which were previously identified have been adequately addressed, that remediation has taken place and insight has been sufficiently developed.

The Tribunal's Decision

22. The Tribunal considered whether Miss Ashkanani's misconduct had been remediated. It considered whether there was evidence of developing insight.

23. The Tribunal considered that Miss Ashkanani did not appreciate the gravity of her misconduct. None of the documents suggested by the July 2020 Tribunal had been provided; there was no reflective piece or any other indication of a sincere attempt to engage with the issues identified at the last hearing. Although she stated '*I could not travel to UK to attend courses or conferences*', she had not explained why she had not taken any online courses.

24. Despite positive testimonials from patients and colleagues describing Miss Ashkanani as a hardworking and professional surgeon, the Tribunal considered that a doctor should be able to reflect upon errors made. It found that Miss Ashkanani had not provided sufficient evidence to demonstrate understanding of her misconduct or how to avoid any repetition. She had not demonstrated that she had sufficient insight into her misconduct.

25. The Tribunal took account of the email sent by Miss Ashkanani on the 27 July 2020. In submitting her comments on the proceedings to date she failed to take the opportunity to demonstrate that her insight had developed any further than on the last occasion, nor that she had taken any steps towards further remediation. Indeed, the Tribunal was concerned that she focused on the number of operations she had conducted before and after the MPTS proceedings but did not reflect on her misconduct.

26. The Tribunal considered the statutory overarching objective and concluded that a finding of impairment was necessary to promote and maintain proper professional standards of conduct and to maintain public confidence in the profession. The Tribunal therefore determined that Miss Ashkanani's fitness to practise remains impaired by reason of misconduct.

Determination on Sanction - 29/09/2020

27. Having determined that Miss Ashkanani’s fitness to practise remains impaired by reason of misconduct the Tribunal now has to decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

Submissions

28. On behalf of the GMC, Ms Widdett referred to relevant paragraphs of the Sanctions Guidance (November 2019 edition) (‘the SG’) and made submissions on the appropriate and proportionate sanction.

4 When deciding whether to impose a sanction, tribunals must consider the overarching objective of protecting the public

16 Sanctions are not imposed to punish or discipline doctors, but they may have a punitive effect.

20 In deciding what sanction, if any, to impose the tribunal should consider the sanctions available, starting with the least restrictive. It should also have regard to the principle of proportionality, weighing the interests of the public against those of the doctor (this will usually be an impact on the doctor’s career, eg a short suspension for a doctor in training may significantly disrupt the progression of their career due to the nature of training contracts).

39 When considering whether any references or testimonials are relevant to its decision, the tribunal should also consider:

a whether the testimonial is relevant to the specific findings the tribunal has made about the doctor

b the extent to which the views expressed in the testimonial are supported by other available evidence

c how long the author has known the doctor

d how recently the author has had experience of the doctor’s behaviour or work

e the relationship between the author and the doctor (eg senior colleague)

f whether there is any evidence that the author has a conflict of interest in providing the testimonial

29. Ms Widdett submitted that Miss Ashkanani has not accepted full responsibility for her actions and has sought to deflect blame which shows a lack of insight.

30. Ms Widdett submitted that taking no action in this case would be inappropriate because there are no exceptional circumstances. She submitted that conditions would not be workable as Miss Ashkanani is a senior doctor who currently works in Kuwait.

31. Ms Widdett submitted that the Tribunal should impose a further period of suspension on Miss Ashkanani's registration. This would allow Miss Ashkanani time to develop further insight and complete her remediation.

The Tribunal's Approach

32. The Tribunal accepted the advice of the Legally Qualified Chair. It reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision on sanction is a matter for the Tribunal exercising its own independent judgment.

33. In reaching its decision, the Tribunal has considered the SG, as well as the overarching objective set out in section 1 of the Medical Act 1983 (as amended). The Tribunal was mindful that sanctions are not imposed to punish or discipline doctors, but they may have a punitive effect.

34. The Tribunal has borne in mind in deciding what sanction, if any, to impose, it should consider all the sanctions available, starting with the least restrictive. The Tribunal has had regard to the principle of proportionality, weighing the interests of the public against those of Miss Ashkanani.

No Action

35. In coming to its decision as to the appropriate sanction, if any, to impose in Miss Ashkanani's case, the Tribunal first considered whether to take no action. The Tribunal considered that taking no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances.

36. The Tribunal determined that there are no exceptional circumstances in this case; Miss Ashkanani has not demonstrated further insight or provided evidence of remediation. It concluded that taking no action would be neither appropriate, proportionate, nor in the public interest.

Conditions

37. The Tribunal next considered whether it would be sufficient to impose conditions on Miss Ashkanani's registration. It has borne in mind that any conditions must be appropriate, proportionate, workable and measurable. In doing so, the Tribunal considered the non-exhaustive list of factors in paragraphs 81 and 82 of the SG, which sets out relevant criteria.

38. The Tribunal determined that conditions would neither be appropriate nor workable, as they would not address her lack of insight. Furthermore, the Tribunal noted that Miss Ashkanani currently works in Kuwait and monitoring of any conditions would be difficult.

Suspension

39. The Tribunal next considered whether it should impose a period of suspension on Miss Ashkanani's registration and had regard in particular paragraphs 91, 92, 93 and 97a, f and g of the SG:

91 Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor. Suspension from the medical register also has a punitive effect, in that it prevents the doctor from practising (and therefore from earning a living as a doctor) during the suspension, although this is not its intention.

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

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

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

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

...

f No evidence of repetition of similar behaviour since incident.

g The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour.'

40. The Tribunal then considered whether imposing a further period of suspension on Miss Ashkanani's registration would be appropriate and proportionate.

41. This Tribunal had regard to suggestions made by the earlier Tribunals of the measures Miss Ashkanani might take to provide evidence that would assist a future review hearing. Whilst the Tribunal accepted the difficulties Miss Ashkanani identified with regard to travel restrictions and other difficulties in the last three months, it nonetheless considered Miss Ashkanani has had sufficient opportunity to prepare a reflective statement or provide other evidence of remediation or insight. Miss Ashkanani failed to address the areas of concerns highlight by the previous Tribunals and therefore failed to show any progress.

42. The Tribunal took into account the matters which brought Miss Ashkanani before the 2020 Tribunal and it had regard to the principle of proportionality. The Tribunal considered whether it could meet its duty under the overarching objective by imposing a further period of six-month suspension. This would give Miss Ashkanani more time to develop and demonstrate insight.

43. It was satisfied that suspension would be sufficient to promote and maintain public confidence in the profession, and to uphold standards and conduct for members of the profession. It determined that the imposition of a further period of six months suspension would satisfy the criteria in the overarching objective.

Review Hearing

44. Having determined that a further period of suspension is the appropriate and proportionate sanction, the Tribunal went on to consider whether to direct a review hearing.

45. The Tribunal determined to direct a review of Miss Ashkanani's case. A review hearing will convene shortly before the end of the period of suspension, unless an early review is sought. The Tribunal wished to clarify that at the review hearing, the onus will be on Miss Ashkanani to demonstrate how she has further developed her insight into her misconduct and the impact her actions have on public confidence in the medical profession and the promotion and maintenance of proper professional standards and conduct. It therefore may assist the reviewing Tribunal if Miss Ashkanani provides:

- A statement which should reflect on the allegations proved against her relating to Patient A, explaining what she had learnt from this and how she applies this learning to her everyday practice. It should also demonstrate her understanding of the impact of her actions on public confidence in the medical profession and the impact on the wider public interest and the profession as a whole.
- A list of any development courses undertaken, relevant to the nature of the misconduct found, including online courses where these are most appropriate.

Record of Determinations – Medical Practitioners Tribunal

- Appropriate notes and reflections applying the learning from these activities to the specific shortcomings identified during these proceedings.

Miss Ashkanani will also be able to provide any other information that she considers will assist.

46. The MPTS will send Miss Ashkanani a letter informing her of her right of appeal and when the suspension will come into effect.

Confirmed

Date 29 September 2020

Ms Alice Moller, Chair

ANNEX A – 29/09/2020

47. Miss Ashkanani was neither present nor represented at this Medical Practitioners Tribunal ('MPTS'). Ms Ceri Widdett, Counsel, represented the GMC.

Service

48. Ms Widdett invited the Tribunal to find, in accordance with Rules 15 and 40 of the GMC (Fitness to Practise) Rules 2004 ('the Rules') that service had been effected.

49. Ms Widdett referred the Tribunal to the Bundle. Ms Widdett submitted that Miss Ashkanani was aware that the hearing was going to take place but had stated that she would not be attending or provided anything further than the testimonials.

50. The Tribunal was provided with a screenshot of Miss Ashkanani's confirmed registered address and email. Ms Widdett said that an email was sent by the MPTS on the 27 August 2020 with the Notice of Hearing attached. She referred the Tribunal to Miss Ashkanani's response to the MPTS, dated 11 September 2020, in which she stated:

'I am very sorry for the delay I have been busy with work and we had bereavement. I am sorry I can not attend the review meeting I will be working and I will not be able to attend because of time and technical issues. I could not attend any courses we still very restricted to travel and we are not allowed to take leaves. I will submit some patient feedback from my last job in UK and letters of support'

51. Ms Widdett added that an email was sent by the GMC on the 28 August 2020 with the draft hearing bundle attached. Miss Ashkanani responded by stating she would not be attending.

52. Ms Widdett said that the GMC Information letter was also sent to Miss Ashkanani by first class post. She invited the Tribunal to conclude that service had been effected in accordance with Rules.

53. The Tribunal was satisfied based on the evidence before it that service of these proceedings had been effected in accordance with the Rules.

Proceeding in Absence

54. Having been satisfied that the Notice of Hearing has been properly served, the Tribunal went on to consider whether to exercise its discretion under Rule 31 of the Rules to proceed with the hearing in Miss Ashkanani's absence.

55. Ms Widdett referred the Tribunal to the relevant case law and went through the factors which the Tribunal must bear in mind when exercising its discretion to proceed in the absence of the registrant, as set out in the cases of:

- *R v Jones [2003] AC 1, HL;*
- *GMC v Adeogba [2016] EWCA Civ 162;*
- *R v Purvis QB 862 [2001];*
- *R v Hayward [2002] EWCA Crim 168.*

56. Ms Widdett submitted that it was in the public interest that this case should be heard within a reasonable time scale. She submitted that whilst fairness to the doctor is a prime consideration when considering whether to proceed in the absence of the registrant, fairness to the GMC should also be considered.

57. Ms Widdett submitted that when one balances all the competing factors, Miss Ashkanani has voluntarily absented herself and she invited the Tribunal to proceed in Miss Ashkanani 's absence.

Tribunal decision

58. The Tribunal has borne in mind that its discretion should be exercised with the utmost care and caution. It also considered the need to balance Miss Ashkanani 's interests, with the overarching statutory objective.

59. Miss Ashkanani did not request an adjournment to enable her to participate. Despite travel restrictions, the Tribunal was satisfied that Miss Ashkanani was aware of the hearing and had chosen not to participate/ attend remotely by any other means.

60. The Tribunal took account of the potential disadvantage to Miss Ashkanani in not attending the hearing, but weighed that against the wider public interest. It found that no purpose would be served by an adjournment because there was no reason to believe that Miss Ashkanani would attend if the hearing were adjourned or provide additional evidence. The Tribunal concluded that it was fair and just, as well as being in the public interest, in proceeding to hear this case without further delay.