

PUBLIC RECORD

Dates: 27/10/2022 and 30/11/2022

Medical Practitioner's name: Mr Samir SAKKA
GMC reference number: 3055089
Primary medical qualification: MB BS 1985 University of London

Type of case	Outcome on impairment
Review - Conviction	Not Impaired
Review - Misconduct	Not Impaired

Summary of outcome
Suspension revoked

Tribunal:

Legally Qualified Chair	Mr Sean Ell
Medical Tribunal Member:	Dr Nigel Langford
Medical Tribunal Member:	Dr Frances Burnett
Tribunal Clerk:	Ms Jeanette Close (27 October 2022) Mrs Anne Bhatti (30 November 2022)

Attendance and Representation:

Medical Practitioner:	Present and not represented
GMC Representative:	Ms Natalia Cornwall, 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 - 30/11/2022

1. At this review hearing 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 Dr Sakka's fitness to practise remains impaired by reason of misconduct and a conviction for a criminal offence.

The Outcome of Applications Made during the Impairment Stage

2. The Tribunal adjourned the hearing pursuant to Rule 29 (2) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), due to insufficient time. The Tribunal's full decision is included at Annex A.

Background

3. Dr Sakka qualified with an MB BS in 1985. This case arises from the renting of a property located in Thornton Heath ('the property') to tenants, and the poor condition of that property. Dr Sakka was registered as a joint owner of the property. As a result of a complaint made in respect of the living conditions at the property, inspectors from the London Borough of Croydon visited it on 15 September 2016. Their investigation revealed that the property was in a very poor state of repair. The inspectors tried to contact Dr Sakka without success. He was served with a Statutory Improvement notice on 18 October 2016. On 12 January 2017, the inspectors visited the property again and found only a few of the remediable works had been carried out and therefore a non-compliance notice was served.

4. Subsequently, criminal proceedings were issued against Dr Sakka. On 5 September 2017, at Croydon Magistrates' Court, Dr Sakka was convicted of failing to comply with an Improvement Notice served on him on 18 October 2016 as the joint registered owner of the property. Dr Sakka had not attended the hearing and was sentenced to pay a fine of £2,800.00. He failed to notify the GMC that he had been charged with or convicted of a criminal offence.

5. The matter came to the attention of the GMC on 20 June 2019 as a result of contact from a member of the public who emailed the GMC a newspaper clipping of the conviction. Dr Sakka's case was allocated to the National Investigation Team of the GMC Fitness to Practise Directorate on 21 November 2019.
6. Dr Sakka's case was considered by a Medical Practitioners Tribunal ('MPT') from 14 to 16 April 2021 ('the 2021 Tribunal'). Dr Sakka was neither present nor represented at these proceedings.
7. With regard to his conviction, the 2021 Tribunal was satisfied that Dr Sakka's actions breached a number of the paragraphs of *Good Medical Practice* (2013 Edition) ('GMP'). The 2021 Tribunal also noted that Dr Sakka had made no admissions to the Court and had failed to attend the trial. He had offered no excuse or explanations for his actions. The 2021 Tribunal had no information before it to indicate that Dr Sakka had insight into the seriousness of his actions, their impact on the young family who rented his property, or the impact his actions had on public trust in the medical profession. There was no evidence before the 2021 Tribunal that Dr Sakka had taken any steps to remediate, and that Tribunal had no assurance that, faced with a similar situation, Dr Sakka would act differently. The 2021 Tribunal therefore found Dr Sakka's fitness to practise to be impaired by reason of his conviction.
8. The 2021 Tribunal considered that Dr Sakka's lack of engagement with both the criminal proceedings and the GMC investigation was a cause for concern. The 2021 Tribunal found that Dr Sakka's failure to inform the GMC without delay of his conviction was conduct that fell so far short of the standards reasonably expected of a doctor that it amounted to misconduct. The 2021 Tribunal had no information before it to indicate that Dr Sakka had any insight into the seriousness of his actions, or the impact his actions had on public trust in the medical profession. That Tribunal also had no evidence that Dr Sakka had expressed apology and regret for his actions or taken any steps to remediate. The 2021 Tribunal had no assurance that, faced with a similar situation, Dr Sakka would act differently. The 2021 Tribunal therefore found Dr Sakka's fitness to practise to be impaired by reason of his misconduct.
9. Whilst the 2021 Tribunal noted that there were no patient safety concerns in Dr Sakka's case, it was of the view that a finding of impairment was necessary in the wider public interest, to promote and maintain public confidence in the medical profession, and to promote and maintain proper standards of conduct for the members of the medical profession.
10. The 2021 Tribunal concluded that its decision at the sanction stage was very finely balanced between suspension and erasure. It determined that, whilst it had found an abuse of trust and lack of insight, Dr Sakka's conduct was not at the very highest end of seriousness such that it was fundamentally incompatible with continued registration. The 2021 Tribunal considered that the public interest and maintenance of professional standards could be achieved by a period of lengthy suspension rather than erasure. It determined that

suspending Dr Sakka's registration for the maximum period of 12 months was the appropriate and proportionate sanction.

11. The 2021 Tribunal directed a review of Dr Sakka's case. It was of the view that a reviewing Tribunal may be assisted if Dr Sakka provided:

- Written evidence of any reflection and remediation: Dr Sakka may wish to reflect on his conviction, his misconduct, and the impact upon public confidence in the medical profession and what he would do differently to ensure that he meets his legal liabilities to tenants as a responsible landlord;
- Evidence that Dr Sakka has discharged his civil liabilities to the London Borough of Croydon;
- Evidence that Dr Sakka has discharged the fine, costs and victim surcharge imposed by the Magistrates Court;
- Evidence of Continuing Professional Development and that he has kept up to date clinically;
- Any positive testimonials that attest to his medical practice.

The April 2022 Review Hearing

12. Following the conclusion of the 2021 hearing, despite making attempts to contact Dr Sakka, the only correspondence the GMC received from him was via a letter in September 2021. The contents of the letter were as follows:

'...Further to my telephone inquiry in 2019 regarding transfer to overseas list, as after XXX end of 2019, I decided to retire and went overseas for change the view to return to new work in 2020, however the Covid 19 hit us had with lockdown after another [sic] and new risks therefore I will stay overseas until further notice and covid-19 risks settle, therefore can you please transfer my name to the overseas list until further notice...'

13. Dr Sakka's case was due to be reviewed on 29 April 2022, (the April 2022 Tribunal). The April 2022 Tribunal had regard to the various attempts made by the GMC to contact Dr Sakka with regard to the outcome of his 2021 hearing and preparation for his April 2022 review hearing. On 29 March 2022, the GMC Information Letter confirming the date of Dr Sakka's review hearing was sent to his registered postal address in London. The April 2022 Tribunal noted the proof of delivery document confirming that the letter was delivered and signed for by 'SAMIR' on 30 March 2022.

14. Having recognised that the latest documentation was signed for, the GMC made a phone call to Dr Sakka on 27 April 2022. Dr Sakka answered the call. He was made aware that his review hearing was scheduled for 29 April 2022. Dr Sakka explained that it was Eid and that he was due to be with his family and he had not had time to prepare for a hearing. He said that he had been in Jordan since 2019, had no knowledge of the 2021 hearing, and sought to postpone the review hearing. Dr Sakka provided a new email address, and the

documentation for the review hearing was sent to him on 27 April 2022, which he acknowledged receipt of.

15. On 27 April 2022 Dr Sakka sent an email to the GMC setting out the background to his conviction. It noted that Dr Sakka said that he had not signed for the letter on 30 March 2022, signed for by 'SAMIR', as he was in Jordan on that date. Dr Sakka went on to say that he had been unable to prepare for the review hearing as he was currently overseas and that he would like to postpone the review hearing. Dr Sakka stated:

'...I am planning to travel to London this summer from 1st to 14th of August and will be happy to send you all the documentation in support of the facts above and others that will helpful to defend my case on postponing of the hearing [sic].'

16. On 28 April 2022 the GMC sent a further email to Dr Sakka confirming the date of his review hearing which he acknowledged.

17. Dr Sakka emailed a formal response dated 29 April 2022 and stated:

'Thank you for the invitation as I informed Mr A, I have prior travelling arrangements and it would be extremely difficult to connect with you, please accept my apologies.'

18. The April 2022 Tribunal took into account Dr Sakka's correspondence, in which he stated that he had been unaware of the findings of the 2021 Tribunal and of the review hearing scheduled for 29 April 2022.

19. The April 2022 Tribunal was mindful of the public interest in dealing with matters expeditiously. However, it was also mindful that fairness to the practitioner was also important. In balancing the interests of the public and of Dr Sakka, the Tribunal noted the GMC did not oppose Dr Sakka's request to adjourn the review hearing. In all the circumstances, the Tribunal was satisfied that adjourning Dr Sakka's review hearing was the appropriate course of action. It was of the view that Dr Sakka wished to engage in the process and had been unaware of previous proceedings for a variety of reasons.

20. The April 2022 Tribunal was mindful that it had not heard any evidence, nor any submissions on impairment. It was satisfied that it could adjourn the hearing prior to its opening, and that the case would be heard by a fresh Tribunal on a future date. The April 2022 Tribunal noted that Dr Sakka's suspension was due to expire on 21 May 2022 and determined that it would be appropriate to extend the suspension for a further period of six months in order to maintain the status quo before the outcome of the review hearing. It was satisfied that six months would be a sufficient period of time to enable Dr Sakka to prepare for a future review hearing.

Today's Review Tribunal

The Evidence

21. The Tribunal has taken into account all the evidence received.
22. The Tribunal received documentary evidence which included but was not limited to:
 - Record of Determinations from Dr Sakka’s April 2021 and April 2022 hearings;
 - Email correspondence between the GMC and Dr Sakka, dated 18 July 2022 and 29 July 2022 respectively;
 - Email from Dr Sakka dated 9 September 2022, attaching supporting documentation, including:
 - Rental Contract;
 - Witness statement of Mr B, Builder, dated 20 May 2018;
 - Letter demanding access to the property;
 - Correspondence between Dr Sakka and Croydon Council;
 - Information relating to a pending insurance claim; and
 - YouTube video entitled “Croydon Council ‘lacked care for tenants’, report finds after ITV News investigation”
23. Dr Sakka provided his own witness statement dated 21 August 2022 and also gave oral evidence at the hearing.
24. In his oral evidence, Dr Sakka explained that he was unaware of Court proceedings in September 2017, as he was out of the country at the time. Neither he nor the co-owner of the property decided to contest the decision of the Court, as the legal advice he was given at the time was that it would be cheaper to pay the penalty imposed by the Court than to contest it. He informed the Tribunal that he had enquired of his legal representative whether the conviction would have any consequence for him and was told no. Dr Sakka stated that he therefore had no idea at that time that he had to notify the GMC of his criminal conviction, if he did, he would have done so immediately. He accepted that he did not realise at the time the implications of his conviction on his registration with the GMC.
25. When asked by the Tribunal whether he had discharged his duty to the Court and had paid his fine, Dr Sakka stated that he had paid half of the fine as the co-owner was responsible for the other half. He stated that he had no documentary evidence to present to the Tribunal of that today as he would need to get this information from his Bank, but that he could either contact his Bank or the Court for confirmation if it was required.
26. Dr Sakka confirmed that he had retired from UK practice and now lived and worked privately in Jordan. He stated that the regulations in Jordan were different to those in the UK. Dr Sakka said that he has a young family and that his wife and daughters live in Jordan and that in 2019 he decided to retire there.

27. When questioned about what type of work he was undertaking in Jordan, Dr Sakka said that he was doing the same type of work that he had been undertaking for the NHS in the UK. He said that the demand for an orthopaedic surgeon in Jordan varies with him operating on between zero to 10 patients a week. He also observed that he was not keen to increase his current practice as his family was young and he did not want to increase his workload.

28. Dr Sakka confirmed that he had kept his CPD up to date whilst being registered to practise in Jordan. He said that he undertaken academic teaching, some research, and that he accessed web pages through the North American Spinal Society. He also advised that he was an active member of the Swiss Orthopaedic Association.

29. With regards to the property Dr Sakka explained that he and the co-owner purchased the property from Croydon Council at auction, where it had been empty for more than 10 years. He said that they had turned it into beautiful house and they decided to let it through an agency. Dr Sakka stated that a young family along with their brother-in-law rented the property. He told the Tribunal that he had been a landlord since his days as a medical student and he owned a number of residential and commercial properties. He had never before, or subsequently, had a complaint from any of his tenants. He stated that he has held rental property in the Croydon area for some years and still does, and that he is registered as a landlord with Croydon Council and other Councils outside of the area.

30. Dr Sakka explained to the Tribunal how this situation arose and how it led to a court case. He told the Tribunal that he had not ignored the family and it was not his choice to allow them to live in the conditions they did. Dr Sakka stated that in the first few months that a leak arose and he had sent someone to repair it. This was followed by a further leak however the builder was not allowed access to the property to fix it. He said that in reality no one would allow a leak to continue until the ceiling fell through but that is what happened. He stated that he had approached the family many times to request access so that the leak could be fixed including by delivering letters by hand, requests made through his builder, and even through the council. Dr Sakka told the Tribunal that the property was fully insured and so he did not have to pay a penny to repair it. He stated that he knew that he needed to repair the property and the family used the disrepair against him and did not pay rent for a long period. He told the Tribunal that the tenants were violating their tenancy agreement by subletting a room in the property and that twice applications had been made through the family's GP to get permission to foster children in the property, in contravention of the tenancy agreement.

31. Dr Sakka confirmed to the Tribunal that even before he and the co-owner were taken to Court, he had continually tried to gain access to the property to make the necessary repairs, and he was concerned by circumstances and the lack of any support from the Council. He said that even after he had received the Statutory Improvement Notice he had tried to gain access to the property but was denied. Dr Sakka stated that when he highlighted this to the Council, they informed him that he should go through the Court to

gain access. Dr Sakka went ahead to get court support and told the Tribunal that five hearings had been scheduled, but each time the hearing did not go ahead, for one reason or another.

32. Dr Sakka stated that at around the time that the tenancy was about to expire, but before he received a criminal conviction, he and the co-owner pursued civil action against the tenants by way of a Notice of Access and a Repossession Order. He said by then the property had deteriorated as water was damaging the structure of the building, including the joists and the foundations, and it wasn't just for the protection of the tenants that he wanted to repair the damage but also to protect the building from deteriorating any further.

33. When asked why he had not been aware that criminal proceedings were issued against him, Dr Sakka replied that there was a very short time between the Council pursuing the Improvement Order and the Court date. He stated that he had returned from holiday to find a bundle of documents and a letter waiting for him. He said that 6 months before, the Council had interviewed him and the co-owner for an explanation as to what had happened regarding the property. He stated that he and the co-owner were legally represented at the meeting and a full explanation and documents were shown to the Council. Dr Sakka said that was the last he heard from the Council until he came home from holiday to find the letter and documents but by then it was too late as both he and the co-owner had missed the court date.

34. When asked whether or not he had thought about challenging the decision of the Court, Dr Sakka said that he had taken legal advice on the matter as he was not happy to receive a guilty verdict particularly as he had provided the Council with all of the documentation they required. He told the Tribunal that the legal advice he received was that if he decided to take it to court and attempt to turn over the decision it would cost a fortune and it was cheaper to pay the penalty imposed. He stated that he had also asked if there were any implications for his position as a doctor or with regards to his business and he was told there were none. Although, he accepted the conviction, he reminded the Tribunal that in his absence, the Court had only heard one side of the evidence.

35. Dr Sakka told the Tribunal that the last time he had appeared in court to gain possession of the property the case was settled outside of court in his favour. He said that it was not his intention to leave the property in a state of disrepair but that at the time his hands were tied because of the actions of the tenants as they would not allow him or his representatives to access to the property.

36. Dr Sakka explained that he had other properties in the UK and whenever there was a problem with them, he would send a builder to reassure the tenants in the first instance that the problem, whatever it was, would be dealt with. He said that all of his properties are fully insured and are covered, for example, in case of leaks, boiler breakdowns or other problems. He stated that every possible situation was covered to give peace of mind as it was in his best interests to keep his properties well maintained.

37. When questioned about why he was unaware of the requirement to notify the GMC of his conviction, he stated that he was unaware of the need to do so. On questioning, he clarified he was aware of Good Medical Practice (GMP) but had not looked at it since his student days. However, since the previous MPTS hearing he had familiarised himself with GMP and its requirements and was now fully aware of his responsibilities.

Submissions on behalf of the GMC

38. On behalf of the GMC, Ms Cornwall submitted that Dr Sakka's fitness to practise remains impaired by reason of his conviction and misconduct. She reminded the Tribunal of the concerns raised by the 2021 Tribunal, which she stated should be carefully considered when determining current impairment.

39. Ms Cornwall submitted that Dr Sakka had not provided any documentary evidence to it that he had discharged his civil liabilities to the London Borough of Croydon despite this being something that was relatively easy to do by way of bank statement or a notification from the Court.

40. Ms Cornwall submitted that the Tribunal heard that Dr Sakka has continued his CPD whilst he has been in Jordan, yet no documentary evidence has been provided of any professorial development and certainly nothing by way of any certificates. She stated that there was nothing before the Tribunal either in relation to positive testimonials attesting to Dr Sakka's medical practice.

41. Ms Cornwall referred the Tribunal to the statement provided by Dr Sakka dated 21 August 2022. She stated that rather than this being an opportunity for Dr Sakka to reflect and remediate, he had gone over the facts that led to the criminal investigation and apportioned blame at Croydon Council's door. She said that within the statement there is no reflection on his conviction and misconduct or the impact of his actions on public confidence in the medical profession and what he would do differently in the future. Ms Cornwall submitted that Dr Sakka appears not to accept the conviction although he does accept that it was made against him. She said that Dr Sakka's responses to questions asked of him, and the contents of his witness statement appear to suggest that the criminal case was decided against him after only hearing one side of the story. She stated that Dr Sakka does not accept his actions in terms of the findings of the criminal court and his responses today have been qualified by the word "but". She said that Dr Sakka has provided little evidence to the Tribunal today of any reflection and remediation and whether he has developed full insight and come to terms with the fact that his conviction and his failure to report the matter promptly to the GMC damaged the reputation of the profession and the public's trust in the medical profession.

42. Ms Cornwall acknowledged that Dr Sakka expressed regret and had apologised today, which she accepted. She reminded the Tribunal that in his oral evidence Dr Sakka explained that he had not been aware of the need to report his conviction to the GMC as he had not been advised by his legal representative of the need to do so. Ms Cornwall submitted that all

doctors are required to be familiar with GMP and any explanatory guidance and to follow the guidance they contain.

43. Ms Cornwall submitted that, having regard to the statutory overarching objective, a finding of continued impaired fitness to practise by reason of a conviction and misconduct is necessary in this case. She said that this was required in the public interest to maintain public confidence in the medical profession and to maintain proper standards of conduct for members of the profession, particularly where there is no real insight on the part of Dr Sakka into the matters that led him to this position in the first place. She stated that he has provided insufficient evidence that he has insight, has remediated his conduct or addressed the matters relating to his conviction and misconduct.

44. Ms Cornwall submitted that Dr Sakka had not provided adequate evidence to demonstrate that he has kept his medical knowledge and skills up to date, nor has he provided any objective evidence of the steps he has taken to address the concerns in this case.

45. Ms Cornwall submitted that Dr Sakka's fitness to practise remains impaired.

Submissions made by Dr Sakka

46. Dr Sakka apologised to the Tribunal and stated that he was not aware that he needed to inform the GMC of his conviction. He accepted that he should have been and stated that he had now looked at the GMC regulations and guidance including GMP and that he now fully understood his obligations.

47. He said that he was aware of his responsibilities towards his tenants, over the years he has had multiple tenants and always did his utmost not to let any problem escalate and that he adopted the same criteria as a doctor. Looking at this situation again, Dr Sakka said that he should have prepared for a presentation to the court, but he was found guilty in absence, and accepted the decision due to the cost implications. He told the Tribunal that what had happened with regards to his tenants had never happened before nor had it happened since and now almost eight years later, he never wants to find himself in the same position with the Council or the GMC again.

48. Regarding providing confirmation that he had paid the fine issued by the Court, Dr Sakka said he had paid for it straight away by credit card and, although it may be difficult to provide proof with him living overseas, it was not impossible, and he could write to the Court and ask if required.

The Relevant Legal Principles

49. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. As noted above, the 2021 Tribunal set out the matters that a

future Tribunal may be assisted by. This Tribunal is aware that it is for the doctor to satisfy it that he would be safe to return to unrestricted practise.

50. In a review case, in practical terms, there is a persuasive burden upon the doctor to demonstrate that all the concerns which had been identified had been adequately addressed, and that remediation had taken place. If so, a Tribunal might then conclude that the doctor's fitness to practise is no longer impaired.

51. The Tribunal must determine whether Dr Sakka's fitness to practise is impaired today, taking into account his conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

The Tribunal's Determination on Impairment

52. The Tribunal considered whether Dr Sakka's fitness to practise remained impaired by reason of his misconduct and conviction.

53. The Tribunal took into account all the evidence presented to it, along with the submissions made by Ms Cornwall on behalf of the GMC, and those made by Dr Sakka.

54. The Tribunal acknowledged that for various reasons Dr Sakka had not been aware of the 2021 MPT hearing and therefore did not attend. The Tribunal had regard to the determination of the 2021 Tribunal which, having proceeded in his absence, did not have the opportunity to hear any evidence from Dr Sakka.

55. Although the previous Tribunal had listed some documents that may assist a future Tribunal considering the case, Dr Sakka's focus for this Tribunal had been on demonstrating the steps that he had taken at the time to try and resolve matters within the property and also to establish the difficulties that he had with the tenant. The Tribunal had regard to the oral evidence of Dr Sakka that at the time of his conviction the legal advice he received was that it was cost effective to accept the conviction rather than to appeal it. Dr Sakka acknowledged that this was the wrong decision and that he should have challenged the conviction. However, having not appealed, he accepts the outcome and his conviction.

56. The Tribunal took into account Dr Sakka's conviction was for failing to comply with an Improvement Notice. It accepts Dr Sakka's evidence that he owns and is the landlord of several other properties, including in the London Borough of Croydon and has been for many years. It notes that his conviction was some eight years ago and that no other concerns or prosecutions have been identified in relation to any other property owned and rented out by Dr Sakka. Further it notes that Dr Sakka continues to engage with local councils with regards to the appropriate licences. The Tribunal is satisfied that Dr Sakka does have insight into his conviction. The Tribunal accepted Dr Sakka's evidence that this incident and its consequences is something that he would not wish to ever repeat. It noted the passage of time since the

conviction and the Tribunal considers the risk of repetition of similar conduct by Dr Sakka to be extremely low.

57. Dr Sakka has since April 2022 engaged with his regulator and has apologised verbally and in writing for not understanding his obligations to GMP as a doctor should. The Tribunal considers that Dr Sakka's expression of remorse at his failure to inform the GMC of his conviction to be genuine. It accepts Dr Sakka's assurance that he has now read GMP and the accompanying guidance and understands his obligations going forward.

58. The Tribunal took into account that Dr Sakka has 35 years' experience of working as a doctor within the NHS, has no previous fitness to practise history and that there is no evidence to suggest that he has been an unsafe doctor in the past. In addition, and although Dr Sakka retired from work in the UK, he is currently working privately as a doctor in Jordan performing similar tasks to those he performed whilst working for the NHS. No apparent concerns have been raised in relation to his practice. The Tribunal is of the view that Dr Sakka has demonstrated insight into his misconduct and has expressed apology both orally and in writing. The Tribunal is satisfied having heard from Dr Sakka that the actions expected of him have been completed. It also accepts Dr Sakka's evidence of the CPD he has undertaken and his continued membership of professional associations.

59. In considering the overarching objective, the Tribunal determined that both the risk of repetition of similar conduct and the risk to the health, safety and wellbeing of the public were extremely low. Further, it considered that the wider public interest, which includes the promotion and maintenance of public confidence in the profession and the promotion and maintenance of proper professional standards, had been satisfied by the period of suspension already served and also the further period of suspension imposed when Dr Sakka's hearing was adjourned in April 2022. The Tribunal was satisfied that an ordinary member of the public, appraised of the facts of this case, would not be shocked or surprised to learn that Dr Sakka was to be allowed to return to unrestricted practice.

60. The Tribunal therefore determined that Dr Sakka's fitness to practise is no longer impaired by reason of his misconduct or his conviction.

Revocation of current order

61. The current order of suspension on Dr Sakka's registration is revoked with immediate effect, pursuant to section 35D(5)(d).

62. That concludes this case.

ANNEX A – 27/10/2022

Adjournment

63. Given the lateness of the hour, the Tribunal determined that it would not have sufficient time to conclude the hearing in the time remaining today. As such, the Tribunal sought submissions on the question of adjourning today's proceedings.

Submissions

Submissions on behalf of the GMC

64. Ms Cornwall submitted that, given the circumstances, it would be appropriate to adjourn today's proceedings.

Submissions of Dr Sakka

65. Dr Sakka did not contest the adjournment.

Tribunal's Decision

66. The Tribunal did not have sufficient time to conclude the hearing in the time remaining today. As such, it determined to adjourn this hearing part heard. The first date which this Tribunal can reconvene is 30 November 2022, however if this date was not possible then it would not be able to convene until 22 February 2023.

67. The Tribunal noted that the order of suspension on Dr Sakka's registration is due to expire on 20 November 2022.

68. The Tribunal determined to extend the current order of suspension for a period of four months, by exercising its powers under Section 35D(5)(a) of the Medical Act 1983, as amended. It determined that such an extension was necessary and proportionate in the circumstances and would allow for any delay in the hearing being relisted.

69. The MPTS will send Dr Sakka a letter informing him of his right of appeal and when the new sanction will come into effect. The current order of suspension will remain in place during the appeal period.

70. The hearing is adjourned part heard and will be listed for one day.