HEARING HEARD IN PUBLIC

GENERAL DENTAL COUNCIL

PROFESSIONAL CONDUCT COMMITTEE

SEPTEMBER 2010 – JULY 2013 **

** See page 14 for the latest determination

HAKIMI, Omar

Registration No: 141054

Omar HAKIMI, registered dentist; Zahnarzt Mainz 2005, was summoned to appear before the Professional Conduct Committee on 27 September 2010 for an inquiry into the following charge:

Amended following an application by the Council on 27 September 2010

"That, being a registered dentist:

1. At the relevant times, you were employed as an associate at the Nunneley House Dental Practice, 22 Bridge Street, Burton on Trent, Staffordshire, DE14 1SY ("the Practice");
2. In relation to **Patient CS**, you undertook Root Canal Therapy ("RCT") involving the UR3 on 23 March 2009:
    a. You did not record a diagnosis or make a note of why endodontic treatment was required in Patient CS's case;
    b. You did not take a pre-operative radiograph to establish the morphology of UR3;
    c. You did not make an appropriate record of the RCT undertaken in relation to the UR3 in that:
        i You did not identify the tooth treated;
        ii You did not make a record of whether Local Anaesthetic had been administered;
        iii You did not make a note of the canal lengths;
        iv You did not make a note of the filling material used;
    d. You did not record the fact that the filling material was short of the apex and the apex was not shown on the post-operative radiograph;
    e. Your actions as set out at 2a to 2d above were not of the standard expected of a registered dentist.
3. **Patient SA** attended an appointment with you on 19 March 2009 during the course of which you re-fixed a bridge and issued a prescription:
    a. You did not make a record of the reason why a prescription was required;

b. You did not make a record of the type of medication prescribed;

c. Your actions as set out at 3a and 3b above were not of the standard expected of a registered dentist.

4. In relation to **Patient AD**, you undertook RCT involving the UL6 on 19 March 2009:

   a. You did not make adequate notes of the RCT of the UL6 in that:

      i You made no note of the canal lengths;

      ii You did not make a note of whether Local Anaesthetic had been administered;

   b. Your actions as set out at 4a above were not of the standard expected of a registered dentist.

5. **Patient LE** attended appointments with you on 30 September 2008, 10 October 2008, 25 November 2008, 3 March 2009 and 19 March 2009:

   a. On 30 September 2008,

      i you did not make a record of the reason why Patient LE attended that appointment or the treatment that was provided;

      ii you prescribed antibiotics without recording the reason for the prescription;

   b. On 10 October 2008, you made no note of which tooth you had treated;

   c. On 19 March 2009, you undertook RCT in relation to LR5:

      i you incorrectly recorded that you had undertaken RCT in relation to LL5;

      ii you did not record or report on the post-operative radiograph taken;

   d. Your actions as set out at 5a to 5c above were not of the standard expected of a registered dentist.

6. **Patient SK** attended appointments with you on 6 February 2009, 3 March 2009 and 20 March 2009:

   a. You did not take radiographs when the condition of SK's mouth indicated that radiographs were necessary;

   b. You did not inform Patient SK of her periodontal condition;

   c. You did not offer Patient SK the appropriate treatment for her periodontal condition, namely:

      i Oral Hygiene instruction;

      ii A series of scale and polish treatments;

   d. You did not make a record of any discussion with Patient SK;

   e. You did not make adequate notes of the consultation on 20 March 2009 in that:

      i You made no note in relation to the fitting of the denture;

      ii You did not make a note of whether Local Anaesthetic had been administered;

   f. Your actions as set out at 6a to 6e above were not of the standard expected of a registered dentist.

7. **Patient RH** attended appointments with you on 6 November 2008 and 20 March 2009:

   a. You did not take radiographs on 6 November 2008 when the condition of Patient RH's mouth indicated that radiographs were necessary;

   b. You did not make the correct diagnosis in Patient RH's case;

   c. You did not offer the appropriate treatment to Patient RH;

   d. On 20 March 2009, you did not record that you had fixed Patient RH's bridge;

   e. Your actions as set out at 7a to 7d above were not of the standard expected of a registered dentist.

8. In relation to **Patient AH**, you undertook RCT on 22 October 2008 and 13 November 2008:

   a. You did not make a record of the fact that the post-operative radiograph taken did not show the apex in circumstances where you could not ascertain where the filling had reached;

   b. Your action as set out at 8a above was not of the standard expected of a registered dentist.

9. **Patient PL** attended appointments with you on 30 September 2008 and 21 January 2009:

   a. You did not identify the tooth that you treated on 30 September 2008 in Patient PL's notes;

   b. On 21 January 2009, you did not provide or arrange appropriate treatment in relation to Patient PL's UL6;

   c. Your actions as set out at 9a and 9b above were not of the standard expected of a registered dentist.

10. In relation to **Patient SB**, you undertook RCT involving the UR6 on 12 January 2009:

    a. You did not report on the radiographs taken;

    b. You did not properly root fill the UR6;

    c. You did not realise that the root canal treatment had been unsuccessful;

    d. You did not inform Patient SB that the root canal treatment had been unsuccessful;

    e. You did not refer Patient SB to another colleague or specialist;

    f. You failed to make an accurate note of the inadequacy of the root filling;

    g. Your actions as set out at 10a to 10f above were not of the standard expected of a registered dentist.

11. In relation to **Patient RC**, you undertook RCT involving the LR5 on 6 February 2009:

    a. You did not take a pre-operative radiograph in circumstances where no other radiograph was available to assist;

    b. You did not record or report on the post-operative radiograph;

    c. Your actions as set out at 11a and 11b above were not of the standard expected of a registered dentist.

12. In relation to **Patient JD**, you commenced RCT involving the LR7 on 4 November 2008 and completed the treatment on 4 February 2009:

    a. You did not record a diagnosis or make a note of why endodontic treatment was required in Patient JD's case;

    b. You did not take a pre-operative radiograph in circumstances where no other radiograph was available to assist;

    c. Your actions as set out at 12a and 12b above were not of the standard expected of a registered dentist.

13. In relation to **Patient SM**, you undertook RCT involving the LL6 on 3 February 2009:

    a. You did not identify that the RCT in Patient SM's case was not straightforward;

    b. You did not take a post operative radiograph where in the case of Patient SM it was required due to the difficulties experienced with her treatment;

    c. You did not notice that you had not filled the mesial canal;

    d. You did not notify Patient SM that the RCT had been unsuccessful;

    e. Your actions as set out at 13a to 13d above were not of the standard expected of a registered dentist.

14. **Patient SS** attended appointments with you on 27 November 2008, 5 February 2009, 10 February 2009 and 6 March 2009:

    a. On 27 November 2008, you incorrectly diagnosed the problem with Patient SS's UR2 as periodontitis even though radiographs available on 27 November 2008 indicated that there had been problems in the area of the UR2 for some time and extraction or endodontic treatment was required;

    b. You did not provide the appropriate treatment to Patient SS until 6 March 2009 when you undertook RCT in relation to the UR2;

    c. Your actions as set out at 14a and 14b above were not of the standard expected of a registered dentist.

15. In relation to **Patient JT**, you undertook RCT involving the UL1 and UL2 on 12 February 2009 and 3 March 2009:

    a. You did not record a diagnosis or make a note of why endodontic treatment was required in Patient JT's case;

    b. You did not record or report on any of the radiographs taken;

    c. Your actions as set out at 15a and 15b above were not of the standard expected of a registered dentist.

16. In relation to **Patient SD**, you undertook RCT involving the LR4 on 25 February 2009 and 12 March 2009:

    a. You did not record a diagnosis or make a note of why endodontic treatment was required in Patient SD's case;

    b. You did not record the radiograph taken on 12 March 2009 or report on any of the radiographs taken;

    c. Your actions as set out at 16a and 16b above were not of the standard expected of a registered dentist.

17. In relation to **Patient PC**, you undertook RCT involving the LR4 on 18 March 2009:

    a. You did not take a pre-operative radiograph to establish the morphology of the LR4 in circumstances where no other radiograph was available to assist;

    b. You did not report on any of the radiographs taken;

    c. Your actions as set out at 17a and 17b above were not of the standard expected of a registered dentist.

18. In relation to **Patient EJW**, you undertook RCT involving the LR6 on 18 March 2009:

    a. You did not take a pre-operative radiograph to establish the morphology of the LR6 treated in circumstances where no other radiograph was available to assist;

    b. Your action as set out at 18a above was not of the standard expected of a registered dentist.

19. In relation to **Patient ML**, you undertook RCT involving the LL4 on 17 March 2009:

    a. You did not record a diagnosis or make a note of why endodontic treatment was required in Patient ML's case;

    b. You did not take a pre-operative radiograph to establish the morphology of the LL4 in circumstances where no other radiograph was available to assist;

    c. Your actions as set out at 19a and 19b above were not of the standard expected of a registered dentist.

20. In relation to **Patient DR**, you undertook RCT involving the UR1 on 13 January 2009:

    a. You did not take a pre-operative radiograph to establish the morphology of the UR1 in circumstances where no other radiograph was available to assist;

    b. You did not make a record or report on the post-operative radiographs taken;

    c. Your actions as set out at 20a and 20b above were not of the standard expected of a registered dentist.

21. In relation to **Patient PW**, you undertook RCT involving the UL6 on 12 September 2008:

    a. You did not take a diagnostic radiograph of the UL6 during the course of RCT in circumstances where the pre-operative radiograph was not of sufficient quality to enable you to identify the three root canals;

    b. You did not identify and fill the three root canals;

    c. Your actions as set out at 21a and 21b above were not of the standard expected of a registered dentist.

22. **Patient SG** attended appointments with you on 28 October 2008 and 12 November 2008:

    a. You did not take appropriate radiographs on 28 October when an examination of Patient SG's teeth indicated that it was necessary to take radiographs;

    b. On 12 November you did not restore Patient SG's LL6 adequately;

    c. Your actions as set out at 22a and 22b above were not of the standard expected of a registered dentist.

23. **DRO Patient 4** attended an appointment with you on 2 February 2009:

a. You did not make a record of the reason why Patient 4 attended that appointment or the treatment that was provided;

b. Your action as set out at 23a above was not of the standard expected of a registered dentist.

24. In relation to **DRO Patient 6**, you extracted the LR8 on 11 November 2008:

a. You did not record or report on the radiograph taken;

b. Your action as set out at 24a above was not of the standard expected of a registered dentist.

25. In relation to **DRO Patient 10**:

a. You did not record or report on a radiograph taken on 26 November 2008;

b. Your action as set out at 25a above was not of the standard expected of a registered dentist.

26. **DRO Patient 11** attended a number of appointments with you between 11 November 2008 and 11 February 2009:

a. You did not carry out a proper examination;

b. You did not formulate an appropriate treatment plan;

c. You did not make adequate notes in relation to your treatment of Patient 11;

d. Your actions as set out at 26a to 26c above were not of the standard expected of a registered dentist.

And that in relation to the facts alleged, your fitness to practise as a dentist is impaired by reason of your misconduct."

On 1 October 2010 the Chairman made the following statement regarding the finding of facts:

"Ms Harris,

The Committee has taken into account all the evidence presented to it. It has accepted the advice of the Legal Adviser.

I will now announce the Committee's findings in relation to each head of charge. In each head of charge which contains a stem setting out a preliminary allegation, the Committee has considered it separately and found it proved:

1.	Proved
2a.	Proved
2b.	Proved
2c(i).	Proved
2c(ii)	Proved
2c(iii).	Proved
2c(iv).	Proved
2d.	Proved
2e.	Proved

3.	The stem was amended to delete “re-fixed a bridge and”.
3a.	Proved
3b.	Not proved. The Committee notes that there was a reference in the notes to Duraphat 5000.
3c.	Proved in relation to 3a only.
4a(i).	Proved
4a(ii).	Not proved. The General Dental Council (GDC) conceded that there may not have been any Local Anaesthetic administered.
4b.	Proved in relation to 4a(i)
5a(i).	Proved (as amended by the deletion of “or the treatment that was provided”). The Committee noted that there was a record of a prescription having been given, which might constitute treatment.
5a(ii).	Proved
5b.	Proved
5c(i).	Proved
5c(ii).	Proved (as amended by the replacement of the word “post-operative” with “diagnostic”). The Committee was satisfied that this amendment was necessary to correct the allegation and that it could be carried out without injustice to the Respondent.
5d.	Proved
6a.	Proved
6b.	Not proved;
6c(i).	Not proved
6c(ii).	Not proved On the balance of probabilities, the Committee found that some information may have been given to Patient SK and that she may have been given some appropriate treatment.
6d.	Not proved. The Committee noted that the records were inadequate but found that some discussion with Patient SK was recorded.
6e(i).	Proved
6e(ii).	Proved
6f.	Proved in relation to 6a and 6e.
7a.	Proved
7b.	Not proved. The Committee found that although there was no note it is possible that Mr Hakimi did identify the need for further treatment. It notes that further appointments were made for the patient to attend with Mr Hakimi.
7c.	Not proved

7d.	Proved as amended to read "On 20 March 2009, you did not record the treatment given to Patient RH". The Committee could not be confident that the record concerning the re-fixing of Patient RH's bridge was reliable.
7e.	Proved in relation to 7a and d.
8a.	Proved
8b.	Proved
9a.	Proved
9b.	Proved. The Committee found on the evidence that the tooth treated on 30th September 2008 was the UL6 as alleged.
9c.	Proved
10a.	Proved
10b.	Not proved
10c.	Not proved
10d.	Not proved. The Committee was satisfied that Mr Hakimi may have done his best to root fill the UL6 although he did not succeed in filling all the roots. The Committee was not satisfied that this necessarily amounted to unsuccessful treatment.
10e	Proved
10f.	Proved
10g.	Proved in relation to 10a, e and f The Committee understood the allegations from 10a to g to relate to the whole course of root canal treatment (RCT) which commenced on 12th January 2009.
11a.	Proved
11b.	Proved
11c.	Proved
12a.	Proved
12b.	Proved
12c.	Proved
13.	The Committee noted that the endodontic treatment began on 15 December 2008.
13a.	Not proved. The GDC conceded that the evidence suggested that Mr Hakimi did recognise that Patient SM's case was not straightforward.
13b.	Proved as amended to read "You did not take a diagnostic or post-operative radiograph."
13c.	Proved
13d.	Proved. The Committee notes that Mr Hakimi may not have been aware that the RCT might have been unsuccessful.

13e.	Proved in relation to 13b,c and d
14a.	Not proved. The Committee is not satisfied that the diagnosis was incorrect because Patient SS may have had periodontitis coexisting with another condition.
14b.	Not proved. The Committee was not satisfied that RCT became the appropriate treatment before 20th February 2009 when it appears, on the evidence, that it was in fact provided.
14c.	Not proved
15a.	Proved
15b.	Proved
15c.	Proved
16a.	Proved
16b.	Proved
16c.	Proved
17a.	Proved
17b.	Proved as amended to read “You did not report on the radiograph taken”.
17c.	Proved
18a.	Proved
18b.	Proved
19a.	Proved
19b.	Proved
19c.	Proved
20.	The Committee notes that treatment may have commenced on 5th November 2008
20a.	Proved
20b.	Proved as amended with the deletion of the words ”make a record or”.
20c.	Proved
21.	The Committee notes that treatment appears to have started on 8th September 2008.
21a.	Proved
21b.	Proved
21c.	Proved
22a.	Proved
22b.	Proved
22c.	Proved

23a.	Proved
23b.	Proved
24a.	Proved
24b.	Proved
25a.	Proved as amended with the deletion of the words “record or”.
25b.	Proved
26a.	Proved
26b.	Proved
26c.	Proved
26d.	Proved

We move to Stage Two.”

On 1 October 2010 the Chairman announced the determination as follows:

“Ms Harris,

The Committee has heard from you on behalf of the General Dental Council (GDC). The Committee accepted the advice of the Legal Adviser.

Misconduct

The allegations in this case are wide ranging and cover four main areas:

- failure to take appropriate radiographs
- failure to record and report on radiographs
- poor record-keeping
- poor treatment

The Committee is in no doubt that, taken as a whole, the facts proved amount to misconduct. This is not a case of an isolated incident. The failings continued over a period of time.

Impairment

The misconduct took place over a period of time from September 2008 to March 2009. It included clinical errors and very poor record keeping, and amounted in the Committee’s opinion to impairment of fitness to practise. In the Committee’s view, that impairment was capable of remediation.

The Committee noted letters from Mr Hakimi solicitors dated 7th August and 12th November 2009. Mr Hakimi had apparently increased his confidence in the use of the English language, was seeking advice from his local dental adviser on record keeping and had been working in another general dental practice, where he had not encountered any similar difficulties. It is also stated that Mr Hakimi recognised that his professional practice had been inadequate, and that he had not been putting his patients’ interests first. However, he was now keeping up with his Continuing Professional Development, and was committed to some re-training. The letters refer to various endodontic courses on which he had enrolled.

The Committee also considered Mr Hakimi's own letter received by the GDC's solicitors, Messrs Capsticks on 17th September 2010. However, the Committee has no other evidence from Mr Hakimi of these or any other steps taken to remedy his failings. There is limited evidence of any insight by Mr Hakimi into these failings.

Accordingly, the Committee has determined that Mr Hakimi's fitness to practise is currently impaired by reason of his misconduct.

Sanctions

The Committee reminded itself that its statutory powers exist to protect the public, maintain confidence in the profession and uphold the standards of the profession. Sanctions are not intended to be punitive and should be imposed in a manner which is proportionate, having regard to the interests of the dentist and the public. At each stage the Committee has borne in mind the principle of proportionality and the effect of any sanction upon Mr Hakimi.

Mr Hakimi is a young, fairly recently qualified dentist and was at the relevant time working in a practice where he might have been given better support and guidance. However, it was his responsibility to ensure that he always followed the relevant guidelines, and observed professional standards. The Committee considered the cases of 25 patients treated by Mr Hakimi. It noted that, although there was harm or risk of harm to some patients, a number of his endodontic treatments appear to have had a successful outcome.

The Committee determined that the matter was too serious to conclude the case with or without a reprimand. Having regard to the communications from Mr Hakimi and his solicitors, the Committee seriously considered whether an order imposing conditions on Mr Hakimi's registration might be appropriate. However, it had no information about Mr Hakimi's current or potential practising arrangements. Furthermore, the most recent communication from Mr Hakimi suggests that he may no longer intend to practise dentistry in the United Kingdom, as he indicates an intention to apply to the Registrar for voluntary removal from the Register. In the circumstances, the Committee was not satisfied that any workable conditions could be formulated to address the serious concerns in this case.

The Committee has decided that it is necessary, for the protection of the public and in the public interest, to make a direction for the suspension of Omar Hakimi's name from the Dentists Register for the period of nine months. This direction will be reviewed by another practice Committee before the end of this period.

The review Committee will be assisted by receiving evidence that Mr Hakimi has addressed his failings in accordance with the intentions expressed on his behalf in his solicitors' letters dated 7 August and 12 November 2009.

The Committee is minded to consider making an immediate order for suspension.

The Committee has decided that it is necessary for the protection of the public to make an order for the immediate suspension of Omar Hakimi's name from the Dentists Register.

The effect of the foregoing direction and order is that Mr Hakimi's name will be suspended from the Dentists Register with immediate effect, and his name will be suspended for 9 months, 28 days from the date of notification unless he exercises his right of appeal.

The interim order of suspension imposed on his registration by Interim Orders Committee is revoked forthwith."

At a Professional Conduct Committee Review Hearing on 26 July 2011 the Chairman announced the determination as follows:

"Mr O'Malley,

On 1 October 2010, the Professional Conduct Committee (PCC) determined that Mr Hakimi's fitness to practise was impaired due to his misconduct arising out of the wide ranging failings found against him which continued over a period of time. These failings included poor treatment, failure to take appropriate radiographs, failure to record and report on radiographs and poor record keeping. As a consequence, that Committee directed that Mr Hakimi's registration be suspended for a period of nine months with a review hearing before the end of that period. That Committee also directed that a review Committee would be assisted by receiving evidence that Mr Hakimi had addressed his failings in accordance with the intentions expressed on his behalf in his solicitors' letters dated 7 August and 12 November 2009.

In reviewing Mr Hakimi's case today, the Committee has taken account of your submissions on behalf of the General Dental Council (GDC). It has accepted the advice of the Legal Adviser.

You stated that it was noteworthy that the previous PCC expressly stated that Mr Hakimi's misconduct was capable of remediation. That Committee directed that Mr Hakimi make available evidence to show that he has addressed or is in the process of addressing his failings. You informed the Committee that Mr Hakimi had not declared any Continuing Professional Development to the GDC since registration, although there is no express obligation for him to make any such declaration before the end of his first registration cycle which is in 2013.

You submitted that in the absence of any information from Mr Hakimi, he has not availed himself of the opportunity to show this Committee the steps he has taken at remediation.

You invited the Committee to extend the current suspension of Mr Hakimi's registration for a further period of 12 months.

The Committee has received no new information from Mr Hakimi. As a consequence, it is unable to determine that Mr Hakimi has taken any steps to address the failings identified.

The Committee has borne in mind the principle of proportionality and has balanced the protection of the public and the public interest against Mr Hakimi's interests.

As a consequence, the Committee has determined that Mr Hakimi's fitness to practise remains impaired. In accordance with S 27C (1)(b) of the Dentists' Act 1984, as amended, the Committee has directed that the current suspension of Mr Hakimi's registration be extended for a further period of 12 months. This direction will be reviewed before the end of the 12 month period.

The review Committee will be assisted by receiving evidence that Mr Hakimi has addressed his failings in accordance with the intentions expressed on his behalf in his solicitors' letters dated 7 August and 12 November 2009.

In accordance with S 29 of the Dentists Act 1984, as amended, Mr Hakimi has a right of appeal against this decision.

That concludes this case for today."

At a Professional Conduct Committee Review Hearing on 23 July 2012 the Chairman announced the determination as follows:

"Mr O'Malley,

The Committee heard your submissions on behalf of the General Dental Council (GDC). It accepted the advice of the Legal Adviser.

Mr Hakimi was not present or represented at today's hearing. The Committee saw a copy of the notice of hearing dated 15 March 2012 which was sent to his registered and email addresses. The Royal Mail Track and Trace website printout indicated that unsuccessful attempts were made to deliver the notification to his registered postal address.

You told the Committee that attempts were made on two occasions in July 2012 to contact Mr Hakimi by telephone on his last known mobile number but that the number is no longer responsive.

The Committee was satisfied that all reasonable efforts were made to notify Mr Hakimi of today's hearing in accordance with the Rules. It noted that Mr Hakimi has not engaged with the GDC since the initial hearing of his case in October 2010 nor has he informed the GDC of any change of contact details. It was clear that Mr Hakimi had voluntarily waived his right to attend; that nothing would be gained by an adjournment to allow him to attend; and that there was a minimal risk of the Committee reaching a wrong conclusion in his absence. In all the circumstances, the Committee was satisfied that it was fair and reasonable to proceed in Mr Hakimi's absence.

On 1 October 2010, the Professional Conduct Committee (PCC) determined that Mr Hakimi's fitness to practise was impaired by reason of his misconduct.

At that hearing, the PCC found proved against Mr Hakimi wide ranging failings which continued over a period of time. They included poor treatment, failure to take appropriate radiographs, failure to record and report on radiographs and poor record keeping. As a consequence, that Committee directed that Mr Hakimi's registration be suspended for a period of nine months with a review hearing before the end of that period. That Committee stated that Mr Hakimi's misconduct was capable of remediation and indicated that a review Committee would be assisted by receiving evidence that Mr Hakimi had addressed his failings, in accordance with the intentions expressed on his behalf in his solicitors' letters dated 7 August and 12 November 2009.

On 26 July 2011 the PCC reviewed the case. Mr Hakimi did not attend the hearing nor did he provide any evidence to the PCC or provide a declaration of Continuing Professional Development to the GDC. The Committee continued the suspension of Mr Hakimi's registration for a further 12 months.

Today the Committee has reviewed the case again.

Mr Hakimi's last contact with the GDC was by letter dated 14 September 2010. This Committee was therefore unaware of any action taken by him towards remediation. His location and his intentions for future practice also remain unknown.

In the light of the continued lack of engagement by Mr Hakimi, you have invited the Committee to extend the current suspension of Mr Hakimi's registration for a further period of 12 months.

The Committee has borne in mind the principle of proportionality and has balanced the protection of the public and the public interest against Mr Hakimi's interests.

In the absence of any further evidence the Committee has determined that Mr Hakimi's fitness to practise remains impaired.

The Committee determined that the matter was too serious to allow the suspension to be terminated and in the circumstances it would be inappropriate to impose conditions.

In accordance with S 27C (1)(b) of the Dentists' Act 1984, as amended, the Committee has directed that the current suspension of Mr Hakimi's registration be extended for a further period of 12 months. This direction will be reviewed before the end of the 12 month period.

The review Committee will be assisted by receiving evidence that Mr Hakimi has addressed his failings in accordance with the intentions expressed on his behalf in his solicitors' letters dated 7 August and 12 November 2009.

In accordance with S 29 of the Dentists Act 1984, as amended, Mr Hakimi has a right of appeal against this decision.

That concludes this case for today."

At a Professional Conduct Committee Review Hearing on 24 July 2013 the Chairman announced the determination as follows:

"Ms Warwick,

Mr Hakimi was neither present nor represented at today's hearing. At the outset, on behalf of the General Dental Council (GDC), you made an application to proceed in his absence, pursuant to Rule 54 of the GDC (Fitness to Practise) Rules 2006 (the Rules).

In considering the application, the Committee had regard to your submissions and the supporting documentation provided. It accepted the advice of the Legal Adviser.

The Committee first considered whether Mr Hakimi had been duly notified of the hearing in accordance with Rules 28 and 65. It saw the Notification of Hearing letter, dated 10 January 2013, which was sent to his UK registered address. The Committee noted from the associated Royal Mail 'Track and Trace' receipt that this letter was returned to the GDC. However, it had regard to Section 50A of the Dentists Act 1984 (the Act), which requires notice to be served to a registrant's "proper address" (which is the registered address or such other address where the registrant is more likely to receive correspondence). The Committee noted evidence confirming that copies of the Notification of Hearing letter were sent and received at a number of other addresses for Mr Hakimi held or obtained by the GDC. These included home and work addresses in Germany, which the Committee considered were obtained from reliable sources. The Committee also noted the efforts made to contact Mr Hakimi by telephone and by email.

The Committee noted, however, that after the Notification of Hearing letter was sent out, the hearing venue was changed. In this respect, you took the Committee to documentation within the hearing bundle confirming that Mr Hakimi had been notified in writing of the change of venue. The Committee saw letters and associated proofs of postage to his various addresses. It also saw an email, dated 4 April 2013, informing him of the change of venue. You told the Committee that a check had been made with the first named venue this morning and it had been confirmed that Mr Hakimi had not attended there.

On the basis of all of this information, the Committee was satisfied that all reasonable efforts had been made by the GDC to notify Mr Hakimi of this hearing in accordance with the Rules and the Act.

The Committee next considered whether to exercise its discretion to proceed with the hearing in Mr Hakimi's absence. In doing so, it had regard to the legal advice it received regarding the need to approach the issue with the utmost care and caution and the need to bear in mind the interests of justice.

The Committee was satisfied that Mr Hakimi is aware that these proceedings are ongoing. It noted his early participation in the original proceedings, when he was represented by a firm of solicitors. However, Mr Hakimi has since ceased to engage with the process. In view of this, the Committee concluded that no useful purpose would be served by an adjournment today. Mr Hakimi has not expressed any intention of engaging with the GDC. In his last communication with the GDC, an emailed letter of 16 September 2010, he stated that he had decided to seek voluntary removal of his registration. In these circumstances, the Committee decided that he has voluntarily absented himself and that it was in the public interest and the interests of justice to proceed in Mr Hakimi's absence.

Mr Hakimi's case was first considered by a Professional Conduct Committee at a hearing in September and October 2010. Mr Hakimi did not attend that hearing and he was not represented, although letters dated 7 August and 12 November 2009 were received from the solicitors acting on his behalf. That Committee considered and found proved allegations showing wide ranging failings in Mr Hakimi's clinical practice over a period of time. These included poor treatment, failure to take appropriate radiographs, failure to record and report on radiographs and poor record keeping.

That Committee found that the proven facts in Mr Hakimi's case amounted to misconduct and it determined that his fitness to practise was impaired by reason of his misconduct. It suspended his registration for a period of 9 months and directed a review of his case shortly before the end of the period of suspension. In its determination, that Committee stated that it considered Mr Hakimi's clinical failings to be remediable. It indicated that the reviewing Committee would be assisted by receiving evidence that Mr Hakimi had addressed his shortcomings in accordance with his stated intention to do so in a letter from his solicitors.

Mr Hakimi's case was reviewed at a resumed hearing on 26 July 2011. Again, he did not attend and he was not represented. The reviewing Committee received no new information from Mr Hakimi, and as a consequence, it decided that it was unable to determine whether he had addressed the clinical failings identified by the Committee in 2010. The reviewing Committee found that his fitness to practise remained impaired and it extended the suspension of his registration for a further period of 12 months. It directed another review of his case at a resumed hearing to be held shortly before the end of the period of suspension.

The last review of Mr Hakimi's case was at a resumed hearing on 23 July 2012, when the suspension of his registration was further extended for a period of 12 months. This was due

to his continued lack of engagement and the absence of any evidence that he had remedied his clinical deficiencies.

This is therefore the third resumed hearing, pursuant to Section 27(C) of the Act. Today, this Committee has further reviewed Mr Hakimi's case. It has considered all the evidence presented to it and has taken account of your submissions made on behalf of the GDC. The Committee accepted the advice of the Legal Adviser.

On behalf of the GDC, you submitted that Mr Hakimi's fitness to practise remains impaired. You told the Committee that he has not engaged with the GDC in any way. As such, there is no evidence to suggest that he has remedied his failings in accordance with the intentions expressed on his behalf at the hearing in 2010.

You invited the Committee to consider suspending Mr Hakimi's registration indefinitely in accordance with Section 27(C)(1)(d) of the Act.

In reaching its decision on the issue of impairment, the Committee exercised its own independent judgment. It reminded itself of its primary duty to consider the public interest, which includes the protection of patients, the maintenance of public confidence in the profession and the declaring and upholding of proper standards of conduct and behaviour.

In the absence of any evidence from or on behalf of Mr Hakimi to demonstrate that he has remedied the clinical failings identified in his practice, the Committee could not be satisfied that he is now fit to practise unrestricted. Therefore, in all the circumstances, it determined that his fitness to practise remains impaired.

The Committee next considered what action to take in relation to your registration. It had regard to its powers under Section 27(C) of the Act and considered the courses of action available to it, starting with the least serious. In its consideration the Committee applied the principle of proportionality, weighing the public interest with Mr Hakimi's own interests.

The Committee considered whether a period of conditional registration would be sufficient in this case, but concluded that conditions would not be workable or appropriate in view of Mr Hakimi's total lack of engagement.

The Committee went on to consider whether a further period of suspension would be appropriate and proportionate. It was the Committee's view that Mr Hakimi has been given ample opportunity over the last three years to provide the GDC with evidence of the steps he has taken to address his clinical shortcomings. Despite this, he appears to have chosen to disengage entirely with the regulatory process and he has expressed no intention of re-engaging in the immediate future.

The Committee decided that it was not in the public interest or the interest of the dental profession to continue to dedicate time and resources to a registrant who has not responded to the directions of previous Committees or to communications from his regulatory body.

In all the circumstances, the Committee directs that Mr Hakimi's registration should be suspended indefinitely.

The effect of the foregoing direction is that, unless Mr Hakimi exercises his right of appeal, his registration will be suspended indefinitely, 28 days from the date that notice of this decision is deemed to have been served upon him. In the event that he does appeal, the period of suspension previously imposed on his registration will continue to remain in force until the appeal has been decided.

That concludes this case."