

## HEARING HELD IN PUBLIC

### Professional Conduct Committee Initial Hearing

24 and 25 June 2024

**Name:** HUNDLE, Surinder Singh

**Registration number:** 65528

**Case number:** CAS-200419

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**General Dental Council:** Christopher Saad, Counsel  
Instructed by Rochelle Williams, IHLPS

**Registrant:** Not present  
Not represented

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**Fitness to practise:** Impaired by reason of misconduct

**Outcome:** Erased with Immediate Suspension

**Duration:** N/A

**Immediate order:** Immediate suspension order

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**Committee members:** David Wood (Lay) (Chair)  
Arjun Shinh (Dentist)  
Gaon Hart (Lay)

**Legal adviser:** Lucia Whittle-Martin

**Committee Secretary:** Gareth Llewellyn

**Determination on preliminary matters and findings of fact – 24 June 2024**

**Name:** HUNDLE, Surinder Singh

**Registration number:** 65528

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 Hundle is not present and is not represented. Christopher Saad of Counsel, instructed by Rochelle Williams of the General Dental Council's (GDC's) In-House Legal Presentation Service (IHLPS), appears for the GDC.

**Service of notice of hearing**

3. On behalf of the GDC Mr Saad submitted that service of notice of this hearing has been properly effected in accordance with Rules 13 and 65 of the General Dental Council (Fitness to Practise) Rules 2006 ('the Rules'). On 22 May 2024 a notice of hearing was sent to the address that Mr Hundle has registered with the GDC, setting out the date and time of this hearing, as well as the fact that the hearing would be conducted remotely. The notice was sent using the Royal Mail's Special Delivery service. The Royal Mail's Track and Trace service records that delivery was attempted on 23 May 2024, but that the addressee was not at the address. Copies of the notice were also sent to Mr Hundle by first class post, as well as by email to Mr Hundle's known email address.
4. The Committee accepted the advice of the Legal Adviser. The Committee determined that service of the notice of this hearing has been properly effected in accordance with the Rules.

**Proceeding in absence**

5. The Committee then went on to consider whether to exercise its discretion to proceed in the absence of Mr Hundle in accordance with Rule 54 of the Rules.
6. The Committee accepted the advice provided by the Legal Adviser. The Committee was mindful that its discretion to conduct a hearing in the absence of a registrant should be exercised with the utmost care and caution. After careful consideration the Committee determined that it would be fair and appropriate to proceed in Mr Hundle's absence. The Committee considers that the GDC has made all reasonable efforts to inform Mr Hundle of this hearing, but that he has voluntarily absented himself. The Committee considers that an adjournment, which has not been requested, would be unlikely to secure Mr Hundle's attendance. The Committee was also mindful of the public interest in an expeditious consideration of this case, as well as to the potential prejudice and inconvenience that would be caused to the GDC and the witnesses upon whose evidence it relies. The hearing therefore proceeded in Mr Hundle's absence.

**Amendment to charge**

7. At the outset of the hearing Mr Saad applied to amend the charge pursuant to Rule 18 of the General Dental Council (Fitness to Practise) Rules 2006 ('the Rules'). Mr Saad sought to correct a minor and administrative typographical error at head of charge 2. The Committee, having accepted the advice of the Legal Adviser, determined to accede to the application on the basis that it was fair and appropriate for the proposed amendment to be made. The schedule of charge was duly amended.

### **Background to the case and summary of allegations**

8. The allegations giving rise to this hearing arise out of Mr Hundle's criminal convictions, and the circumstances surrounding his departure from the dental practice which he owned and at which he worked.
9. On 16 February 2007 Mr Hundle appeared before South Western Magistrates' Court and, having pleaded guilty, was convicted of driving a motor vehicle with excess alcohol. The offence giving rise to the conviction took place on 11 February 2007. Mr Hundle was, amongst other disposals, fined the amount of £1,000.00 and was disqualified from driving for a period of 12 months, to be reduced to nine months if a stipulated course was completed.
10. On 12 October 2009 Mr Hundle appeared before West London Magistrates' Court and, having pleaded guilty, was convicted of driving a motor vehicle with excess alcohol. The offence occurred on 3 October 2009. A sample taken recorded 104 microgrammes of alcohol in 100 millilitres of breath, which was in excess of the prescribed legal limit. Mr Hundle was, amongst other disposals, fined the amount of £3,000.00 and was disqualified from driving for a period of 44 months.
11. It is further alleged that Mr Hundle failed to provide his colleague, who was an associate dentist at his practice and who is referred to for the purposes of these proceedings as Colleague A, with the details of patients that he was treating at his request on two occasions, and that Mr Hundle also failed to inform Colleague A that the practice would not open on a day on which he had arranged to provide treatment to patients. It is further alleged that Mr Hundle left patients without continuity of care.
12. The GDC further contends that Mr Hundle failed to co-operate with its investigation for a period in excess of two years, in that he did not supply any, or any sufficient, details of his indemnity insurance arrangements.

### **Evidence**

13. The Committee has been provided with documentary material in relation to the heads of charge that Mr Hundle faces, including a certified copy of the Memorandum of Conviction relating to his appearance before West London Magistrates' Court on 12 October 2009; the witness statements and documentary exhibits of the associate orthodontist with whom Mr Hundle worked at his dental practice, who is referred to as Colleague A; the witness statement and documentary exhibits of an associate dentist with whom Mr Hundle worked at his dental practice, who is referred to as Colleague B; and the witness statement and documentary exhibits of a GDC casework manager with knowledge of the case, who is referred to as Witness C.
14. The Committee heard oral evidence from Colleague A.

### **Committee's findings of fact**

15. The Committee has taken into account all the evidence presented to it, both written and oral. It has considered the submissions made by Mr Saad on behalf of the GDC. The Committee has had regard to the GDC's *Guidance for the Practice Committees, including Indicative Sanctions Guidance* (October 2016, updated December 2020).
16. The Committee has accepted the advice of the Legal Adviser. 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.

17. I will now announce the Committee's findings in relation to each head of charge:

1.	<p><i>On 16 February 2007, you were convicted at South Western Magistrates of Driving a Motor Vehicle with Excess alcohol contrary to the Road Traffic Act 1988 s.5(1)(a).</i></p> <p><b>Proved</b></p>
	<p>The Committee finds the facts alleged at head of charge 1 proved.</p> <p>Whilst the Committee notes that a Memorandum of Conviction has not been produced in respect of this conviction, the Committee notes from the unchallenged evidence presented to it, and in particular the police case summary and printout from the Police National Computer (PNC), that it is recorded that Mr Hundle was convicted as set out at this head of charge. The Committee finds that this evidence is sufficient for it to conclude that Mr Hundle was convicted as alleged.</p> <p>For these reasons the Committee finds the facts alleged at head of charge 1 proved.</p>
2.	<p><i>On 12 October 2009, you were convicted at West London Magistrates of Driving a Motor Vehicle with Excess alcohol contrary to the Road Traffic Act 1988 s.5(1)(a).</i></p> <p><b>Proved</b></p>
	<p>The Committee finds the facts alleged at head of charge 2 proved.</p> <p>The Committee had regard to Rule 57 (5) of the Rules and determined that the certified copy of the Memorandum of Conviction placed before it provides conclusive proof of both the fact of conviction, and also proves the facts of the offence giving rise to that conviction. The Committee notes that the facts upon which the conviction was based have been found proven beyond reasonable doubt, which is an evidential standard that is higher than that employed by this Committee. The Committee accepted that it cannot go behind the facts on which the conviction was made.</p> <p>Therefore, the Committee finds the facts alleged at head of charge 2 proved.</p>
3.	<p><i>You failed to provide patient details to colleague A as requested on or around 14 April 2019 and 13 July 2019.</i></p> <p><b>Proved</b></p>

	<p>The Committee finds the facts alleged at head of charge 3 proved.</p> <p>The Committee accepts the evidence of Colleague A in respect of this head of charge. Colleague A refers to, and exhibits, emails that he sent to Mr Hundle, or for Mr Hundle to otherwise respond to, on 14 April 2019 and 13 July 2019. Colleague A's evidence is that he did not receive the details of the relevant patients that he had requested. The Committee accepts this unchallenged evidence as being consistent and finds that it is reliable.</p> <p>Accordingly, the Committee finds the facts alleged at head of charge 3 proved.</p>
4.	<p><i>You failed to inform colleague A who was due to treat patients at your practice on 11 July 2019, that the practice would not be open.</i></p> <p><b>Proved</b></p>
	<p>The Committee finds the facts alleged at head of charge 4 proved.</p> <p>In reaching this finding the Committee notes the evidence of Colleague A that he was not made aware by Mr Hundle that the practice would be closed on 11 July 2019 until arriving at the practice. The Committee again accepts this evidence, unchallenged as it is, as reliable.</p> <p>Therefore, the Committee finds the facts alleged at head of charge 4 proved.</p>
5.	<p><i>From 16 September 2019 to 7 February 2022 you failed to co-operate with an investigation conducted by the General Dental Council by not providing the General Dental Council with any or insufficient evidence of indemnity.</i></p> <p><b>Proved in terms of a failure from 30 September 2019 to 7 February 2022</b></p>
	<p>The Committee finds the facts alleged at head of charge 5 proved in terms of a failure from 30 September 2019, rather than from 16 September 2019 as alleged.</p> <p>The Committee accepts the evidence of Witness 3 that Mr Hundle was provided with a deadline of 30 September 2019 to provide evidence of his indemnity insurance arrangements. It further accepts the evidence of Witness 3 that Mr Hundle did not do so. In finding this head of charge proved the Committee considers that the culpable failure commenced on, and not before, 30 September 2019. It finds the head of charge proved on this qualified basis.</p> <p>Accordingly, the Committee finds the facts alleged at head of charge 5 proved on the basis set out in the previous paragraph.</p>
6.	<p><i>From on or around 12 April 2019, you left patients without continuity of care.</i></p> <p><b>Proved</b></p>

	<p>The Committee finds the facts alleged at head of charge 6 proved.</p> <p>The Committee has had regard to the evidence presented to it in the form of at least two email complaints from patients beginning on 12 April 2019 which refer to being left without continuity of care. The Committee also notes, and accepts, the evidence of Colleague A, who states that he had to make arrangements for continuity of care given the circumstances in which his patients were left by Mr Hundle.</p> <p>Therefore, the Committee finds the facts alleged at head of charge 6 proved.</p>
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18. We move to stage two.

### **Determination on misconduct, impairment and sanction – 25 June 2024**

19. Following the handing down of the Committee’s findings of fact on 24 June 2024, the hearing proceeded to stage two; that is to say, misconduct, impairment and sanction.

#### **Proceedings at stage two**

20. The Committee has considered all the evidence presented to it, both oral and documentary. It has taken into account the submissions made by Mr Saad on behalf of the GDC. 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 also had regard to the GDC’s *Guidance for decision makers on the impact of criminal convictions and cautions* (May 2014). The Committee has accepted the advice of the Legal Adviser.

#### **Evidence at stage two**

21. The Committee received further documentary evidence at this stage of the hearing, namely details of Mr Hundle’s fitness to practise history with the GDC. This history is referred to in further detail in the following paragraphs.

#### **Fitness to practise history**

22. Mr Saad addressed the Committee in accordance with Rule 20 (1) (a) of the General Dental Council (Fitness to Practise) Rules 2006 (‘the Rules’). Mr Saad referred to the documentation referred to in the previous paragraph, and informed the Committee of the following history.

23. The Committee has also been informed that the GDC’s Investigating Committee (IC) imposed an unpublished warning on Mr Hundle’s registration on 15 February 2011 in relation to allegations concerning the standard of care that he provided to a patient in the period of February to June 2010. As well as other clinical concerns, it was specifically alleged that Mr Hundle had failed to communicate effectively with a patient, had failed to obtain informed consent and had not provided alternative treatment options.

24. Mr Hundle appeared before the Professional Conduct Committee (PCC) in March 2011 in relation to allegations concerning an inappropriate sexual relationship that he was said to have had with a patient in the approximate period of 2001 to 2008. That Committee found that Mr Hundle’s fitness to practise was impaired by reason of the misconduct arising from

the facts that it found in relation to those allegations. It decided to suspend Mr Hundle's registration for a period of three months.

25. Mr Hundle appeared before the PCC once more in February to April 2016 concerning allegations relating to Mr Hundle's care and treatment of a patient. That Committee determined that the proven facts amounted to misconduct, but that Mr Hundle's fitness to practise was not impaired by reason of that misconduct, in that Mr Hundle had demonstrated insight into and remediation of his misconduct.

### **Submissions**

26. Mr Saad submitted that the facts found proved at head of charge 5 alone might be considered to constitute misconduct, and that a declaration of impairment is required in the public interest in respect of any misconduct that may be found arising from that head of charge. Mr Saad submitted that an appropriate disposal would be a direction of suspended registration for a period of 12 months, with a review hearing to take place prior to the end of that period.

### **Misconduct**

27. The Committee first considered whether the facts that it has found proved at heads of charge 3, 4, 5 and 6 constitute misconduct. In considering this and all other matters, the Committee has exercised its own independent judgement.
28. 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 at heads of charge 3, 4, 5 and 6. These paragraphs state that as a dentist you must:
- 6.1 *Work effectively with your colleagues and contribute to good teamwork.*
- 6.5 *Communicate clearly and effectively with other team members and colleagues in the interests of patients.*
- 9.4 *You must co-operate with any relevant formal or informal inquiry and give full and truthful information.*
29. The Committee's findings at heads of charge 3, 4, 5 and 6 relate to the circumstances of Mr Hundle's departure from the dental practice which he owned and at which he worked, as well as his failure to co-operate with the GDC. The Committee found at the previous factual inquiry stage that Mr Hundle failed to provide his colleague with the details of patients that his colleague was treating at his colleague's request on two occasions, and that Mr Hundle also failed to inform that same colleague that the practice would not open on a day on which his colleague had arranged to provide treatment to patients. The Committee also found that Mr Hundle left patients without continuity of care. In addition the Committee found that Mr Hundle failed to co-operate with its investigation for a period in excess of two years, in that he did not supply any, or any sufficient, details of his indemnity insurance arrangements.
30. The Committee finds the facts that it has found proved at heads of charge 3 and 4, namely that Mr Hundle failed to provide patient details to his colleague and failed to inform that same colleague that the practice would not be open on a particular day, do not amount to misconduct. The Committee finds that this conduct, whilst not acceptable, was not of such seriousness as to amount to misconduct. The conduct represents a falling short of the standards reasonably to be expected of a registered dentist, but was not a falling far short of those standards. In reaching this finding the Committee notes, amongst other evidence, the

evidence of Colleague A that Mr Hundle's conduct did not in reality have an adverse clinical impact on the patients in question.

31. The Committee finds that the facts that it has found proved at head of charge 5, namely that Mr Hundle failed to co-operate with a GDC investigation by not providing evidence of his indemnity insurance arrangements for a period in excess of two years, amount to misconduct. The Committee considers that evidencing adequate indemnity insurance, and co-operating with one's regulatory body, are both fundamental requirements of the profession. The Committee is particularly mindful that an absence of such indemnity insurance raises public protection concerns, as patients may have been deprived of appropriate and adequate redress arising from Mr Hundle's care and treatment.
32. The Committee also finds that its findings in respect of head of charge 6, namely that Mr Hundle left patients without continuity of care, also amount to misconduct. The evidence presented to the Committee is that Mr Hundle's conduct had a significant effect on at least one patient. The Committee considers that patient care should be at the heart of every practitioner's practice, and that Mr Hundle's omissions placed patients at considerable risk of harm. It finds that this conduct, as well as the conduct that it has found proved at head of charge 5, represents a serious and significant departure from the standards reasonably to be expected of a registered dentist, and that Mr Hundle fell far short of those standards. The Committee also considers that such conduct would be viewed by fellow practitioners to be deplorable.
33. The Committee has therefore determined that the facts that it has found proved at heads of charge 5 and 6 amount to misconduct.

### **Impairment**

34. The Committee next considered whether Mr Hundle's fitness to practise is currently impaired by reason of conviction, or misconduct, or both. In doing so, the Committee again exercised its own independent judgment.
35. 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.

### **BY REASON OF CONVICTION**

36. The Committee considered whether Mr Hundle's fitness to practise is currently impaired by reason of the convictions that it has found proved at heads of charge 1 and 2. The details of the convictions were summarised in the Committee's previous determination on the facts in the following terms.
37. On 16 February 2007 Mr Hundle appeared before South Western Magistrates' Court and, having pleaded guilty, was convicted of driving a motor vehicle with excess alcohol. The offence giving rise to the conviction took place on 11 February 2007. Mr Hundle was, amongst other disposals, fined the amount of £1,000.00 and was disqualified from driving for a period of 12 months, to be reduced to nine months if a stipulated course was completed.
38. On 12 October 2009 Mr Hundle appeared before West London Magistrates' Court and, having pleaded guilty, was convicted of driving a motor vehicle with excess alcohol. The offence occurred on 3 October 2009. A sample taken recorded 104 microgrammes of alcohol in 100 millilitres of breath, which was in excess of the prescribed legal limit. Mr Hundle was,



amongst other disposals, fined the amount of £3,000.00 and was disqualified from driving for a period of 44 months.

39. The Committee has had regard to the considerable period of time that has elapsed since the convictions. The first conviction was handed down some 17 years ago, whilst the second conviction occurred 14 years ago. The Committee does not consider that either conviction mean that Mr Hundle's fitness to practise is, some years on, currently impaired, or that a finding of impairment is required on public interest grounds. The Committee considers that its findings of fact in respect of these two convictions are a sufficient regulatory disposal, and that Mr Hundle's fitness to practise is not currently impaired by reason of conviction.

#### BY REASON OF MISCONDUCT

40. The Committee next considered whether Mr Hundle's fitness to practise is currently impaired by reason of the misconduct that it has found in respect of heads of charge 5 and 6.
41. The Committee finds that Mr Hundle's fitness to practise is currently impaired by reason of misconduct. The Committee considers that the misconduct that it has identified is serious, relating as it does to Mr Hundle's failure to provide evidence of indemnity insurance arrangements when asked to do so by his regulatory body, and his failure to ensure continuity of care for patients. Although the Committee has not drawn an adverse inference from Mr Hundle's absence at this hearing, it has not been provided with evidence to suggest that he has developed any insight into, or has undertaken steps to remedy, his misconduct. The Committee finds that the public is at unwarranted risk of harm on account of his unremediated misconduct, and that his fitness to practise is currently impaired.
42. The Committee considers that a finding of impairment is also required to maintain public confidence in the profession and to declare and uphold proper professional standards of conduct and behaviour. In the Committee's judgment 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.
43. Accordingly, the Committee finds that Mr Hundle's fitness to practise is currently impaired by reason of misconduct.

#### Sanction

44. 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.
45. 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 Hundle's own interests. The Committee has once more exercised its own independent judgment.
46. The Committee has paid careful regard to the mitigating and aggravating factors present in this case.
47. In respect of the mitigating factors that are present, the Committee notes the references in the evidence of Colleague A and Colleague B to some difficulties that Mr Hundle might have been experiencing at around the time of the events giving rise to these proceedings. The

Committee also considers that Mr Hundle's conduct was not motivated by financial gain. Colleague A and Colleague B also gave evidence of Mr Hundle's historical skills and innovations in his practice.

48. In terms of aggravating factors, the Committee notes that Mr Hundle's omissions entailed a risk of harm to patients, both in terms of the absence of continuity of care and having evidence of adequate indemnity insurance arrangements. The Committee finds that the absence of continuity of care represents a breach of the trust that patients placed in him. Mr Hundle's failure to provide the GDC with evidence of his indemnity insurance arrangements represents a blatant and wilful disregard of the GDC. Mr Hundle's misconduct was sustained over a considerable period of time. Mr Hundle has also not demonstrated any insight into his misconduct. The Committee also took account of the impact of Mr Hundle's conduct on his colleagues, including Colleague A and Colleague B. The Committee also had regard to Mr Hundle's fitness to practise history as set out above. It notes that the previous findings, save for the findings of the PCC in March 2011 relating to an inappropriate sexual relationship with a patient, engaged issues similar to those that have precipitated this hearing. However, as those findings relate to matters that took place a considerable number of years ago the Committee has placed little weight on them when determining which sanction, if any, is appropriate and proportionate.
49. The Committee has considered the range of sanctions available to it, starting with the least restrictive.
50. 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 judgment public safety, as well as public trust and confidence in the profession and in the regulatory process, would be significantly undermined if no action were taken or a reprimand were issued. The Committee also considers that taking no action or issuing a reprimand, would not be sufficient to declare and uphold proper professional standards of conduct and behaviour.
51. The Committee also considers that a direction of conditional registration would not adequately protect the public or meet the public interest considerations engaged in this case. The Committee is mindful that Mr Hundle is not present, and that it has no information about his current intentions or his willingness to comply with any conditions that might be capable of being formulated. In any event, the Committee considers that conditional registration would not protect the public and the wider public interest to the extent that is required.
52. The Committee then went on to consider whether a direction of suspended registration would represent an appropriate and proportionate outcome. After careful consideration the Committee has determined that suspension would not be sufficient to protect the public or meet the public interest considerations that it has identified above. The Committee considers that Mr Hundle's conduct is incompatible with his registered status, relating as it does to him failing to put patients, and the regulatory systems in place to protect them, at the forefront of his practice. Mr Hundle has provided no evidence whatsoever of any insight into, or remediation of, his misconduct, and has not indicated that he has any intention of doing so. Mr Hundle's misconduct is highly damaging to his fitness to practise, representing as it does a real risk of harm to the public and the public interest.
53. The Committee has therefore determined that the only appropriate and proportionate sanction to impose in the particular, and particularly serious, circumstances of this case is that of erasure. The Committee finds that Mr Hundle's conduct amounts to a serious and sustained departure from relevant professional standards, and that the public and the public interest is at unwarranted risk of harm as a result of his persistent lack of insight into, and

remediation of, his misconduct. The Committee finds that his misconduct suggests a harmful deep-seated professional attitudinal problem, and that the public, and wider public interests, would be insufficiently protected by a sanction lesser than that of erasure.

54. The Committee hereby directs that Mr Hundle's name be erased from the register.

#### **Existing interim order**

55. In accordance with Rule 21 (3) of the Rules and section 27B (9) of the Dentists Act 1984 (as amended) the interim order of suspension in place on Mr Hundle's registration is hereby revoked.

#### **Immediate order**

56. The Committee now invites submissions as to whether Mr Hundle's registration should be made subject to an immediate order.

#### **Determination on immediate order – 25 June 2024**

57. Following the handing down of the Committee's determination on impairment and sanction on 25 June 2024, the hearing continued on that same day to consider whether to impose an immediate order.

58. Mr Saad on behalf of the GDC invited the Committee to impose an immediate order.

59. 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.

60. The Committee considers that an immediate order of suspension is necessary to protect the public and is otherwise in the public interest. The Committee has determined that, given the serious risks to the public and the public interest that it has identified, it would not be appropriate to permit Mr Hundle to practise before the substantive direction of erasure 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.

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

62. That concludes this case.