

## **FITNESS TO PRACTISE PANEL**

**14-18 DECEMBER 2009**

7th Floor, St James's Buildings, 79 Oxford Street, Manchester, M1 6FQ  
Room 3

**Name of Respondent Doctor:** Dr Mohamad KATAYA

**Registered Qualifications:** Vrach 2003 Kursk State Medical University

**Area of Registered Address:** County Antrim

**Reference Number:** 6131697

**Type of Case:** New case of impairment by reason of:  
misconduct

**Panel Members:** Dr T Howard (M) - Chair  
Dr W Kuriyan (M)  
Mr R Luff (L)

**Legal Assessor:** Mr J Gau – 14 – 17 December 2009  
Mr N Parry – 18 December 2009

**Secretary to the Panel:** Ms C Beard

**Representation:**  
GMC: Ms Sharon Beattie, Counsel, instructed by Field Fisher Waterhouse Solicitors

Doctor: Present and represented by Mr Joseph Hart, Counsel, instructed by Ryan Solicitors.

### **ALLEGATION**

The Panel will inquire into the following allegation against Dr Mohamad Kataya, Vrach 2003 Kursk State Medical University

“That being registered under the Medical Act 1983

1. On 16 April 2006 you applied to Causeway Health and Social Services Trust for the post of “SHO-Paediatrics”. **Found proved.**
2. a. You stated in your application form that
  - i. you were a Senior House officer in the paediatric ward at Sahel Hospital, Beirut from 7 July 2004 to 6 June 2005, **Found proved.**
  - ii. you were an intern on rotation in all departments at Sahel Hospital, Beirut between 1 July 2003 and 7 July 2004, **Found proved.**

- b. you stated in your curriculum vitae that
  - i. you were a Senior House Officer in the paediatric ward at Sahel Hospital, Beirut between July 2004 and May 2006, **Found proved.**
  - ii. you were an intern on rotation in all departments at Sahel Hospital, Beirut between July 2003 and June 2004; **Found proved.**
- 3. a. You did not hold the post of Senior House officer, or its Lebanese equivalent, in the paediatric ward at Sahel Hospital Beirut between 2004 and 2006, **Amended following an application under Rule 17(3). Found proved.**
  - b. you were not an intern on rotation in all departments at Sahel Hospital between 2003 and 2004; **Found proved.**
- 4. a. In support of your application to Causeway Hospital you sent a letter of recommendation purported to originate from and to have been signed by Dr A, Medical Director and a Dr C, Head of Paediatric Division of Sahel General Hospital, **Amended following an application under Rule 17(3). Found proved.**
  - b. Dr A did not sign the letter of recommendation, **Found proved.**
  - c. Dr C was not the head of the Paediatric Division, **Found proved.**
  - d. Dr C did not sign the letter of recommendation; **Found proved.**
- 5. Your actions at Paragraphs 2, 3, & 4 were
  - a. misleading, **Found proved in relation to paragraph 2 in its entirety, 3 in its entirety and 4 in its entirety.**
  - b. dishonest; **Found proved in relation to paragraph 2 in its entirety, 3 in its entirety and 4 in its entirety.**
- 6. a. Between 25 October 2006 and 5 December 2006 you applied for an F1/F2 post via the Medical Training Application Service, **Found proved.**
  - b. within your application
    - i. you stated that you had been a volunteer doctor in three hospitals, mainly in A & E, **Found proved.**
    - ii. you did not include an accurate record of your post-qualification experience; **Found not proved.**
- 7. Your actions at paragraph 6b were

- a. misleading, **Found proved in relation to paragraph 6(b)(i) have been found not proved. Fell in relation to paragraph 6(b)(ii) as paragraph 6(b)(ii) was been found not proved.**
- b. dishonest; **Found proved in relation to paragraph 6(b)(i) have been found not proved. Fell in relation to paragraph 6(b)(ii) as paragraph 6(b)(ii) was been found not proved.**

And that by reason of the matters set out above your fitness to practise is impaired because of your misconduct.”

### **Determination on facts**

Dr Kataya: Following the reading of the allegation, Ms Beattie, on behalf of the General Medical Council (GMC), made an application under Rule 17(3) of the GMC (Fitness to Practise) Rules 2004 (the Rules), to amend a typographical error in paragraph 4(a) of the allegation. During the course of the proceedings, Ms Beattie, made a further application to amend paragraph 3(a) of the allegation. Mr Hart, on your behalf, did not oppose either application. The Panel was satisfied that these amendments could be made without injustice and they were acceded to. The allegation has been amended accordingly.

The Panel has given careful consideration to all the evidence – oral and documentary – adduced in this case, as well as the submissions made by Ms Beattie, on behalf of the GMC, and those of Mr Hart, on your behalf.

The Panel has borne in mind the standard of proof to be applied is that applicable to civil proceedings, namely, the balance of probabilities. It has also borne in mind that the burden of proof rests on the GMC and that you do not have to prove anything.

The Panel has noted that it is entitled to give all evidence such weight as it considers appropriate and to draw reasonable inferences from the evidence presented to it.

The Legal Assessor advised the Panel in relation to issues of credibility and weight to be apportioned to the evidence submitted and the test to be applied in respect of allegations of dishonesty. He also advised the Panel to have regard to political, religious and social differences between the United Kingdom and the Lebanon.

The Panel has considered each of the paragraphs of the allegation separately. Accordingly, it has made the following findings on the facts:

**Paragraphs 1 and paragraphs 2(a)(i), 2(a)(ii), 2(b)(i) and 2(b)(ii) have been found proved.**

The Panel has had regard to your application form to the Causeway Health and Social Services Trust (Causeway) and your curriculum vitae (CV) where you clearly made these statements. It has also noted that you do not dispute these facts.

**Paragraphs 3(a) and 3(b) (as amended) have been found proved.**

In reaching its decision, the Panel has accepted the evidence of Dr A, Consultant Urologist and Medical Director of Sahel General Hospital (Sahel), Beirut, and Dr I, Consultant General Surgeon, Beirut, both of whom it considered to be clear and credible witnesses. It has noted that Dr A confirmed that on the occasions you attended at the hospital it was as an “extern” or an “observer”. Furthermore, he confirmed that no intern was appointed at the Sahel unless the appointment was made through a Lebanese University, and that this condition had not been fulfilled in your case. Dr I stated that he had mainly seen you in Kamal Jumblat Hospital and that he had only occasionally attended Sahel after 2004. However, in the period prior to this he remembers your occasional presence at Sahel in the cafeteria and Emergency Department. He was not in a position to have known the details of your appointment. Furthermore, he stated that the only information he had received about your purported appointment came from you.

**Paragraph 4(a) (as amended) has been found proved.**

The Panel has noted that during the course of your oral evidence, you stated that you received the letter of recommendation and sent it to Causeway.

**Paragraph 4(b) has been found proved.**

The Panel has accepted the oral evidence of Dr A. He clearly stated that he did not sign the letter of recommendation.

**Paragraph 4(c) has been found proved.**

The Panel has noted the written witness statement from Dr C in which he stated that his job title at Sahel was “Head of the Emergency Department”. The Panel has borne in mind that this evidence was supported by the oral evidence of both Dr A and Dr I.

**Paragraph 4(d) has been found proved.**

The Panel has noted the written witness statement from Dr C in which he stated that “it is not [his] signature.”

**Paragraph 5(a) in relation to paragraph 2 in its entirety, 3 in its entirety and 4 in its entirety has been found proved.**

The Panel has borne in mind your evidence that political affiliations in the Lebanon may have disadvantaged you in your ability to obtain a training position. It has also noted your evidence that some of the witnesses were motivated by political bias. It considered that anyone reading your application form and your CV would have thought you were employed as a full-time formally appointed Senior House Officer (SHO), or its Lebanese equivalent, at Sahel. Furthermore, the Panel has noted that during the course of your oral evidence, you accepted that you would tailor information on your CV and any application form to suit the job applied for and that you would explain your answers at the interview stage. In the light of all the evidence placed before it, the Panel is satisfied that your actions were misleading.

**Paragraph 5(b) in relation to paragraph 2 in its entirety, 3 in its entirety and 4 in its entirety has been found proved.**

In the light of all the evidence placed before it, the Panel is satisfied that your actions were dishonest by the ordinary standards of reasonable and honest people and that

you must have realised this when you completed the application form and wrote your CV.

**Paragraph 6(a) has been found proved.**

The Panel has noted the minutes of the meeting prepared by Dr B, dated 10 October 2007, in which he stated that you told him that you applied for the Medical Training Application Service (MTAS) “from approximately September 2006.”

**Paragraph 6(b)(i) has been found proved.**

The Panel has had regard to your application form for MTAS where you clearly made this statement. It has also noted that you do not dispute this fact.

**Paragraph 6(b)(ii) has been found not proved.**

In finding this not proved, the Panel has noted the answer given in the only section on the application form headed “Post Qualification Experience”. It has also noted the following sections where you describe examples of your experience. The Panel has noted, that while your answers could be said to be ambivalent, they clearly referred to examples from your time at University and that the remaining answers could have applied to any volunteer work you had done in any hospital. They did not necessarily refer to your post qualification experience as an SHO, or its Lebanese equivalent.

**Paragraphs 7(a) and 7(b) in relation to paragraph 6(b)(i) have been found not proved.**

In the light of the Panel’s findings in relation to paragraph 6 in its entirety, the Panel was satisfied that your answers were not misleading and, therefore, could not be dishonest.

**Paragraphs 7(a) and 7(b) in relation to paragraph 6(b)(ii) fall as paragraph 6(b)(ii) has been found not proved.**

Having reached findings on the facts, the Panel will now invite Ms Beattie and Mr Hart to adduce any further evidence and make any further submissions as to whether, on the basis of the facts found proved, your fitness to practise is impaired by reason of your misconduct.

**Determination on impaired fitness to practise**

Dr Kataya: At this stage of the proceedings, the Panel must decide, under Rule 17(2)(k) of the General Medical Council’s (Fitness to Practise) Rules 2004, whether, on the basis of the facts found proved, your fitness to practise is impaired by reason of your misconduct.

The facts of your case are as follows:

On 16 April 2006, you applied to Causeway Health and Social Services Trust (Causeway) for the post of “SHO-Paediatrics”.

You stated in your application form that you were a Senior House Officer (SHO) in the paediatric ward at Sahel General Hospital (Sahel), Beirut from 7 July 2004 to 6 June 2005. You also stated that you were an intern on rotation in all departments at Sahel between 1 July 2003 and 7 July 2004. In your curriculum vitae (CV), you stated that you were an SHO in the paediatric ward at Sahel between July 2004 and May 2006, and you were an intern on rotation in all departments at Sahel, between July 2003 and June 2004.

The Panel has found that you did not hold the post of SHO, or its Lebanese equivalent, in the paediatric ward at Sahel between 2004 and 2006, and that you were not an intern on rotation in all departments at Sahel between 2003 and 2004.

In support of your application to Causeway you sent a letter of recommendation that purported to originate from, and to have been signed by, Dr A, Medical Director and Dr C, Head of Paediatric Division of Sahel. Dr A did not sign the letter of recommendation. Dr C was not the head of the Paediatric Division and he did not sign the letter of recommendation. The Panel is satisfied that you must have organised for the letter to be drafted. If, as you claim, you did not do so, it remained your responsibility to ensure that any such letter of recommendation contained information that was both truthful and accurate.

The Panel has found your actions in relation to the application form, CV and the letter of recommendation submitted to Causeway were misleading and dishonest.

In determining whether your fitness to practise is impaired by reason of your misconduct, the Panel has given careful consideration to all the evidence – oral and documentary – adduced in this case, together with Ms Beattie's submissions, on behalf of the General Medical Council (GMC), and those of Mr Hart, on your behalf.

Ms Beattie highlighted to the Panel its duty to act in the public interest; in particular, she made reference to the Panel's responsibility to maintain public confidence in the profession. She submitted that you have been deliberately and repeatedly dishonest and that this was done to further your own ends. In addition, she submitted that you have shown no insight throughout these proceedings and continued to maintain that all these matters are the fault of others.

Mr Hart conceded that cases where dishonesty is found are serious and that they involve issues relating to the maintenance of the public's confidence in the profession. He referred the Panel to the case of *Cheatle* [2009] EWHC 645 Admin. He submitted that the Panel should consider whether your actions were so bad, that it can be satisfied that you are fit to practise either with restrictions, or at all, in the future. Mr Hart also conceded that impairment of fitness to practise almost always follows findings of dishonesty, but submitted that each case must stand or fall on its own particular facts. He drew to the Panel's attention factors which he thought were relevant in your case.

The Panel has exercised its own judgment in considering whether your fitness to practise is impaired.

The Panel has already given a detailed determination on the facts of your case and it has taken those matters into account during its deliberations on whether your fitness to practise is impaired.

Throughout its deliberations, the Panel has borne in mind its responsibility to protect the public and the public interest. The public interest includes, amongst other things, the protection of patients, the maintenance of public confidence in the profession, and the declaring and upholding of proper standards of conduct and behaviour.

The Panel first considered whether the facts of your case amounted to misconduct.

In considering your conduct in relation to your application form, your CV and the letter of recommendation submitted to Causeway, the Panel has noted Good Medical Practice (2001 edition, applicable at the time). In particular, it states on the inside cover of the publication, in relation to the duties of a doctor registered with the GMC, that:

“Patients must be able to trust doctors with their lives and well-being. To justify that trust, we as a profession have a duty to maintain a good standard of practice and care and to show respect for human life. In particular as a doctor you must:

...

- be honest and trustworthy;

...”

It goes on to state, under the heading of “Writing reports and CVs, giving evidence and signing documents”, that:

“You must be honest and trustworthy when writing reports, completing or signing forms... This means that you must take reasonable steps to verify any statement before you sign a document. You must not write or sign documents which are false or misleading...”

Doctors occupy a position of privilege and trust in society and are expected to uphold proper standards of conduct. Members of the public are entitled to place complete reliance upon doctors to be honest. The relationship between the profession and the public is based on the expectation that medical practitioners will act at all times with absolute integrity. Action by any individual doctor that breaches the trust of the public puts the relationship between the profession and the public at risk.

Patient safety is of paramount importance and, therefore, any employer requires full and honest information about a doctor’s career history when appointing a doctor, in order to assess whether patients would be placed at risk by them. Although the Panel has not received evidence to suggest that there were any adverse clinical consequences arising out of your misleading and dishonest actions. It has accepted the oral evidence of Dr L, Consultant Paediatrician and Clinical Director in Paediatrics at Causeway, that it had been necessary to appoint a doctor to shadow your activities whilst at the Causeway because of concerns raised about your clinical competence. The Panel is concerned that there could have been such

consequences and that patients could have been placed at unnecessary risk of harm.

The Panel is aware of its responsibility to protect the public interest, particularly with reference to the protection of patients, the maintenance of public confidence in the profession, and the declaring and upholding of proper standards of conduct and behaviour. It has concluded that your behaviour fell short of the standards of conduct that the public and patients are entitled to expect from all registered medical practitioners.

The Panel has determined that you have repeatedly breached the principles contained within Good Medical Practice. Having considered all the evidence placed before it, the Panel has concluded that your actions were deliberately misleading and dishonest. It is of the view that they were designed to further your own ends, in that they resulted in your obtaining a post for which you would not otherwise have been eligible. The Panel is satisfied such behaviour would be viewed by the public and patients as wholly unacceptable.

In all the circumstances, the Panel has determined that the facts of your case amounted to serious misconduct.

The Panel then went on to consider whether your misconduct was so serious as to amount to your fitness to practise being currently impaired.

The Panel has noted the eight testimonials submitted on your behalf at this stage of the proceedings. It has borne in mind that some of these are undated and that none of the authors made reference to their being aware of the allegation against you. It has noted that the majority of them refer primarily to your clinical practice and that only two of them refer to your being honest or trustworthy.

The Panel has already found that your actions represent clear and repeated breaches of the GMC's guidance in relation to standards of conduct and behaviour and fell seriously short of the standards of conduct that the public and patients are entitled to expect from all registered medical practitioners and that they amounted to serious misconduct.

In reaching its decision on impairment the Panel has considered the issue of remediation. However, in the Panel's view, dishonesty, by its very nature, is not easily remediable. Furthermore, the Panel has borne in mind that you have not, at any time, acknowledged that your actions were misleading and dishonest. On the contrary, both during your oral evidence to the Panel and through your Counsel, you have persistently contested these facts. In addition, throughout the case you have repeatedly offered inconsistent explanations for your behaviour and have repeatedly and persistently attempted to blame others for your failings. The Panel considers that such actions demonstrate your complete lack of insight into the matters which have brought you before it.

The Panel has concluded that by your misleading and dishonest actions you have put patients at risk of harm, have brought the profession into disrepute, have



breached several of the fundamental tenets of the profession and that your integrity has been impugned. The Panel is of the view that behaviour such as yours would be regarded as deplorable by fellow practitioners and by the public.

Having considered the repeated and persistent nature of your dishonesty, and your complete lack of insight into any wrongdoing, the Panel could not be satisfied that in your case, there will not be a repetition of such behaviour in the future.

In all the circumstances, the Panel has concluded that your misconduct was so egregious as to amount to a current impairment of your fitness to practise. Accordingly, it has determined that your fitness to practise is impaired by reason of your misconduct.

The Panel will now invite Ms Beattie and Mr Hart to adduce any further evidence and make any further submissions as to the appropriate sanction, if any, to be imposed on your registration. Submissions on sanction should include reference to the Indicative Sanctions Guidance (dated April 2009 and updated in August 2009), using the criteria set out in the guidance to draw attention to the issues which appear relevant in this case.

### **Determination on sanction**

Dr Kataya: The interim order currently imposed on your registration is hereby revoked.

Having determined that your fitness to practise is impaired by reason of your misconduct, the Panel has now considered what sanction, if any, should be imposed upon your registration.

The Panel has given careful consideration to all the evidence – oral and documentary – adduced in this case, together with Ms Beattie's submissions, on behalf of the General Medical Council (GMC), and those of Mr Hart, on your behalf.

Ms Beattie submitted that the appropriate sanction in your case is that of erasure. She invited the Panel to consider the serious nature of your misconduct, the persistence of your dishonesty and how your actions would be viewed by the public.

Mr Hart informed the Panel that you have worked under Interim Orders Panel conditions for a year and a half and that there have been no recent concerns regarding your clinical knowledge. He submitted that you have learnt and are still learning from your mistake and that in time you will come to fully understand what the Panel has found and the context of your dishonesty. He invited the Panel to consider whether cultural differences played a part in your case. He accepted that doctors should be honest and that Health Authorities must be able to place complete reliance on medical practitioners. He submitted that you are a good doctor and drew to the Panel's attention the testimonials submitted on your behalf. He invited the Panel to consider the issue of proportionality in your case and submitted that erasure would be a disproportionate sanction.

In considering what sanction, if any, should be imposed upon your registration, the Panel has exercised its own judgement.

The Panel has already given a detailed determination on the facts of your case and on impairment and it has taken those matters into account during its deliberations on whether your fitness to practise is impaired.

In reaching its decision, the Panel has taken account of the GMC's Indicative Sanctions Guidance (dated April 2009 and updated in August 2009). It has borne in mind that the purpose of a sanction is not to be punitive, but to protect patients and the public interest, although it may have a punitive effect.

Throughout its deliberations, the Panel has applied the principle of proportionality, balancing your interests with the public interest. The public interest includes, amongst other things, 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 coming to its decision as to the appropriate sanction to impose, if any, the Panel first considered whether to conclude your case by taking no action. It has determined that in view of the serious nature of the Panel's findings on impairment, it would be neither sufficient, proportionate nor in the public interest, to conclude your case by taking no action.

The Panel next considered whether it would be sufficient to impose conditions on your registration. It has borne in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable.

The Panel is of the opinion that no conditions could be formulated to address the misleading and dishonest misconduct central to your case. Furthermore, in the Panel's view, a period of conditional registration would not adequately reflect the serious nature of your misconduct.

The Panel has, therefore, determined that it would not be sufficient, proportionate, nor in the public interest to impose conditions on your registration.

The Panel went on to consider whether it would be sufficient to suspend your registration.

In so doing it has taken account of the guidance in relation to suspension contained within the Indicative Sanctions Guidance. In particular, it has noted the criteria for when suspension may be appropriate, set out at paragraph 75, page 21.

In addition, the Panel has taken account of the guidance in relation to dishonesty given at paragraphs 105, 108 and 109, pages 28 – 29, which state that:

“The GMC's guidance, *Good Medical Practice*, states that registered doctors must be honest and trustworthy, and must never abuse their patients' trust in them or the public's trust in the profession.

“Probity means being honest and trustworthy, and acting with integrity: **this is at the heart of medical professionalism.**” [emphasis added] (*Good Medical Practice* paragraph 56)

“You must make sure that your conduct at all times justifies your patients’ trust in you and the public’s trust in the profession.” (*Good Medical Practice* paragraph 57).

...

Dishonesty, even where it does not result in direct harm to patients but is for example related to matters outside the doctor’s clinical responsibility, e.g. providing false statements..., is particularly serious because it can undermine the trust the public place in the profession. The Privy Council has emphasised that:

‘...Health Authorities must be able to place complete reliance on the integrity of practitioners; and the Committee is entitled to regard conduct which undermines that confidence as calculated to reflect on the standards and reputation of the profession as a whole.’

...

Examples of dishonesty in professional practice could include... submitting or providing false references, inaccurate or misleading information on a CV and failing to take reasonable steps to ensure that statements made in formal documents are accurate...”

In reaching its decision, the Panel has borne in mind the factors advanced on your behalf in mitigation. It has taken account of the religious and social differences between the United Kingdom and the Lebanon, and the political circumstances prevailing at the time. It has also noted the testimonials placed before it, which, in general terms, indicate that you are a good doctor.

In balance to these mitigating factors, the Panel has considered the aggravating factors of your case. It has already noted in its determination on impairment, that it has found that your conduct demonstrated deliberate, serious and repeated breaches of the principles set out in *Good Medical Practice* (2001 edition, applicable at the time). The Panel considered that your actions in relation to your application form, your curriculum vitae and the letter of recommendation you submitted to the Causeway Health and Social Services Trust, constituted a serious abuse of the public’s and patients’ trust in the medical profession. Furthermore, the Panel considered that as a consequence of your actions patients could have been placed at risk of harm. It is of the view that in behaving as you did, you put your own interests before those of patients. It concluded that behaviour such as yours would be regarded as deplorable by fellow practitioners and by the public.

You have not, at any time, acknowledged that your actions were misleading and dishonest. Throughout the case you have repeatedly offered inconsistent explanations for your behaviour and have repeatedly and persistently attempted to blame others for your failings. The Panel has seen no evidence to suggest that in the time since the events, some three and a half years, you have recognised the seriousness of, or made any attempts to remedy, your failings, if indeed they are remediable. The Panel considered that your actions have demonstrated your complete lack of insight into the matters which have brought you before it.

Having considered the deliberate, repeated and persistent nature of your dishonesty, and your ongoing complete lack of insight into any wrongdoing, the Panel could not be satisfied that in your case, there will not be a repetition of such behaviour in the future.

In the light of all the evidence presented to it, the Panel has concluded that your behaviour is fundamentally incompatible with your continuing to be a registered medical practitioner.

In all the circumstances of your case, the Panel has concluded that a period of suspension would not be sufficient, proportionate nor in the public interest.

Having taken into account the Indicative Sanctions Guidance in relation to both suspension and erasure, it considers that this is a necessary and proportionate response in order to protect patients, to maintain public confidence in the profession and to uphold and declare proper standards of conduct and behaviour, to erase your name from the Medical Register.

The effect of this direction is that, unless you exercise your right of appeal, your name will be erased from the Medical Register with effect from 28 days from when written notice of this determination has been served upon you. A note explaining your right of appeal will be sent to you.

Having determined that your name be erased from the Medical Register, the Panel will now invite to make submissions on the issue of an immediate order.

### **Determination on immediate sanction**

Mr Hart: Having determined that Dr Kataya's name be erased from the Medical Register, the Panel has now considered, in accordance with Section 38 of the Medical Act 1983, as amended, whether his registration should be suspended immediately.

The Panel has given careful consideration to all the evidence – oral and documentary – adduced in this case, together with Ms Ellson's submissions, on behalf of the General Medical Council (GMC). You have not made any submissions on Dr Kataya's behalf.

In reaching its decision, the Panel has taken account of the GMC's Indicative Sanctions Guidance (dated April 2009 and updated in August 2009).

The Panel has determined, in view of the serious nature of the Panel's findings against Dr Kataya, that it is necessary for the protection of members of the public and in the public interest, to make an order suspending his registration immediately.

This means that Dr Kataya's registration will be suspended from the date upon which written notice of this decision is deemed to have been served upon him.

The direction for erasure, as already announced, will take effect 28 days from that date, unless Dr Kataya lodges an appeal in the interim. If Dr Kataya does lodge an appeal, the immediate suspension will remain in force until the substantive direction takes effect.

That concludes this case.

Confirmed

18 December 2009

Chairman