

HEARING PART-HELD IN PRIVATE

Professional Conduct Committee Initial Hearing

27 February to 6 March 2025

Name: PEKACKI, Pawel Eugeniusz

Registration number: 84354

Case number: CAS-195930

General Dental Council: John Greany, counsel
Instructed by Clare Hastie, Kingsley Napley solicitors

Registrant: Not present
Represented by Magdalena Pekacka, lay representative

Fitness to practise: Impaired by reason of misconduct

Outcome: Suspended with immediate suspension (with a review)

Duration: 12 months

Immediate order: Immediate suspension order

Committee members: Chris Weigh (Lay) (Chair)
Hemash Shah (Dentist)
Andrea Hammond (Dental Care Professional)

Legal adviser: Andrew Granville-Stafford

Committee Secretary: Gareth Llewellyn

Determination on preliminary matters – 24 February 2025

1. This is a hearing before the Professional Conduct Committee (PCC). The hearing is being held remotely using Microsoft Teams in line with the Dental Professionals Hearings Service's current practice.
2. Mr Pekacki is not present but is represented in his absence by a lay representative, namely Magdalena Pekacka, who is Mr Pekacki's daughter. John Greany of counsel, instructed by Clare Hastie of Kingsley Napley solicitors, appears for the GDC.

The charge

3. The charge that Mr Pekacki faces at this hearing, amended as referred to below, reads as follows:

Your fitness to practice as a dentist is impaired by reason of misconduct in that:

1. *Between March 2018 and March 2020 you failed to provide an adequate standard of care to the patients listed in Schedule A below by*
 - a) *Failing to take a pre-operative x-ray before the preparation of the teeth for a crown, meaning that treatment planning was severely compromised, and in consequence:*
 - b) *Failing to obtain informed consent for the fitting of the crowns.*
2. *In relation to Patient 2, you failed to recognise caries on radiographs dated 20 November 2017 and 13 December 2019; in the alternative you did recognise caries but failed to provide appropriate treatment.*
3. *Between 2016 and 2020 and in relation to Patients 2, 4 and 11 you failed to take appropriate and/or sufficient radiographs to establish the extent of periodontal disease and/or peri-implantitis. Because of your omissions, the progress of disease could not be monitored effectively, and the patients could not be appropriately advised.*
4. *Between 2016 and 2020 you prescribed antibiotics to patients without proper justification. There was no identifiable justification for the antibiotics prescribed in relation to: Patient 2 (27 October 2016, 13 December 2016, 20 November 2017 and 19 November 2019); Patient 4 (27 November 2019 & 04 February 2020); and Patient 11 (27 January 2020).*
5. *Between 2016 and 2020, on more than one occasion and routinely, you provided care to patients without the assistance of a registered dental nurse and/or without the assistance of a trainee nurse.*

Amendment to charge

4. At the outset of the hearing Mr Greany applied to amend the charge pursuant to Rule 18 of the General Dental Council (Fitness to Practise) Rules 2006 ('the Rules'). Mr Greany applied to correct minor typographical errors at heads of charge 3 and 4. The Committee, having accepted the advice of the Legal Adviser, determined to accede to the application. The schedule of charge was duly amended.

Determination on application to adjourn – 26 February 2025

5. On the afternoon of the second day of the hearing, namely 25 February 2025, during the course of the GDC's case on the facts, Ms Pekacka applied for an adjournment of the hearing.

Summary of submissions

6. Ms Pekacka made her application for an adjournment in order to allow for Mr Pekacki to obtain legal representation from Dental Protection. Ms Pekacka invited the Committee to adjourn until 3 March 2025 to allow sufficient time for such representation to be obtained. The Committee was provided with emails dated 25 February 2025, in which Mr Pekacki stated that Dental Protection had advised him to make this request, and that Dental Protection would like to review the documents relating to his case.
7. In response to Committee questions, Ms Pekacka stated that Mr Pekacki first spoke to Dental Protection on 24 February 2025. Ms Pekacka also stated that she imagines that it will not take Dental Protection more than a few days to be in a position to appear for Mr Pekacki. Ms Pekacka stated that she is reasonably confident of being ready to proceed on 3 March 2025, and that it is her estimate, rather than that of Dental Protection, that they will be ready to appear for Mr Pekacki on 3 March 2025.
8. Mr Greany opposed the application on behalf of the GDC. Mr Greany stated that the proceedings that have culminated in this hearing have been ongoing for some years, with disclosure of the GDC's case having taken place in a timely manner. Mr Greany submitted that, indeed, Mr Pekacki and his representative have provided submissions and written evidence in advance of the hearing, and that Ms Pekacka is well seized of the issues relevant to this case. Mr Greany submitted that no prejudice would be caused to Mr Pekacki should the Committee reject the application made on his behalf. Mr Greany referred to the inconvenience that would be caused to the GDC and the witnesses upon whose evidence it relies were the Committee to accede to the application. Mr Greany also submitted that it is highly unlikely that legal representation could be obtained by 3 March 2025.
9. Ms Pekacka further submitted that she recognises that her expectations of the nature and format of this hearing have not necessarily matched the reality, and that Mr Pekacki should not be unduly disadvantaged as a result. Ms Pekacka further submitted that an adjournment would not place the public at risk.

Committee's consideration

10. The Committee considered the application in accordance with Rule 58 of the Rules. The Committee took account of the submissions of both parties as summarised above, and accepted the advice of the Legal Adviser concerning its powers and the principles to which it should have regard. The Committee notes in particular that Rule 58 (2) and Rule 58 (4) state:

(2) A Committee may, of their own motion or upon the application of a party, adjourn the proceedings at any stage, provided that—

(a) no injustice is caused to the parties; and

(b) the decision is made after hearing representations from the parties (where present) and taking advice from the legal adviser.

[...]

(4) In considering whether or not to grant a request for postponement or adjournment, a Committee shall, amongst other matters, have regard to—

(a) the public interest in the expeditious disposal of the case;

(b) the potential inconvenience caused to a party or any witness to be called by that party; and

(c) *fairness to the respondent.*

11. The Committee also had regard to the GDC's *Guidance for the Practice Committees, including Indicative Sanctions Guidance* (October 2016, updated December 2020). It took particular note of paragraphs 3.27 and 3.28, which state:

3.27 A registrant does not have an unfettered right, in any case, to insist on instructing a legal representative, regardless of the consequences for the public interest and the other parties involved. Where an application for a postponement or adjournment is made at the outset of the hearing on the ground that the Registrant wishes to obtain legal representation in the first instance, or new representation, to assist them at the hearing, the considerations to which the Committee must have regard, remain those set out at paragraph 3.24 above.

3.28 If the Committee decide to refuse such an application at the outset of a hearing, it is open to them to keep their decision under review throughout the proceedings if they subsequently consider that a registrant cannot properly put forward their case, or properly represent themselves without further assistance from a legal representative.

Committee's decision

12. In considering the application to adjourn, the Committee noted that reference was made by Mr Pekacki and Ms Pekacka to Mr Pekacki's health. The Committee has taken note of this information, but has heard that the application for adjournment has not been made with reference to Mr Pekacki's health, and has instead been made on the sole grounds of securing legal representation.
13. The Committee has determined to reject the application. Its reasons are as follows.
14. The Committee is mindful of the public interest in the expeditious consideration of this case. The Committee notes that the proceedings that have culminated in this hearing have been ongoing for some years. The Committee is mindful that of the effort, time and expense involved in arranging this hearing, the listing of which was agreed by both parties. The Committee considers that allowing the adjournment sought would run contrary to the public interest in the timely disposal of this case. The Committee also considers that, were it to allow the adjournment, the hearing would then be highly unlikely to be capable of being concluded in the time that would remain. In the Committee's judgement this would compromise the public interest in the expeditious consideration of the case. The Committee is in particular doubtful that an adjournment to 3 March 2025 would be sufficient to allow for Mr Pekacki to be legal represented.
15. The Committee has also taken into account the inconvenience that would be caused to the GDC and its witnesses were it to accede to the application to adjourn the hearing. The Committee has had regard to the practical inconvenience that would be caused to the remaining witnesses. The Committee is also mindful of the effect that a delay would have on the ability of witnesses to properly recall the matters giving rise to these proceedings, particularly given that some of those matters date as far back as 2016.
16. The Committee has also considered fairness to Mr Pekacki. The Committee considers that rejecting the application to adjourn would not be unduly unfair or prejudicial to his interests. The Committee notes that there has been proper engagement in this hearing, with Mr Pekacki being represented by Ms Pekacka, and with extensive submissions and documentary evidence having been served by him and on his behalf in anticipation of the hearing. In considering fairness to Mr Pekacki, the Committee is mindful of the circumstances of the request for an adjournment, in that it appears that Mr Pekacki sought legal representation on the first day of the hearing. The Committee has placed this in the context of Mr Pekacki having been on notice of these proceedings, and in particular this hearing, for a considerable period of time. The Committee considers that he and his representative have had ample

opportunity to seek legal representation. The Committee also considers that an adjournment is likely to run counter to Mr Pekacki's interests, in that an adjournment would be likely to result in the hearing going part-heard, which would then lead to a considerable delay of at least some months before the hearing could be relisted to continue before the same Committee.

17. For these reasons, the Committee has determined to reject the application to adjourn.

Determination on further application to adjourn – 28 February 2025

18. On the morning of the fifth day of the hearing, namely 28 February 2025, and following the closing of Mr Pekacki's case on the facts, Ms Pekacka made a further application to adjourn the hearing.

Summary of submissions

19. Ms Pekacka submitted that it has now become apparent to her that she needs to instruct an expert witness in periodontology and an expert witness in endodontics. Ms Pekacka submitted that such evidence would be relevant to the Committee's consideration of, in particular, head of charge 4, which relates to the justification for the prescription of antibiotics. Ms Pekacka submitted that a rejection of her application to adjourn for these purposes would have a detrimental effect on Mr Pekacki's case.

20. In making this further application for an adjournment, Ms Pekacka also stated that she has appealed the Committee's earlier decision to refuse her application for an adjournment for the different purposes of seeking legal representation. Ms Pekacka again set out her concerns about Mr Pekacki's lack of legal representation, and submitted that the Committee's rejection of her previous application means that Mr Pekacki is not being provided with a fair hearing. Ms Pekacka referred in particular to the potential consequences of the possible outcome of the hearing on Mr Pekacki, and contrasted the access that the GDC has to lawyers, and its greater experience in such proceedings, to Mr Pekacki's own circumstances. Ms Pekacka characterised the present situation as a 'prohibition' on Mr Pekacki obtaining legal representation.

21. Mr Greany on behalf of the GDC invited the Committee to reject Ms Pekacka's application for an adjournment. Mr Greany submitted that a further delay would adversely affect the continuation and the conclusion of the case, and would be severely prejudicial to the GDC's case. Mr Greany stated that Mr Pekacki has been on notice of these proceedings for a considerable period of time, including the nature and composition of the GDC's case, and that a further delay would not be appropriate.

22. During the course of the Committee's deliberations *in camera* on this application, the Committee was alerted to Ms Pekacka having sent an email with supporting submissions in relation to her application. This information included written submissions which sought to explain in further detail why Ms Pekacka seeks an expert witness in endodontics and an expert witness in periodontology. These submissions include citations from literature which Ms Pekacka considers are relevant.

23. The hearing reconvened in session prior to a decision being made on the application to adjourn so that the Committee could hear submissions as to whether this further information should be provided to the Committee. Ms Pekacka asked for the further information to be provided to the Committee. The Committee heard that Mr Greany did not object to the further information in question being provided to the Committee. The Committee therefore took that further information into account in determining whether to accede to your application to adjourn. Having accepted the advice of the Legal Adviser, the Committee did not access the cited literature, for which hyperlinks were provided.

Committee's consideration

24. The Committee considered the application in accordance with Rule 58 of the Rules. The Committee took account of the submissions of both parties as summarised above, and accepted the advice of the Legal Adviser concerning its powers and the principles to which it should have regard. The Committee notes in particular that Rule 58 (2) and Rule 58 (4) state:

(2) A Committee may, of their own motion or upon the application of a party, adjourn the proceedings at any stage, provided that—

(a) no injustice is caused to the parties; and

(b) the decision is made after hearing representations from the parties (where present) and taking advice from the legal adviser.

[...]

(4) In considering whether or not to grant a request for postponement or adjournment, a Committee shall, amongst other matters, have regard to—

(a) the public interest in the expeditious disposal of the case;

(b) the potential inconvenience caused to a party or any witness to be called by that party; and

(c) fairness to the respondent.

25. The Committee also had regard to the GDC's *Guidance for the Practice Committees, including Indicative Sanctions Guidance* (October 2016, updated December 2020).

Committee's decision

26. The Committee has determined to reject Ms Pekacka's application to adjourn the hearing for the purposes of allowing her to obtain expert evidence. Its reasons are as follows.

27. The Committee has once more taken account of the public interest in the expeditious consideration of this case. The Committee is mindful that the proceedings that have culminated in this hearing have been ongoing for some years. The Committee considers that there is a clear public interest in the efficient, cost-effective and expeditious consideration of this case, and that an adjournment, which would inevitably be for a period of at least several months, would undermine the public interest. The Committee is again cognisant that these proceedings have been ongoing for a considerable amount of time, and that the GDC disclosed its case some months ago. The dates for this hearing have also been well known for some months, and indeed were agreed to by both parties. The Committee therefore considers that allowing an adjournment would be severely prejudicial to the clear public interest in the timely consideration and conclusion of this case.

28. The Committee has also taken into account the inconvenience that would be caused to the GDC and its witnesses were it to accede to the application to adjourn the hearing. Although the GDC has concluded its factual case, it remains to be seen whether the GDC intends to call any evidence at any second stage of the hearing that there may be. In any event, an adjournment for the purposes of allowing Mr Pekacki to obtain his own expert witness evidence would be likely to cause inconvenience to the witnesses whom the GDC has already called, and in particular its own expert, namely Mr Mulcahy, as those witnesses may need to be recalled and attend to other associated duties. The Committee is also again mindful of the effect that a delay would have on the ability of witnesses to properly recall the matters giving rise to these proceedings, particularly given that some of those matters date

as far back as 2016. The Committee considers that an adjournment would also be prejudicial to the GDC, which has completed its factual case in a timely manner.

29. The Committee has also again considered fairness to Mr Pekacki. It understands that the expert evidence envisaged would relate to one head of charge. The Committee again notes that Mr Pekacki, and Ms Pekacka on his behalf, have had a sufficient, and indeed considerable, amount of time in which to consider the GDC's case and decide how they wish to put their own case, including the obtaining of expert evidence. This has resulted in the production of detailed written submissions and extensive documentary evidence, and representation through Ms Pekacka at this hearing. The Committee considers that any unfairness to Mr Pekacki that may arise from its rejection of this second application to adjourn is in the particular circumstances of this case outweighed by the public interest. Whilst again the Committee has not commenced its assessment of the evidence that has been presented to it, the Committee considers that any differences that there may be between the oral and written evidence of Mr Mulcahy are, if in fact they exist, not likely to adversely affect or be prejudicial to Mr Pekacki.
30. For these reasons, the Committee has determined to reject the application to adjourn for the purposes of allowing Mr Pekacki, and Ms Pekacka on his behalf, the opportunity to obtain expert evidence.
31. The Committee also notes that Ms Pekacka also appears to be seeking to renew her previously rejected application to adjourn these proceedings for the purposes of obtaining legal representation. Although such a renewal has not been put explicitly, out of fairness to Ms Pekacka the Committee has considered this matter again. The Committee has reconsidered the matter and has determined not to allow an adjournment for the purposes of seeking legal representation. In reaching this decision the Committee adopts the reasons that it set out in its foregoing determination.

Findings of fact – 4 March 2025

32. The Committee's decisions on the preliminary matters and the two applications to adjourn are set out in its separate foregoing determinations.

Background to the case and summary of allegations

33. The allegations giving rise to this hearing arise out of the care and treatment that Mr Pekacki provided to 11 patients at a dental practice that he owned. The 11 patients in question are referred to for the purposes of these proceedings as Patients 1, 2, 3, 4, 5, 6, 7, 9, 10, 11 and 12. The nomenclature 'Patient 8' is deliberately omitted from this list, and there are no heads of charge which concern that patient.
34. The concerns which went on to form the basis of the GDC's case were first raised by two members of staff, who are referred to as Witness A and Witness B, and whose respective roles are set out below. These concerns were then investigated by the GDC, and as part of its investigation the relevant records were reviewed by an independent expert witness, namely Conor Mulcahy.
35. The GDC has raised a number of allegations in respect of Mr Pekacki's care and treatment of the 11 patients in question. These may be summarised as follows.
36. The GDC alleges that between March 2018 and March 2020 Mr Pekacki failed to provide an adequate standard of care to the 11 patients, in that he failed to take a preoperative radiograph before preparing teeth for crowns, which severely compromised treatment-planning, and which amounted to a failure to obtain informed consent for the crowns.

37. It is also contended that, in relation to Patient 2, Mr Pekacki failed to recognise the presence of caries visible on two radiographs, or alternatively that he recognised caries but failed to provide appropriate treatment.
38. Mr Pekacki faces allegations that, between 2016 and 2020, he failed to take appropriate and/or adequate radiographs to establish the extent of periodontal disease and/or peri-implantitis in respect of three patients, namely Patients 2, 4 and 11. The GDC alleges that, as a consequence, the progress of the disease could not be monitored effectively, and the three patients could not be advised appropriately.
39. It is further alleged that, on specific dates in the same overall period of 2016 to 2020, Mr Pekacki prescribed antibiotics to the same three patients without proper justification.
40. The final allegation that Mr Pekacki faces is that, on a number of occasions and on a routine basis in the same period of 2016 to 2020, he provided care to patients without the assistance of a registered dental nurse and/or a trainee dental nurse.

Evidence

41. The Committee has been provided with documentary material in relation to the heads of charge that Mr Pekacki faces, including:
- the witness statement and documentary exhibits of a dental nurse who worked with Mr Pekacki at his practice between December 2018 and July 2020, who is referred to for the purposes of these proceedings as Witness A;
 - the witness statement and documentary exhibits of a dental nurse and receptionist, who is referred to as Witness B, and who worked on a part-time basis at the practice between September 2017 and February 2021;
 - the witness statement of the GDC's instructing solicitor, namely Ms Hastie; the records of the 11 patients referred to above;
 - the report and further written comments of the expert witness instructed by the GDC, namely Conor Mulcahy;
 - the written submissions and evidence provided by and on behalf of Mr Pekacki.
42. The Committee heard oral evidence from Witness A, Witness B, Mr Mulcahy, and an employee engaged in administrative duties at the practice, who is referred to as Witness C.

Committee's findings of fact

43. The Committee has taken into account all the evidence presented to it, both written and oral. It has considered the submissions made by Mr Greany on behalf of the GDC and those made by Ms Pekacka on behalf of Mr Pekacki. The Committee has had regard to the GDC's *Guidance for the Practice Committees, including Indicative Sanctions Guidance* (October 2016, updated December 2020).
44. The Committee has accepted the advice of the Legal Adviser concerning its powers and the principles to which it should have regard. The Committee is mindful that the burden of proof lies with the GDC, and has considered the heads of charge against the civil standard of proof, that is to say, the balance of probabilities. The Committee has considered each head of charge separately.
45. I will now announce the Committee's findings in relation to each head of charge:

1.	<i>Between March 2018 and March 2020 you failed to provide an adequate standard of care to the patients listed in Schedule A below by</i>
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<p>1. (a)</p>	<p><i>Failing to take a pre-operative x-ray before the preparation of the teeth for a crown, meaning that treatment planning was severely compromised, and in consequence:</i></p> <p>Proved</p>
	<p>In considering this head of charge, as well as head of charge 1 (b), the Committee has had regard to Schedule A. This schedule sets out the names of 11 patients in respect of whom the GDC alleges that Mr Pekacki failed to take a preoperative x-ray, otherwise known as a radiograph, prior to preparing teeth for a crown. The GDC alleges that this culpable omission meant that he also failed to obtain informed consent. The GDC further contends that the omission of preoperative radiographs and informed consent meant that Mr Pekacki failed to provide an adequate standard of treatment to the 11 patients in question.</p> <p>The GDC's case is predicated on the expert evidence of Mr Mulcahy. Mr Mulcahy's evidence is that Mr Pekacki was under a duty to take the preoperative radiographs in question. He stated that this requirement is set out in <i>Selection Criteria for Dental Radiography; Good Practice Guidelines</i> (2004) and (2018) of the Faculty of General Dental Practitioners ('FGDP guidelines'). Mr Mulcahy opined that, unless there are exceptional circumstances which would contraindicate the use of a preoperative radiograph, such a radiograph should be taken. Mr Mulcahy stated that such exceptional circumstances, which might include the patient's refusal of a radiograph or an adverse reaction, were not present in any of the 11 patient cases that are the subject of these heads of charge. Mr Mulcahy went on to opine that, in each of these cases, the omission of a preoperative radiograph compromised the effective planning of the patient's treatment, and in turn meant that Mr Pekacki did not obtain the patient's informed consent.</p> <p>Although Mr Pekacki is not present at this hearing and has not provided oral evidence, the Committee has nonetheless taken care to consider the case that has been put forward on his behalf. This includes the oral and written submissions of his representative, namely Ms Pekacka, the written submissions and evidence that he has provided, and the documentary evidence sent to the Committee prior to and during the hearing.</p> <p>Mr Pekacki's case in respect of heads of charge 1 (a) and 1 (b) is that he accepts as a matter of fact that he did not take radiographs, including preoperative radiographs as a matter of routine. Mr Pekacki points to the risks posed to patients from radiographic exposure. The Committee notes that, in respect of this head of charge, Mr Pekacki does not assert that he did take preoperative radiographs for the 11 patients in question. Mr Pekacki's approach is that he was mindful of the risks of radiographic exposure, and therefore he deliberately departed from the guidance cited by Mr Mulcahy. Mr Pekacki cited literature in support of his approach. Mr Mulcahy accepted in his evidence that there must be a justification for the taking of radiographs in accordance with the <i>Ionising Radiation (Medical Exposure) Regulations</i> (2000) and (2017) ('IRMER regulations').</p> <p>The Committee has considered the allegations set out at these heads of charge with regard to each of the 11 patients.</p> <p>The Committee first of all determined that the evidence presented to it demonstrates that preoperative radiographs were not taken for the 11 patients in</p>



	<p>question. In reaching this conclusion the Committee has carefully reviewed the records for each patient, and also notes that Mr Mulcahy, as part of his scrutiny of the same records, came to the same conclusion. The Committee also notes that Mr Pekacki accepts that he did not do so, and that it was his standard practice not to do so.</p> <p>The Committee then went on to determine whether Mr Pekacki was under a duty to take the preoperative radiographs that he accepts he did not take. The Committee notes that Mr Pekacki is of the view that such a radiograph did not need to be taken, but it prefers the credible and cogent expert evidence of Mr Mulcahy in this regard, particularly as it draws on the authoritative FGDP guidance referred to above. The Committee does not accept the view of Mr Pekacki that the alternatives to radiographic examination were adequate. In reaching this conclusion the Committee notes that the GDC's <i>Standards for the Dental Team</i> (2013) state:</p> <p><i>7.1 You must provide good quality care based on current evidence and authoritative guidance.</i></p> <p><i>7.1.1 You must find out about current evidence and best practice which affect your work, premises, equipment and business and follow them.</i></p> <p><i>7.1.2 If you deviate from established practice and guidance, you should record the reasons why and be able to justify your decision.</i></p> <p>Having determined that Mr Pekacki did not take the preoperative radiographs in question, and in so doing that he failed in his duty to do so, the Committee then went on to consider whether this meant that the treatment planning for the 11 patients was severely compromised.</p> <p>The Committee accepts the expert evidence of Mr Mulcahy that Mr Pekacki's culpable failure to take preoperative radiographs before preparing the teeth for crowns meant that the treatment that was being planned was severely compromised. Mr Mulcahy opined that, if a preoperative radiograph is not taken, the treating dentist cannot be sure whether the tooth had been root treated, cannot be sure whether sufficient bone levels are present, or whether root resorption had occurred. Mr Mulcahy opined, and the Committee accepts, that these and other potential factors need to be determined by way of a preoperative radiograph so that an informed decision can be taken as to whether the treatment proposed is appropriate.</p> <p>Having determined that Mr Pekacki's failure to take preoperative radiographs had the effect of severely compromising the treatment planning for the 11 patients in question, the Committee went on to determine whether this, in turn, amounted to a failure on the part of Mr Pekacki to provide an adequate standard of care to these patients. The Committee considers that the culpable omission of radiographs did indeed amount to an inadequate standard of care, as relevant and necessary information was not obtained for the purposes of treatment planning.</p> <p>The Committee therefore finds the facts alleged at head of charge 1 (a) proved.</p>
1. (b)	<p><i>Failing to obtain informed consent for the fitting of the crowns.</i></p> <p>Proved</p>



	<p>The Committee has found above that Mr Pekacki failed to take preoperative radiographs, with the effect that of severely compromising the treatment planning for the 11 patients in question.</p> <p>The Committee then went on to consider whether this meant that Mr Pekacki failed to obtain informed consent for the fitting of the crowns.</p> <p>The Committee considers that Mr Pekacki was under a duty to obtain informed consent for this treatment, and that he did not do so. The Committee finds that, because preoperative radiographs were not taken, the patients in question could not have been advised of the risks and benefits of placing a crown. The Committee accepts the expert evidence of Mr Mulcahy in this regard.</p> <p>The Committee further considers that Mr Pekacki's failure to obtain informed consent amounts to a failure to provide an adequate standard of care. The Committee considers that the 11 patients in question were not able to provide informed consent, and this constitutes a poor standard of care.</p> <p>The Committee therefore finds the facts alleged at head of charge 1 (b) proved.</p>
2.	<p><i>In relation to Patient 2, you failed to recognise caries on radiographs dated 20 November 2017 and 13 December 2019; in the alternative [sic] you did recognise caries but failed to provide appropriate treatment.</i></p> <p>Proved in the alternative of recognising caries but failing to provide appropriate treatment</p>
	<p>The GDC's case at head of charge 2 is predicated on the expert evidence of Mr Mulcahy. Mr Mulcahy's evidence is that caries was visible on radiographs taken on 20 November 2017 and 13 December 2019, and that Mr Pekacki was under a duty to recognise that presence. The GDC submits that, in the alternative, if Mr Pekacki did in fact recognise caries, he failed to provide appropriate treatment.</p> <p>Mr Pekacki's case at this head of charge is that he did in fact recognise the presence of caries, although he did not record that identification, and that he prescribed Duraphat, which is a toothpaste with a higher concentration of fluoride, as well as deciding to monitor the tooth.</p> <p>The Committee accepts the expert evidence of Mr Mulcahy that caries was present in that tooth, namely LL4, and was visible on the two radiographs in question. The Committee considers that the GDC has not adduced sufficient evidence to demonstrate that Mr Pekacki did not recognise caries. It notes, and accepts, Mr Pekacki's case that he did in fact recognise caries.</p> <p>Having determined that the GDC has not demonstrated to the standard required that Mr Pekacki did not recognise caries on the two radiographs in question, the Committee went on to consider the GDC's alternative contention, namely that, having recognised caries, Mr Pekacki failed to provide appropriate treatment.</p> <p>The Committee notes from the evidence presented to it that there is no record of any treatment being provided to the tooth in question in respect of caries. The Committee notes that Mr Pekacki saw the patient on occasions subsequent to the taking of the two radiographs. The Committee notes that Mr Pekacki in his written submission stated that he did treat the caries, albeit by unconventional means, namely by way of a prescription of Duraphat, and for the tooth to be monitored. The Committee accepts the expert evidence of Mr Mulcahy that</p>

	<p>appropriate treatment would include a review of the tooth. The Committee infers from the absence of a record of such a review, and indeed any evidence from Mr Pekacki that he conducted a subsequent review, that no such review and monitoring took place. As there is no evidence of a review and monitoring taking place, the Committee concludes that the treatment that was provided was not appropriate.</p> <p>The Committee further accepts the expert evidence of Mr Mulcahy that Mr Pekacki was under a duty to provide appropriate treatment to Patient 2.</p> <p>For these reasons, the Committee finds the facts alleged at head of charge 2 proved.</p>
3.	<p><i>Between 2016 and 2020 and in relation to Patients 2, 4 and 11 you failed to take appropriate and/or sufficient radiographs to establish the extent of periodontal disease and/or peri-implantitis. Because of your omissions, the progress of disease could not be monitored effectively, and the patients could not be appropriately advised.</i></p> <p>Proved with regard to periodontal disease</p>
	<p>The Committee first of all considered whether Mr Pekacki took appropriate and/or sufficient radiographs for Patient 2, Patient 4 and Patient 11 to determine the extent of periodontal disease and/or peri-implantitis. The Committee notes that Mr Pekacki' does not assert that he took such radiographs. The Committee has not been provided with any evidence to suggest that radiographs were taken. The Committee has concluded, on the basis of the evidence presented to it, that as a matter of fact no such radiographs were taken.</p> <p>Having determined that Mr Pekacki did not take appropriate and sufficient radiographs, the Committee went on to consider whether he was required to do so.</p> <p>The expert evidence of Mr Mulcahy is that Mr Pekacki was under a duty to take appropriate and sufficient radiographs for the three patients in question so that the extent of periodontal disease, or peri-implantitis, or both, could be established, the progress of disease could be monitored in an effective manner, and the patients could be advised appropriately. Mr Mulcahy again cited the FGDP guidelines referred to above. The Committee has again also had regard to the GDC's <i>Standards for the Dental Team</i> (2013), and in particular Standard 7.1 and <i>Standards</i> guidance paragraphs 7.1.1 and 7.1.2, also as set out above. The Committee accepts the expert evidence of Mr Mulcahy, and prefers this to the account provided by Mr Pekacki, particularly as it draws on the authoritative FGDP guidance referred to above. The Committee therefore finds that, as Mr Pekacki did not take such radiographs, he failed in his duty to do so.</p> <p>The Committee reaches this finding solely in relation to periodontal disease. It considers that, in respect of peri-implantitis, this condition was obvious in the case of Patient 11, and the absence of a radiograph was not a culpable failure. With Patient 2 and Patient 4, the Committee finds that there is insufficient evidence of these two patients having implants, and that, consequently, there is insufficient evidence to suggest that peri-implantitis was possible.</p> <p>The Committee therefore finds the facts alleged at head of charge 3 proved.</p>



4.	<p><i>Between 2016 and 2020 you prescribed antibiotics to patients without proper justification. There was no identifiable justification for the antibiotics prescribed in relation to: Patient 2 (27 October 2016, 13 December 2016, 20 November 2017 and 19 November 2019); Patient 4 (27 November 2019 & 04 February 2020); and Patient 11 (27 January 2020).</i></p> <p>Not proved</p>
	<p>Mr Pekacki's case at this head of charge is that there was proper justification for the prescription of antibiotics on each of the occasions, but that he did not record that justification in the respective patient records.</p> <p>In approaching this head of charge the Committee first considered whether there was an identifiable justification for the prescription of antibiotics in respect of any of the instances set out above. The Committee noted the expert evidence of Mr Mulcahy that the reference in the patients' records to the presence of an infection in the form of an abscess is not in and of itself a justification for the prescription of antibiotics. Mr Mulcahy opines that there is insufficient evidence to demonstrate that the prescriptions of antibiotics was justified. Mr Mulcahy cites the FGDP guidance on antimicrobial prescribing, namely <i>Antimicrobial Prescribing for General Dental Practitioners (2012)</i>, which holds that antibiotics are only indicated as an adjunct to definitive treatment where, for instance, there is an elevated temperature, evidence of systemic spread or local lymph gland involvement. Therefore, if Mr Pekacki's justification for the prescription of antibiotics related solely to his recorded identification of an abscess, the Committee considers that this does not amount to a justification.</p> <p>However, the Committee noted Mr Mulcahy's oral evidence that he accepted that there may have been an appropriate justification for the prescriptions of antibiotics, albeit that that justification was not, as Mr Pekacki concedes, was not recorded.</p> <p>The Committee therefore finds that the GDC has not adduced sufficient evidence to demonstrate that Mr Pekacki did not have a proper justification for the prescription of antibiotics on any of the alleged occasions. Accordingly, the Committee has determined that the facts alleged at head of charge 4 are not proved.</p>
5.	<p><i>Between 2016 and 2020, on more than one occasion and routinely, you provided care to patients without the assistance of a registered dental nurse and/or without the assistance of a trainee nurse.</i></p> <p>Proved</p>
	<p>In approaching this head of charge the Committee accepted the advice of the Legal Adviser that this head of charge is brought on the basis that Mr Pekacki was under a duty to work with a dental nurse or trainee dental nurse, and that he did not do so.</p> <p>The Committee has had regard to the oral and written evidence of Witness A and Witness B in relation to this head of charge. Their evidence is that Mr Pekacki routinely provided care without the assistance of a dental nurse or a trainee dental nurse. They also state that Mr Pekacki would however often have the support of another colleague, namely Witness C, who was not a dental nurse or a trainee dental nurse. Mr Pekacki's position is that the presence of a dental nurse</p>



or a trainee dental nurse is not mandatory, and that he exercised his own professional judgement in deciding not to work with such a fellow professional as a matter of routine.

Mr Pekacki relies on the evidence of Witness C in respect of this head of charge. In her oral evidence to the Committee Witness C stated that she is, and was, not a dental nurse or a trainee dental nurse. She stated that she had had some training in medical emergencies. She further stated that it is not the case that Mr Pekacki always worked without a dental nurse or trainee dental nurse, and that he would work with a dental nurse when performing procedures such as extractions or requiring assistance with the mixing of materials for the taking of impressions.

The Committee has also taken account of the expert evidence of Mr Mulcahy. Mr Mulcahy opines that Mr Pekacki's routine provision of care to patients without the assistance of a dental nurse or a trainee dental nurse is contrary to the GDC's *Standards for the Dental Team* (2013), and in particular *Standards* guidance paragraph 6.2.2, which states:

6.2.2 You should work with another appropriately trained member of the dental team at all times when treating patients in a dental setting. The only circumstances in which this does not apply are when:

- *treating patients in an out of hours emergency,*
- *providing treatment as part of a public health programme, or*
- *there are exceptional circumstances.*

'Exceptional circumstances' are unavoidable circumstances which are not routine and could not have been foreseen. Absences due to leave or training are not exceptional circumstances.

In his oral evidence Mr Mulcahy elaborated that he interprets 'work with' as meaning someone working alongside a dentist in the same room as them.

The Committee finds that Mr Pekacki, on more than one occasion, and routinely, did not have a dental nurse or a trainee dental nurse working with him. The Committee accepts the evidence of Witness A, Witness B and Witness C in this regard, and notes that Mr Pekacki accepts that it was not his routine practice to have such assistance.

The Committee then went on to consider whether Mr Pekacki was under a duty to have a dental nurse or a trainee dental nurse when providing care to patients. The Committee considers that Mr Pekacki's routine approach was not adequate or appropriate, and that it was not sufficient for him to have a dental nurse present in the same building but not in the same room when a patient was being treated. The Committee has had particular regard to the *Standards* guidance paragraph 6.2.2 as set out above, and it accepts and concurs with Mr Mulcahy's interpretation that this means that another appropriately trained member of the dental team such as a dental nurse or a trainee dental nurse should be in the same room when patients are being treated. The Committee also considers that the exceptions to this requirement, including exceptional circumstances, did not apply to the care that Mr Pekacki provided as a matter of routine.

The Committee therefore finds that Mr Pekacki provided care to patients without the assistance of a dental nurse or a trainee dental nurse. Accordingly, it has determined that the facts alleged at head of charge 5 proved.

46. We move to stage two.

Determination on misconduct, impairment and sanction – 6 March 2025

47. Following the handing down of the Committee’s findings of fact on 4 March 2025, the hearing proceeded to stage two; that is to say, misconduct, impairment and sanction.

Proceedings at stage two

48. The Committee has considered all the evidence presented to it, both oral and documentary. It has taken into account the submissions made by Mr Greany on behalf of the GDC and those made by Ms Pekacka on Mr Pekacki’s behalf. In its deliberations the Committee has had regard to the GDC’s *Guidance for the Practice Committees, including Indicative Sanctions Guidance* (October 2016, updated December 2020). The Committee has accepted the advice of the Legal Adviser concerning its powers and the principles to which it should have regard.

Evidence at stage two

49. The Committee received further documentary evidence following its findings of fact, namely details of Mr Pekacki’s fitness to practise history as set out below; a screenshot of appointments that Patient 2 attended; and an extract from a periodical article about the role of maintenance in periodontal disease.

Summary of submissions

50. Mr Greany submitted that the Committee may well find that the proven facts at heads of charge 1 (a), 1 (b), 3 and 5 amount to misconduct. Mr Greany made no positive submission in respect of the other head of charge that the Committee has found proved, namely head of charge 2. Mr Greany invited the Committee to determine that Mr Pekacki’s fitness to practise is currently impaired by reason of misconduct, and submitted that the appropriate sanction would be a period of suspension.

51. Ms Pekacka on behalf of Mr Pekacki submitted that the facts that the Committee has found proved at heads of charge 2, 3 and 5 do not amount to misconduct. In respect of the other heads of charge that the Committee has found proved, namely heads of charge 1 (a) and 1 (b), Ms Pekacka submitted that Mr Pekacki has provided documentary evidence of his insight into these matters. Ms Pekacka characterised the shortcomings that have been identified by the Committee as record-keeping failures. Ms Pekacka submitted that Mr Pekacki did not harm patients, and that his purpose instead was, and is, to protect patients. Ms Pekacka drew the Committee’s attention to the changes that, were he to come out of retirement and return to practice, Mr Pekacki would make in the area of his practice identified at heads of charge 1 (a) and 1 (b), and in particular his approach to patient consent with regard to radiographic exposure. Ms Pekacka also referred to the evidence of Mr Pekacki’s remediation, including certificates of continuing professional development (CPD) undertaken in specific areas of his practice, and particularly record-keeping.

Fitness to practise history

52. Mr Greany addressed the Committee in accordance with Rule 20 (1) (a) of the General Dental Council (Fitness to Practise) Rules 2006 (‘the Rules’). He stated that Mr Pekacki was previously issued with a warning letter by the GDC’s Investigating Committee (IC) following its consideration of concerns about his alleged failure to respond fully to a complaint, and to co-operate with an investigation conducted by the Dental Complaints Service (DCS). The

case was closed with a warning, with Mr Pekacki being reminded of his responsibilities in relation to his conduct, including responding to and engaging with complaints.

Misconduct

53. The Committee first considered whether the facts that it has found proved at heads of charge 1 (a), 1 (b), 2, 3 and 5 constitute misconduct. In considering this and all other matters, the Committee has exercised its own independent judgement.

54. In its deliberations the Committee has had regard to the following paragraphs of the GDC's *Standards for the Dental Team* (September 2013) in place at the time of the incidents giving rise to the facts that the Committee has found proved. These paragraphs state that as a dentist:

3 [You must] *obtain valid consent.*

6.2.2 *You should work with another appropriately trained member of the dental team at all times when treating patients in a dental setting. The only circumstances in which this does not apply are when:*

- *treating patients in an out of hours emergency,*
- *providing treatment as part of a public health programme, or*
- *there are exceptional circumstances.*

'Exceptional circumstances' are unavoidable circumstances which are not routine and could not have been foreseen. Absences due to leave or training are not exceptional circumstances.

7.1 *You must provide good quality care based on current evidence and authoritative guidance.*

7.1.1 *You must find out about current evidence and best practice which affect your work, premises, equipment and business and follow them.*

7.1.2 *If you deviate from established practice and guidance, you should record the reasons why and be able to justify your decision.*

55. The Committee's findings at heads of charge 1 (a), 1 (b), 2, 3 and 5 relate to the care and treatment that Mr Pekacki provided to 11 patients. The Committee has found that, between March 2018 and March 2020, Mr Pekacki failed to provide an adequate standard of care to the 11 patients in question, in that he failed to take a preoperative radiograph before preparing teeth for crowns, which severely compromised treatment-planning and which amounted to a failure to obtain informed consent for the crowns. The Committee also found that, in relation to one of the patients, namely Patient 2, Mr Pekacki recognised caries on two radiographs but failed to provide appropriate treatment. The Committee found that, between 2016 and 2020, Mr Pekacki failed to take appropriate and sufficient radiographs to establish the extent of periodontal disease in respect of three patients, namely Patients 2, 4 and 11. Consequently, the progression of the disease could not be monitored effectively, and the patients could not be advised appropriately. The Committee also found that, on a number of occasions and on a routine basis, Mr Pekacki provided care to patients without the assistance of a registered dental nurse and/or a trainee dental nurse.

56. In light of the findings of fact that it has made, the Committee has determined that the proven facts at heads of charge 1 (a), 1 (b), 3 and 5 each amount to misconduct. The Committee notes that its findings, and particularly those at head of charge 1 (a), 1 (b) and 5, relate to conduct that was repeated and sustained over a number of years. Mr Pekacki's conduct related to failures in following appropriate and established standards, guidance and

procedures. Mr Pekacki placed patients at unwarranted risk of harm, including potentially compromised care and treatment. In exercising its own independent judgement, the Committee nonetheless noted the opinion of the GDC's expert witness, namely Mr Mulcahy, that the matters at heads of charge 1 (a), 1 (b), 3 and 5 fell far below the standards reasonably to be expected of a registered dentist. The Committee considers that Mr Pekacki's conduct fell far short of the standards reasonably to be expected of a registered dental professional, and that his acts and omissions would be viewed as deplorable by his fellow practitioners, relating as they do to consistent and sustained departures from established guidance, procedures and standards.

57. The Committee does not find that head of charge 2, when viewed in isolation, and in and of itself, amounts to misconduct. Whilst the Committee does not condone Mr Pekacki's conduct in this regard, it considers that this finding, relating as it does to a single patient and one instance of a failure appropriately to treat caries, is not of such seriousness as to amount to misconduct in its own right. However, the Committee considers that, when viewed cumulatively, head of charge 2 joins the other heads of charge in amounting to misconduct.
58. The Committee has therefore determined that the facts that it has found proved amount to misconduct.

Impairment

59. The Committee next considered whether Mr Pekacki's fitness to practise is currently impaired by reason of the misconduct that it has found. In doing so, the Committee again exercised its own independent judgement. Throughout its deliberations, the Committee has borne in mind that its overarching objective is to protect the public, which includes the protection of patients and the wider public, the maintenance of public confidence in the profession and in the regulatory process, and the declaring and upholding of proper standards of conduct and behaviour.
60. The Committee noted that Mr Pekacki has retired and does not appear to intend to return to practice. The Committee attached no weight to this matter in its deliberations on impairment.
61. The Committee considers that Mr Pekacki's misconduct is capable of being remedied, relating as it does to discrete, identifiable and fundamental aspects of the safe practice of dentistry. The Committee then went on to consider whether Mr Pekacki has in reality remedied these shortcomings.
62. The Committee has determined that Mr Pekacki's fitness to practise is currently impaired. Its reasons are as follows.
63. The Committee notes that Mr Pekacki has not been practising for a number of years, which in the Committee's judgement means that any changes that could be made to his practice have not been implemented and embedded. Whilst the Committee has made no adverse inference from Mr Pekacki's absence at this hearing, albeit that he was represented, the Committee has been provided with little, if any, evidence of him having reflected upon and demonstrated insight into his misconduct. The Committee finds that Mr Pekacki's limited reflections on his misconduct do not demonstrate that he fully understands the risks that his acts and omissions have posed to patients. Based on the submissions of Ms Pekacka, the Committee was left with the clear impression that the changes that Mr Pekacki would make were he to return to practise would *only* be made if the GDC required him to do so. The Committee considers that this stipulation connotes a lack of proactivity and insight. The Committee also considers that these proposed changes would not adequately protect the public from the risks that Mr Pekacki poses to the public. The Committee considers that, because of his misconduct that has yet to be remediated, Mr Pekacki's fitness to practise is currently impaired.

64. The Committee also considers that a finding of impairment is further required to maintain public confidence in the profession and to declare and uphold proper professional standards of conduct and behaviour. In the Committee's judgement the public's trust and confidence in the profession, and in the regulatory process, would be significantly undermined if a finding of impairment was not made in the particular circumstances of this case.
65. Accordingly, the Committee finds that Mr Pekacki's fitness to practise is currently impaired by reason of his misconduct.

Sanction

66. The Committee then determined what sanction, if any, is appropriate in light of the findings of facts, misconduct and impairment that it has made. The Committee recognises that the purpose of a sanction is not to be punitive, although it may have such an effect, but is instead imposed to protect patients and safeguard the wider public interests mentioned above.
67. In reaching its decision the Committee has again taken into account the GDC's *Guidance for the Practice Committees, including Indicative Sanctions Guidance* (October 2016, updated December 2020). The Committee has applied the principle of proportionality, balancing the public interest with Mr Pekacki's own interests. The Committee has once more exercised its own independent judgement.
68. The Committee has paid careful regard to the mitigating and aggravating factors present in this case.
69. In respect of the mitigating factors, the Committee notes that there have been no reports of any subsequent concerns of a similar or different nature; that Mr Pekacki is of previous good character, with no earlier regulatory findings made against him other than the warning referred to above which related to unconnected matters; and that there is some, albeit limited, evidence of the steps that he may implement in an effort to avoid a repetition.
70. In terms of aggravating factors, the Committee notes that Mr Pekacki placed patients at the risk of harm; that his misconduct was sustained and repeated over a considerable period of time; and that he lacks insight into his misconduct.
71. The Committee has considered the range of sanctions available to it, starting with the least restrictive. In the light of its findings, the Committee considers that taking no action or issuing a reprimand would not be sufficient in the particular circumstances of this case. In the Committee's judgement, if no action were taken or a reprimand were issued, the public would be placed at the risk of harm, and public trust and confidence in the profession and in the regulatory process would be significantly undermined.
72. The Committee next considered whether it would be appropriate to conclude the case with a period of conditional registration. After careful consideration the Committee has concluded that conditions would not represent a suitable and adequate disposal of this case. Whilst Mr Pekacki's shortcomings are discreet and identifiable, and might therefore lend themselves to the formulation of conditions, the Committee is mindful that Mr Pekacki is not currently practising, and indeed is understood to not be intending to return to practice in the future. The Committee is therefore not able to be satisfied that conditions can be properly formulated in a workable and measurable way. A direction of conditions would therefore not be sufficient to protect the public. The Committee also considers that a direction of conditional registration would not be sufficient to mark the seriousness of the matters that have given rise to this hearing, and would therefore not be enough to maintain trust and confidence in the profession.
73. The Committee next considered whether it would be appropriate and proportionate to direct a period of suspended registration. After careful consideration the Committee determined

that a direction of suspension represents the appropriate sanction to impose in the particular circumstances of this case. In reaching this decision the Committee found that Mr Pekacki repeated his misconduct, that he lacks insight into his misconduct, that there is a significant risk of him repeating his acts and omissions, and that a lesser sanction would be insufficient to protect the public and to meet the public interest considerations referred to above.

74. In deciding whether a direction of suspended registration is the appropriate and proportionate sanction to impose in the particular circumstances of this case, the Committee did consider whether the higher, and ultimate, sanction of erasure would be appropriate. The Committee considered that no higher sanction than that of suspension is needed in order to protect the public and address the public interest considerations referred to above. The Committee considered that suspended registration is sufficient to protect the public and the wider public interest, and specifically that Mr Pekacki does not possess a harmful deep-seated personality or professional attitudinal problem which might make erasure the appropriate sanction. The Committee therefore considers that a direction of erasure would be disproportionate in the particular circumstances of this case.
75. The Committee has therefore determined to direct that Mr Pekacki's name be suspended from the register for a period of 12 months, with a review hearing to take place prior to the end of that period of suspended registration. The Committee considers that this period of time is commensurate with the need to protect the public, the need to declare and uphold proper professional standards of conduct and behaviour, and the need to maintain trust and confidence in the profession. The Committee also considers that a lesser period of time would not be sufficient for Mr Pekacki to develop and demonstrate the requisite insight into and remediation of his misconduct, should he be minded to do so.
76. Although the Committee in no way wishes to bind or fetter the future Professional Conduct Committee (PCC) which will review this case, this Committee considers that the reviewing Committee may be assisted by Mr Pekacki providing evidence of his:
- Reflections and insight into the Committee's findings, including the impact of his acts and omissions on the profession, patients and the wider public;
 - Learning and development, including continuing professional development (CPD) in respect of the shortcomings identified by this Committee;
 - Remediation of the shortcomings identified by this Committee.

Revocation of interim order

77. In accordance with Rule 21 (3) of the General Dental Council (Fitness to Practise) Rules 2006 and section 27B (9) of the Dentists Act 1984 (as amended) the interim order of conditions in place on Mr Pekacki's registration is hereby revoked.

Determination on immediate order – 6 March 2025

78. Mr Greany on behalf of the GDC submitted that an immediate order for suspension is necessary to protect the public and is otherwise in the public interest.
79. Ms Pekacka on behalf of Mr Pekacki submitted that an immediate order is not needed, as Mr Pekacki has not practised for five years and is currently residing outside of the UK.
80. The Committee has again had regard to the GDC's *Guidance for the Practice Committees, including Indicative Sanctions Guidance* (October 2016, updated December 2020). The Committee accepted the advice of the Legal Adviser concerning its powers and the principles to which it should have regard.
81. In all the circumstances, the Committee considers that an immediate order for suspension is necessary to protect the public and is otherwise in the public interest. The Committee has

determined that, given the risks to the public and the public interest that it has identified, it would not be appropriate to permit Mr Pekacki to practise before the substantive direction of suspension takes effect. The Committee considers that an immediate order for suspension is consistent with the findings that it has set out in its foregoing determination.

82. The effect of the foregoing determination and this immediate order is that Mr Pekacki's registration will be suspended from the date on which notice of this decision is deemed to have been served upon him. Unless Mr Pekacki exercises his right of appeal, the substantive direction of suspension will be recorded in the register 28 days from the date of deemed service. Should Mr Pekacki decide to exercise his right of appeal, this immediate order of suspension will remain in place until the resolution of any appeal.
83. That concludes this case.