

PUBLIC RECORD**Dates:** 15/10/2025 - 17/10/2025**Doctor:**

Dr Emmanuel HAKEM

GMC reference number:

7923091

Primary medical qualification:

MB BS 2013 The National Ribat University

Type of case

New - Conviction

Outcome on factsFacts relevant to impairment
found proved**Outcome on impairment**

Impaired

Summary of outcome

Erasure

Immediate order imposed

Tribunal:

Legally Qualified Chair	Mrs Sarah Hamilton
Lay Tribunal Member:	Mrs Natalie Banks
Registrant Tribunal Member:	Dr Obadah Ghannam

Tribunal Clerk:	Ms Jemine Pemu
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Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Ms Laura Stephenson, Counsel, instructed by MPS
GMC Representative:	Mr Jonathan Lally, Counsel

Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004
the hearing was held in public.

Overarching Objective

Throughout the decision making process the tribunal has borne in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act) to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on the Facts and Impairment - 16/10/2025

Background

1. Dr Hakem graduated from the National Ribat University in Sudan in 2013, before completing an internship in Sudan. He moved to Ireland in 2015 and worked continuously in obstetrics and gynaecology at major Irish centres until 2022. Dr Hakem taught numerous medical students and published multiple articles in various peer reviewed journals. In October 2022, Dr Hakem entered the UK national training programme in obstetrics and gynaecology. He started as an ST3 at the Torbay and South Devon NHS Foundation Trust ('the Trust') from October 2022 to October 2023. Following his arrest for the offence of exposure, in October 2022 Dr Hakem was required by the Trust to have a chaperone for each of his patient encounters.
2. Dr Hakem became an ST5 following his first Annual Review of Competency Progression (ARCP) and was working towards CCT (Certificate of Completion of Training) in hopes of becoming a consultant. Dr Hakem moved from Torbay Hospital, Torbay and South Devon NHS Foundation Trust to Cornwall Hospital around October 2023 but did not start clinical work as an ST5 as he was charged by the police and subsequently excluded from clinical practice by the Trust.
3. The allegation that has led to Dr Hakem's hearing is that, on 02 September 2024, at Bristol Crown Court, Dr Hakem was convicted of one count of Exposure, contrary to s.66 of the Sexual Offences Act 2003. It is also alleged that on 30 October 2024, at Bristol Crown Court, Dr Hakem was sentenced to a Community Order with a Programme Requirement requiring him to participate in an accredited programme for 42 days and a Rehabilitation Activity Requirement, requiring him to comply with any instructions of the responsible officer to attend appointments, or to participate in any activity as required by the responsible officer up to a maximum of 5 days.
4. It is further alleged that, as a consequence of his conviction and sentence imposed, Dr Hakem was made subject to the notification requirement under the Sexual Offences Act 2003, requiring him to register with the police from 02 September 2024 for five years.
5. This incident is purported to have occurred on Monday 17 October 2022 between the hours of 8am and 9am at a McDonalds drive through. Dr Hakem placed a food order and was served by a 16-year-old female employee. Upon handing him his order and

closing the drive through window, the female employee observed that the doctor's penis was outside of his trousers and his trousers were unzipped. The employee reported that the doctor's penis was erect at this point, and after he was handed the food, he drove away with one hand on the steering wheel and the other in his lap. The employee could not recall whether the doctor was holding his penis. The employee did not say anything to the doctor regarding this situation and reported the incident immediately afterwards to a manager.

6. On 2 September 2024, Dr Hakem was found guilty by a jury and convicted at Bristol Crown Court of Exposure, contrary to s.66 of the Sexual Offences Act 2003. He was sentenced to a Community Order as outlined in paragraph 3 above, and a notification requirement as set out in paragraph 4 above.

7. The initial concerns were raised with the GMC following a self-referral by Dr Hakem on 5 October 2023.

The Allegation and the Doctor's Response

8. The Allegation made against Dr Hakem is as follows:

That being registered under the Medical Act 1983 (as amended):

1. On 02 September 2024, at Bristol Crown Court, you were convicted of one count of Exposure, contrary to s.66 of the Sexual Offences Act 2003.

Admitted and Found proved

2. On 30 October 2024, at Bristol Crown Court, you were:

- a. sentenced to a Community Order with the following requirements:

- i. a Programme Requirement, requiring you to participate in an accredited programme for 42 days;

Admitted and Found proved

- ii. a Rehabilitation Activity Requirement, requiring you to comply with any instructions of the responsible officer to attend appointments with the responsible officer or someone else nominated by them, or to participate in any activity as required by the responsible officer up to a maximum of 5 days.

Admitted and Found proved

- b. as a consequence of the conviction and sentence imposed, made subject to the notification requirement under the Sexual Offences Act 2003, requiring you to register with the police from 02 September 2024 for five Years.

Admitted and Found proved

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

because of your conviction. **To be determined**

The Admitted Facts

9. At the outset of these proceedings, through his representative, Ms Stephenson, Dr Hakem made admissions to the Allegation, as set out above, in its entirety, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'). In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced that the Allegation was found proved.

10. The Tribunal also bore in mind that it had the Certificate of Conviction for the offence as set out in the Allegation. It had regard to Rule 34 of the Rules in particular:

'34...

'(3) Production of a certificate purporting to be under the hand of a competent officer of a Court in the United Kingdom or overseas that a person has been convicted of a criminal offence or, in Scotland, an extract conviction, shall be conclusive evidence of the offence committed.

(4) Production of a certificate signed by an officer of a regulatory body that has made a determination about the fitness to practice of a person shall be conclusive evidence of the facts found proved in relation to that determination.

(5) The only evidence which may be adduced by the practitioner in rebuttal of a conviction or determination certified in the manner specified in paragraph (3) or (4) is evidence for the purposes of proving that he is not the person referred to in the certificate or extract.'

Determination on Impairment

11. After recording that the Allegation was admitted and found proved, the Tribunal had to decide, in accordance with Rule 17(2)(l) of the Rules, whether or not Dr Hakem's fitness to practise is currently impaired by reason of conviction.

The Evidence

12. The Tribunal took into account all of the evidence received during this stage of the hearing, both oral and documentary. In particular, the Tribunal received the following documentary evidence:

- Self-referral from Dr Hakem, dated 5 October 2023;
- Avon and Somerset Constabulary police file, dated 27 November 2024:
 - Record of interview with Dr Hakem, dated 1 November 2022;

- Witness statement of Unnamed McDonald's employee, 29 October 2022;
- Bristol Crown Court- Certificate of Conviction, dated 20 November 2024;
- Transcript of Judge Macmillan's Summing up, dated 30 August 2024;
- Pre-sentence Report- Dr Hakem, dated 24 September 2024;
- Dr Hakem's undated CV;
- Evidence of CPD including:
 - Ethical and legal issues, dated 1 April 2025;
 - Doctors with probity: Healthcare Ethics and Standards, dated 9 August 2025;
 - Health and Social Care- Professional Boundaries, 10 August 2025;
 - Ensuring similar Healthcare mistake/misconduct won't happen, dated 21 August 2025;
 - Reflection, Insights and Remediation for Doctors and Nurses, dated 9 September 2025;
- Evidence of feedback from Colleagues, Students and Patients, various dates;
- Summary of MHPS review meeting, dated 6 October 2023.

13. The Tribunal also received seven references and testimonials on behalf of Dr Hakem from the following individuals:

- Dr A, Consultant Obstetrician and Gynaecologist at Torbay and South Devon NHS Trust, dated 31 October 2023;
- Miss B, Consultant Obstetrician and Gynaecologist at the Trust, dated 19 September 2025;
- Dr C, Obstetrics & Gynaecology Registrar at University Hospital Kerry, Ireland, dated 14 September 2025;
- Mr D, Senior House Officer in Obstetrician and Gynaecology, dated 28 October 2023. He provided a further statement, dated 15 September 2025;
- Dr E, Senior Registrar in Higher Specialist Training in Child and Adolescent Psychiatry, Ireland, dated 15 September 2025;
- Ms F, Dr Hakem's fiancé, dated 19 September 2025;
- Dr G, Consultant Obstetrician and Gynaecologist practicing in Sudan, dated 20 September 2025.

14. Dr Hakem provided his own witness statement, dated 7 October 2025 and supplemental statement, dated 15 October 2025. Dr Hakem also gave oral evidence at stage 2 of the hearing.

15. In his oral evidence, Dr Hakem adopted his witness statement. He maintained the position he had taken in the criminal proceedings, namely that he did not act in a sexual manner. He acknowledged, however, that the Tribunal must treat the conviction as conclusive evidence of the offence. Dr Hakem confirmed that, when he met with the Probation Service prior to sentencing, and throughout his subsequent engagement with them, he maintained that he was not guilty of the offence. During the police interview and at the criminal trial he maintained that he was XXX, necessitating him to re-arrange himself, and

he had undone his trousers whilst at McDonalds for this reason. He has always denied that he exposed his penis. Nevertheless, in his oral evidence before the Tribunal he recognised the distress caused to the complainant and expressed an understanding of the impact of the incident on her.

16. When asked by the Tribunal about his rehabilitation activity sessions, with the Probation Service Dr Hakem stated that he had discussed the impact of sexual offending on victims, including the long-term emotional effects such as distress, loss of safety, and hyper-vigilance. He explained that the sessions also explored motivation to desist from offending, and the wider impact of offending behaviour on the public, his family, and the medical profession. Dr Hakem told the Tribunal that he had worked on developing strategies to avoid any situation that could give rise to misunderstanding or cause distress to others. He said that he now takes a “bystander view” before acting, is extremely cautious about his surroundings, and avoids any circumstances where his actions could be misinterpreted.

17. Dr Hakem stated that he appreciates that a conviction for a sexual offence seriously undermines public confidence in the medical profession and falls significantly below the standards of conduct expected of a doctor.

Submissions

On behalf of the GMC

18. Mr Jonathan Lally, Counsel, submitted that Dr Hakem is currently impaired by reason of his conviction.

19. Mr Lally reminded the Tribunal of the need to uphold the overarching objectives. He submitted that, in this case, a finding of impairment must be made to maintain public confidence in the profession and maintain proper professional standards and conduct.

20. Turning to Good Medical Practice (2013) ('GMP'), Mr Lally referred the Tribunal to paragraph 81, which states that doctors must "*make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.*" He submitted that while there is no suggestion of dishonesty, the issue of integrity is clearly engaged as Dr Hakem's conviction for an offence of exposure represents conduct that undermines public trust in both him personally and the profession more broadly.

21. Mr Lally also referred to paragraph 41 of GMP which, he said, although not directly applicable, requires doctors to take action to protect children and adults at risk of harm. The complainant in this case was a 16-year-old girl. While it is not suggested that Dr Hakem knew her age, Mr Lally submitted that it would have been apparent that she was a young person, and therefore Dr Hakem's behaviour was inconsistent with the high standards expected of a doctor, particularly one who should be mindful of the welfare of young and vulnerable individuals.

22. Mr Lally submitted that the conduct underlying the conviction was evidently reprehensible, bringing disgrace upon Dr Hakem and prejudicing the reputation of the medical profession. The conviction involved a sexual offence committed in a public place, against a young female working in a public-facing role, at her place of work. These aggravating features heighten the seriousness of the case, particularly given that Dr Hakem's clinical work lies in the field of obstetrics and gynaecology, where he routinely examines female patients and is entrusted with their most intimate care. In those circumstances, Mr Lally submitted that any reasonable and properly informed member of the public would be shocked and concerned if a doctor convicted of a sexual offence of this nature were found not to be impaired.

23. Turning to insight, Mr Lally accepted that there is some evidence of developing insight, reflected in Dr Hakem's witness statement and his engagement with Probation Services. However, he argued that this insight is largely academic or third-party in nature. Mr Lally stated that Dr Hakem's insight reflects an understanding of the impact of sexual offending in general, rather than genuine insight into his own conduct or its causes. Dr Hakem continues to maintain his innocence, and while he properly accepts that the conviction stands as conclusive proof of the offence, maintaining that position inevitably limits the depth of insight he can demonstrate. Mr Lally submitted that true insight involves reflection on one's own behaviour, understanding why it occurred, and taking active steps to prevent any recurrence. In the absence of accepting responsibility, he submitted that such insight cannot be said to be full or complete.

24. Mr Lally acknowledged that the Community Order imposed by the Crown Court has now expired. However, through no fault of Dr Hakem, he was unable to complete the accredited programme element of the sentence, which was intended to support his rehabilitation. As a result, he has been deprived of the opportunity to provide the Tribunal with evidence of having undertaken structured rehabilitative work, which might otherwise have assisted in demonstrating remediation and insight.

25. In all the circumstances, Mr Lally submitted that Dr Hakem's conduct represents a serious departure from the standards of behaviour expected of a registered medical practitioner. He submitted that the conviction for a sexual offence, and the surrounding circumstances, are fundamentally incompatible with the standards set out in GMP.

26. Accordingly, Mr Lally invited the Tribunal to find that Dr Hakem's fitness to practise is currently impaired, both in order to maintain public confidence in the medical profession and to uphold proper professional standards and conduct.

On behalf of Dr Hakem

27. Ms Laura Stephenson submitted that Dr Hakem accepts that his fitness to practise is impaired. She acknowledged that a finding of impairment is "close to inevitable" in this case. However, she reminded the Tribunal that a finding of impairment is not a matter of admission but one that remains entirely within the Tribunal's judgment.

28. Ms Stephenson explained that Dr Hakem fully understands the gravity of the conviction and the seriousness with which his regulator must view it. His acknowledgment of impairment reflects his respect for the GMC and for the regulatory process. When the Tribunal considers the basis of any impairment finding, Ms Stephenson asked that it carefully assess the degree and nature of any potential risk to the public or the wider public interest, taking into account several important factors. She submitted that the first factor is Dr Hakem's otherwise unblemished record. She stated that throughout his career in both England and Ireland, there have been no previous concerns, criminal, regulatory, or otherwise, and that Dr Hakem's professional history demonstrates a consistent pattern of safe, competent, and ethical practice.

29. Ms Stephenson submitted that the second factor concerns the testimonials provided by those who know and have worked closely with Dr Hakem. She referred to the testimonial from Dr A, Consultant Obstetrician and Gynaecologist at Torbay and South Devon NHS Trust, who described Dr Hakem as '*empathetic, reliable, and professional*', and confirmed that she had '*no concerns about his interactions with female colleagues or patients*'. Ms Stephenson also referred to the testimonial from Miss B, Consultant Obstetrician and Gynaecologist, who was Dr Hakem's educational and clinical supervisor. Miss B described him as someone who '*prioritised patient safety and dignity, had an excellent manner with women and colleagues, and was empathetic and caring*'. Ms Stephenson stated that there had never been any concern of impropriety, and that given the nature of obstetrics and gynaecology as a female-dominated and chaperoned environment, any such concerns would have become apparent had they existed.

30. Ms Stephenson submitted that these testimonials demonstrate that the conduct giving rise to the conviction is entirely out of character for Dr Hakem. She stated that those who have supervised and worked alongside Dr Hakem were shocked to learn of his conviction, as it does not align with his professional reputation or personal character.

31. The third factor that Ms Stephenson drew the Tribunal's attention to was Dr Hakem's cooperation and engagement at every stage of these proceedings and others. She submitted that Dr Hakem has engaged fully with the criminal process, the internal proceedings within his employing Trust, the GMC's investigation, and the Probation Service. He has complied with all requirements placed upon him and has appeared before the Tribunal to answer questions openly and respectfully. This behaviour, she submitted, is itself a reflection of developing insight and understanding of the seriousness of these matters and of his professional duty to engage with his regulator.

32. Ms Stephenson submitted that the fourth factor concerned insight and remediation. She recognised the difficulty faced by a doctor who maintains the position taken in criminal proceedings but reminded the Tribunal that this does not preclude a finding that meaningful insight and remediation have been demonstrated. Ms Stephenson referred to the authority of *Yusuff v General Medical Council [2018] EWHC 13 (Admin)*, which confirmed that admitting misconduct is not a precondition for demonstrating understanding of the gravity of offending

or the unlikelihood of its repetition. She submitted that Dr Hakem has shown genuine reflection and learning. Through his sessions with the Probation Service, he has explored the impact of sexual offending on victims and the wider public, the trauma such incidents cause, and strategies for preventing recurrence. He has undertaken relevant CPD courses, detailed in his witness statement, addressing safeguarding, boundaries, disclosure, and professional conduct both within and outside the workplace.

33. Ms Stephenson reminded the Tribunal of Dr Hakem's witness statement in which he explained that he now understands that the standards expected of him apply at all times and that he must avoid situations that could be perceived as sexualised or threatening. He also recognises the importance of responding to incidents with candour and empathy. Dr Hakem also described what he has learned about the need to own the effect of an incident rather than defend intention, and his enhanced awareness of safeguarding and professional boundaries.

34. Ms Stephenson submitted that these reflections, together with Dr Hakem's cooperative attitude, demonstrate developing insight and remediation. While his conviction remains serious, she submitted that the Tribunal can be satisfied that this is a doctor who understands the impact of his actions, has learned from the experience, and poses no ongoing risk to the public.

35. Ms Stephenson submitted that, should the Tribunal find impairment, it should be based on the public interest grounds of maintaining confidence in the profession and standards of conduct, rather than on any continuing risk of harm.

The Relevant Legal Principles

36. The Tribunal reminded itself that, at this stage of proceedings there is no burden or standard of proof, and the decision as to impairment is a matter for the Tribunal's judgement alone.

37. Throughout its decision-making process the Tribunal bore in mind the overarching objective which is to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

38. The Tribunal bore in mind that the essential purpose of fitness to practise proceedings is not to punish the practitioner for past misdoings but to protect the public against the acts and omissions of those who are not fit to practise. The Tribunal thus looks forward, not back. However, in order to form a view as to the fitness of a person to practise today, it is evident that it will have to take account of the way in which the person concerned has acted or failed to act in the past.

39. The Tribunal must determine whether Dr Hakem's fitness to practise is impaired today, taking into account his conduct at the time of the events and any relevant factors

since then, such as whether the matters are remediable, whether they have been remedied and whether there is any likelihood of repetition.

40. The Tribunal had regard to the case of *CHRE v NMC & Paula Grant [2011] EWHC 927 (Admin)*, in which Mrs Justice Cox quoted from Dame Janet Smith's Fifth Shipman Report:

'Do our findings of fact in respect of his/her misconduct...show that his/her fitness to practise is impaired in the sense that s/he:

- a. Has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b. Has in the past and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c. Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d. Has in the past acted dishonestly and or is liable to act dishonestly in the future.'*

The Tribunal's Determination on Impairment

41. The Tribunal took into account the documentary and oral evidence presented before it, as well as the submissions from both parties.

42. Dr Hakem pleaded not guilty at Bristol Crown Court to one count of Exposure, contrary to section 66 of the Sexual Offences Act 2003. Following a trial, the jury found him guilty.

43. Dr Hakem maintained that he had been adjusting himself XXX while he was waiting for his food order at a McDonald's drive-through. He stated that he unzipped the fly of his trousers but that his underwear remained covered and that his hands were on top of his underwear at all times. The complainant, a 16-year-old female employee, stated that she saw Dr Hakem's erect penis. CCTV footage of the incident was played to the jury during the trial. The Tribunal has not seen that footage, and it is therefore not clear what it depicts.

44. Dr Hakem continues to maintain his innocence. He has always maintained that all he did was undo his trousers to adjust himself, that he did not expose his penis, and that he did not intend for the complainant to see or be caused distress by his actions.

45. The Tribunal had regard to the transcript of Her Honour Judge MacMillan, in his summing up to the jury, directed them as follows:

'In order to prove that the Defendant committed this offence as charged in this case the Prosecution must prove the following matters so that you are sure.

Firstly, that the Defendant exposed his genitals as he sat in his car at the McDonald's drive through window, and, secondly, that he intended to expose his genitals, and,

thirdly, that he intended someone to see his genitals and to be caused alarm or distress. Genitals in this context includes the male penis and/or testicles. Exposed means that the Defendant did not have on at least one layer of clothing through which his genitals could not be seen.'

46. The Tribunal reminded itself that a conviction is conclusive evidence of the offence for which it was imposed. It noted that Dr Hakem denied the charges in the criminal proceedings at the Crown Court and continues to maintain his denial that he committed the offence. However, at this hearing, he admitted the Allegation and conceded that his fitness to practise is impaired.

47. In reaching its decision, the Tribunal considered all the evidence before it, including Dr Hakem's witness statement and oral evidence, the submissions made on behalf of both parties, the character testimonials, and the sentencing remarks of Her Honour Judge MacMillan.

48. The Tribunal had regard to the sentencing remarks of Judge MacMillan in relation to risk of repetition:

"The Probation Service assess you as presenting a low risk of reoffending and a medium risk of serious harm to the public only arising from the nature of this offence, and that is because the Probation Service is highly unlikely to find anybody who is convicted of a sexual offence not to pose a risk to members of the public. But there is nothing that I have seen in terms of your case which leads me to believe that you would pose such a risk."

49. The Tribunal accepted that there was no evidence of any predatory or repeated behaviour, and therefore did not consider paragraph 41 of *Good Medical Practice* to be engaged, as submitted by Mr Lally on behalf of the GMC.

50. The Tribunal noted the efforts Dr Hakem made to comply with the requirements of his Community Order. It accepted that through no fault of his own, he was unable to complete the accredited rehabilitation programme before the order expired due to problems with the availability of the programme and delays caused by a change of Probation Officer. However, it was satisfied that Dr Hakem engaged meaningfully with the Probation Service and with the rehabilitation activities that were available to him.

51. Dr Hakem gave evidence that he had discussed with probation officers the impact of sexual offending on victims, including the long-term psychological effects such as distress, fear, and hyper-vigilance, as well as the broader impact on relationships, families, and the public. He explained that he had undertaken reflection on the importance of situational awareness and avoiding any circumstances that could cause distress or be misinterpreted by others. He said that he now practises what he has learned. The Tribunal accepted that he demonstrated an understanding of the seriousness of his conviction and its impact on the complainant, the public, and the profession.

52. The Tribunal found that Dr Hakem has shown some insight and remorse. While he continues to maintain his innocence in respect of the criminal conviction, he demonstrated in his oral evidence that he understands the distress that can be caused by such behaviour, the importance of professional boundaries, and the need to be acutely aware of his surroundings at all times. It was satisfied that Dr Hakem has engaged in relevant rehabilitative work, reflected on his conduct, and developed strategies to prevent any repetition.

53. The Tribunal took the view that Dr Hakem's conduct which led to the conviction is unlikely to be repeated. It accepted that he poses no ongoing risk to patients or the wider public. In reaching this decision it took account of the testimonials and the assessment of risk by the Probation Service. However, the Tribunal considered that a finding of impairment is required on public interest grounds given the serious nature of the conviction and the gravity of the underlying behaviour.

54. In considering whether Dr Hakem's fitness to practise is currently impaired, the Tribunal balanced its assessment of his insight, remorse, remediation, and the low risk of repetition against each limb of the statutory overarching objective, namely the protection of the health, safety and wellbeing of the public, the maintenance of public confidence in the profession, and the promotion and maintenance of proper professional standards and conduct for members of the profession.

55. The Tribunal considered that in this case the following paragraph of GMP is engaged:

'81 You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.'

56. The Tribunal noted that whilst Dr Hakem denied the charges in the criminal proceedings at the Crown Court and continues to maintain his denial that he committed the offence, it bore in mind that, at this hearing, he admitted the Allegation and conceded that his fitness to practise was impaired.

57. The Tribunal had regard to the test as set out in *Grant* and determined that factors (b) and (c) were engaged in this case. It determined that Dr Hakem's actions undermined public trust and confidence in the medical profession by virtue of the seriousness of the conviction. The Tribunal was also mindful of its findings that Dr Hakem's actions breached fundamental tenets of the profession and represented a significant departure from the standards expected of doctors as set out in GMP. This had an adverse effect on the reputation of the profession.

58. While the Tribunal accepted that there is no evidence of an ongoing risk to patients, it concluded that public confidence in the profession and in the regulatory process would be seriously undermined if a finding of impairment were not made. A reasonably informed member of the public would expect a doctor convicted of a sexual offence and subject to the Sex Offenders Register for five years to be found impaired.

59. The Tribunal also noted that, as an obstetrician and gynaecologist, Dr Hakem's clinical practice involves close and intimate work with women, some of whom may be vulnerable. Fellow members of the profession would consider the behaviour that led to the conviction to be deplorable and wholly inconsistent with the standards expected of any doctor, but especially a doctor in his field.

60. The Tribunal took into account the numerous testimonials provided on Dr Hakem's behalf, which describe him as a competent, professional, and empathetic colleague, and confirm that there have been no concerns about his behaviour in the workplace. These references were consistent and credible, but they did not outweigh the seriousness of the conviction or the need to uphold public confidence and professional standards.

61. The Tribunal was satisfied that public confidence in the profession, the regulator and the disciplinary process would be undermined if a finding of impairment was not made. A reasonably informed member of the public would be concerned if no finding of impaired fitness to practise was made in circumstances where a doctor had been convicted of such a serious criminal offence. In relation to the need to promote and maintain proper professional standards and conduct for members of the profession, the Tribunal concluded that this would be undermined if a finding of impairment were not made.

62. In all the circumstances, the Tribunal concluded that while the risk of repetition is low and there is some evidence of developing insight and remediation, the conviction for a serious sexual offence means that public confidence in the profession and the need to uphold proper professional standards would be undermined if a finding of current impairment were not made.

63. Accordingly, the Tribunal found that Dr Hakem's fitness to practise is currently impaired by reason of his conviction.

Determination on Sanction - 17/10/2025

64. Having determined that Dr Hakem's fitness to practise is impaired by reason of conviction, the Tribunal now has to decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

The Evidence

65. The Tribunal has taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

Submissions

On behalf of the GMC

66. Mr Lally, Counsel, submitted that the Tribunal should impose an order of erasure. He referred the Tribunal to paragraphs 14 to 16 of the Sanctions Guidance (“the SG”), which provide that the main purpose of imposing a sanction is to protect the public. He submitted that this duty comprises three aspects: protecting, promoting, and maintaining the health, safety and well-being of the public; promoting and maintaining public confidence in the profession; and promoting and maintaining proper professional standards and conduct for members of the profession.

67. Mr Lally reminded the Tribunal that sanctions are not imposed to punish or discipline doctors, although they may have a punitive effect. In relation to maintaining public confidence, paragraph 17 of the SG makes clear that doctors must ensure their conduct justifies both their patients’ trust in them and the public’s trust in the profession as a whole. The guidance also emphasises that the reputation of the medical profession is more important than the interests of any individual doctor.

68. Mr Lally noted that in its impairment determination, the Tribunal had referred to aspects of insight and remediation demonstrated by Dr Hakem. He referred the Tribunal to paragraphs 51 and 52 of the SG, which state that a doctor is likely to lack insight if they refuse to apologise or accept their mistakes. He acknowledged that while Dr Hakem had not been dishonest in giving his evidence, he continues to deny the conduct that led to his conviction, which was proven to the criminal standard. That continuing denial, he submitted, was relevant to the Tribunal’s assessment of the level of insight.

69. Mr Lally also referred to paragraph 56 of the SG, which explains that misconduct occurring in a doctor’s personal life will often warrant more serious action, particularly where it involves behaviour of a sexual nature. He submitted that this case falls squarely within that category. Mr Lally submitted that there are no exceptional circumstances in this case that would justify taking no further action. Nor would a sanction of conditions be appropriate given the nature and gravity of the conviction. The doctor has been convicted of a sexual offence and remains subject to notification requirements under the Sexual Offences Act 2003 until 2029.

70. Mr Lally submitted that the question for the Tribunal should be whether the appropriate sanction is one of suspension or erasure. He referred the Tribunal to paragraphs 149 and 150 of the SG, which deal specifically with sexual misconduct. The guidance states that sexual misconduct seriously undermines public trust in the profession and is particularly serious where there is an abuse of the special position of trust a doctor occupies or where a doctor has been required to register as a sex offender. It further states that more serious action, such as erasure, is likely to be appropriate in such cases. He also referred to paragraph 151, which notes that sexual offences seriously undermine patient and public confidence in the medical profession and breach several of the principles set out in Good Medical Practice. Paragraph 154 makes clear that no doctor registered as a sex offender should have unrestricted registration.

71. Mr Lally submitted that a sanction of suspension would not be sufficient. Paragraph 92 of the SG provides that suspension is generally appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration. He submitted that Dr Hakem's actions were fundamentally incompatible with continued registration. He reminded the Tribunal that the sentencing remarks of the trial judge recorded that the prosecution case was that Dr Hakem was masturbating, and that the jury convicted him on that basis. The offence was therefore sentenced on a raised-harm basis in accordance with the sentencing guidelines.

72. Mr Lally referred to paragraph 108 of the SG, which states that erasure may be appropriate even where the doctor does not present a risk to patient safety, if this is necessary to maintain public confidence in the profession. He also referred to paragraph 109, which lists factors indicating that erasure is likely to be appropriate, including at subparagraph (f) offences of a sexual nature. Mr Lally accepted that the risk of repetition has been assessed as low and that there is some limited evidence of insight, primarily of a general or "third-party" nature rather than personal insight into the doctor's own behaviour. He drew the Tribunal's attention to the pre-sentence report, which recorded that there were minimal indications as to the specific motivations behind the offence. That absence of understanding, he submitted, remains a matter of concern.

73. Mr Lally reminded the Tribunal that Dr Hakem remains a registered sex offender. The combination of the conviction itself and the requirement to register as a sex offender would lead any reasonable and properly informed member of the public to be shocked if Dr Hakem were permitted to continue practising as a doctor. He emphasised that the purpose of regulatory action is to protect the public and to uphold confidence in the profession, not to punish. However, given the nature of this case, a sexual offence involving exposure of genitals to a 16-year-old female member of the public in a public place, only the most serious sanction could adequately meet those objectives.

74. Mr Lally submitted that whilst the GMC acknowledges that the behaviour has been described as out of character for Dr Hakem and that the risk of repetition is low, the gravity of the offence, its sexual nature, and the fact that the doctor is on the Sex Offenders Register mean that any lesser sanction would fail to maintain public confidence in the profession or uphold proper professional standards. He submitted that Dr Hakem's conduct in masturbating in front of a young female in public, was fundamentally incompatible with continued registration. The conduct was deplorable and represents a reckless disregard of the standards set out in GMP.

75. Mr Lally clarified that it was not suggested at any stage that Dr Hakem intended to expose himself specifically to a 16-year-old girl, nor that he was aware of her precise age. However, he submitted that an important distinction must be drawn between an individual who exposes himself in an environment such as a nightclub, where all persons present are clearly adults, and an individual who does so in a public setting such as a McDonald's drive-through, where employees or members of the public may include young people.

76. Mr Lally submitted that Dr Hakem's actions were reckless as to whether he was exposing himself and, having done so, that exposure to a 16-year-old significantly increased the seriousness of the offence. It was this factor that was reflected in the level of harm for the purpose of sentencing and which, in turn, triggered the statutory notification requirements under the Sexual Offences Act 2003. He reminded the Tribunal that the imposition of those notification requirements is not a matter of judicial discretion but a statutory consequence of conviction for an offence of this nature. It was therefore not simply because the complainant happened to be 16 that the requirements were applied, but because the offence met the statutory criteria for registration.

77. Mr Lally submitted that this distinction is relevant to the Tribunal's consideration of sanction. While the GMC did not suggest that Dr Hakem intentionally targeted a child or acted with knowledge of her age, his conduct nevertheless occurred in a public environment where exposure to minors was a foreseeable risk. That, he submitted, makes the conduct more serious and helps to explain why the statutory notification requirements were engaged.

78. Accordingly, Mr Lally submitted that the only appropriate and proportionate sanction in this case is erasure from the medical register.

On behalf of Dr Hakem

79. Ms Stephenson submitted that a period of suspension would meet the statutory objective in Dr Hakem's case. It would properly mark the gravity of the conviction and the seriousness of the misconduct, protect the public interest, and maintain confidence in the profession without going further than is necessary.

80. Ms Stephenson reminded the Tribunal that it had already found at the impairment stage that Dr Hakem's conduct, which led to his conviction, is unlikely to be repeated and that he poses no ongoing risk to patients or to the wider public. She submitted that Dr Hakem's impairment therefore arises on public interest grounds alone. In those circumstances, she submitted that a sanction of suspension is the appropriate and proportionate outcome.

81. Ms Stephenson referred to the principle of proportionality, which guides the Tribunal throughout its consideration of sanction. The purpose of sanction is not to be punitive or disciplinary, but to protect the public, maintain confidence in the profession and uphold proper professional standards. Any sanction that goes further than necessary to achieve those aims would be punitive, which is impermissible. She submitted that this is not a simple choice between suspension and erasure, but rather a structured consideration of sanctions beginning with the least restrictive option. In her submission, when the Tribunal reaches suspension, the statutory purpose is met and to go further would exceed what is necessary.

82. Turning to the public interest, Ms Stephenson reminded the Tribunal that it should assess this through the eyes of a well-informed, reasonable member of the public who

understands the full context of the case. Such a person is not vindictive or punitive; they understand nuance and the specific circumstances of the conviction rather than relying on a headline view of the offence. She acknowledged that any sexual misconduct or offence represents a serious breach of Good Medical Practice. However, she emphasised that seriousness within that category must be assessed on a scale. At the highest end sit physical assaults, predatory behaviour towards patients, or the abuse of a professional position of trust. By contrast, Ms Stephenson submitted that Dr Hakem's offence did not occur in a clinical setting, did not involve patients, colleagues or other vulnerable individuals, and was not predatory in nature. It was a single, isolated incident that, while serious, sits lower within the scale of sexual offences.

83. Ms Stephenson submitted that suspension would serve as a clear deterrent to others and send a strong message about the standards expected of doctors. A suspension would have a significant impact on Dr Hakem's career and reputation, even though that is not its purpose. She invited the Tribunal to note that the factors in the SG which point towards suspension are present in this case. The behaviour is unlikely to be repeated, the Tribunal has found evidence of developing insight, there has been a serious breach of Good Medical Practice but not one fundamentally incompatible with continued registration, and there is no ongoing risk to patients or the wider public.

84. Addressing the issue of Dr Hakem's registration as a sex offender, Ms Stephenson referred the Tribunal to paragraphs 150–151 of the SG. She noted that while paragraph 150 states that more serious sanctions, such as erasure, are "likely" to be appropriate where a doctor has been required to register as a sex offender, the use of the word "likely" is deliberate. It recognises that each case must be judged on its own facts, and that there will be cases where suspension, or even conditions, is proportionate and sufficient despite the requirement to register.

85. Ms Stephenson submitted that the reason the registration requirement was imposed is important to understand. Under Schedule 3 of the Sexual Offences Act 2003, certain sexual offences automatically trigger the requirement to register. Indecent exposure under section 66 is not one of those offences unless particular circumstances apply, specifically, if the victim is under 18 or if the sentence exceeds twelve months. In this case, HHJ MacMillan made clear during sentencing that she did not consider Dr Hakem's offence to warrant a sexual harm prevention order or registration as a sex offender. The Judge initially imposed a Community Order of eleven months precisely because that fell below the twelve-month threshold for registration. When the prosecution subsequently informed the court that the requirement of registration as a sex offender was mandatory because the victim was under 18, HHJ MacMillan accepted that this was a statutory requirement which she could not avoid, saying, "*I cannot avoid it.*"

86. Ms Stephenson emphasised that the Judge's remarks show that she did not consider Dr Hakem to present a risk requiring registration and that the imposition of that requirement was a technical consequence of the victim's age, not a reflection of the gravity of the offending itself. There was no suggestion that Dr Hakem was aware of the complainant's age

or that she was targeted because she was under 18. Accordingly, while the requirement to register was properly imposed in law, it was imposed in unusual circumstances. The offence itself does not ordinarily lead to registration; the requirement arose solely because the victim was under 18. The sentencing Judge made clear that she would not otherwise have considered it necessary.

87. Ms Stephenson submitted that the mere fact of Dr Hakem's registration on the Sex Offenders Register should not lead the Tribunal to impose the most severe sanction of erasure. To do so would be disproportionate and contrary to the purpose of the SG, which gives Tribunals discretion to apply their judgment fairly to the facts of each case. She further submitted that the GMC's position appears to conflate public confidence with public safety. The Tribunal has already found that Dr Hakem poses no risk to patients or the public and that the conduct is highly unlikely to be repeated. It would be improper now to revisit that finding under the guise of sanction.

88. In mitigation, Ms Stephenson drew the Tribunal's attention to several further factors. Dr Hakem has an unblemished professional history, with no prior criminal or regulatory concerns in England or Ireland. Testimonials from colleagues and supervisors attest to his professionalism, empathy and respect for others and show that this behaviour was wholly out of character. Three years have passed since the incident without any recurrence or cause for concern. His sentence has been completed in full, and he complied with all requirements of the Probation Service. She also noted that Dr Hakem has already been subject to interim suspension since October 2024. While she accepted that undue weight should not be placed on time spent under interim orders, it remains a relevant consideration when determining sanction or the length of any substantive suspension. Ms Stephenson asked the Tribunal to take account of the personal and financial impact of further suspension or erasure on Dr Hakem, who has family responsibilities and who has described in his witness statement the hardship caused by his loss of employment and professional identity.

89. In conclusion, Ms Stephenson submitted that suspension is the most serious sanction that is necessary and sufficient to protect the public interest. She stated this would mark the gravity of the conviction, maintain public confidence in the profession, and uphold professional standards without imposing a punishment that goes further than the statutory objectives require.

The Relevant Legal Principles

90. The decision as to the appropriate sanction, if any, is a matter for the Tribunal's own independent judgement. It should have regard to the SG and if it departs from that guidance, it must outline its reasons for doing so.

91. The Tribunal had regard to the statutory overarching objective, which includes protecting and promoting the health, safety and wellbeing of the public, promoting and maintaining public confidence in the profession, and promoting and maintaining proper professional standards and conduct.

92. The Tribunal had regard to the principle of proportionality by weighing Dr Hakem's interests against the interests of the public. It recognised that the purpose of a sanction is not to be punitive, although it may have a punitive effect. The Tribunal must consider the least restrictive sanction first, before moving on to consider more serious sanctions, and the sanction imposed should be the minimum action required to protect the public.

93. In reaching its decision, the Tribunal should have regard to the principle of proportionality, balancing Dr Hakem's interests with those of the public. Throughout its deliberations the Tribunal should bear in mind that the purpose of a sanction is not to punish a doctor, although a sanction may have a punitive effect. The Tribunal was reminded of the case of *Bolton v The Law Society [1994] 1 WLR 512*, in which Sir Thomas Bingham stated, "*in cases of significant professional dishonesty, mitigation has a necessarily limited role*" and '*The reputation of the profession is more important than the fortunes of any individual member. Membership of a profession brings many benefits, but that is a part of the price.*'

94. The Tribunal took into account the general principle outlined in the case of *General Medical Council v Fleischmann 2005 EWHC 87* that "*where a practitioner has been convicted of a serious criminal offence or offences he should not be permitted to resume his practice until he has satisfactorily completed his sentence. Only circumstances which plainly justify a different course should permit otherwise.*". It also noted the more recent case of *PSA v GDC & Naveed Patel [2024] EWHC 243* where Sweeting J concluded that the principle in *Fleischmann* "*cannot be applied as if it were a rule; both it and the "general principle" derived from it in the GDC Guidance must bend to the overarching requirement to impose a sanction which is just, proportionate and only that which is necessary to maintain public confidence*".

95. The Tribunal must also bear in mind that in deciding what, if any, sanction to impose, it should consider all the sanctions available, starting with the least restrictive and consider each sanction in ascending order until the overarching objective is met.

The Tribunal's Determination on Sanction

96. The Tribunal first identified what it considered to be the mitigating and aggravating factors in this case. It was mindful that it needed to consider and balance any such factors against the central aim of sanctions, which is to uphold the overarching objective.

Aggravating factors

97. The Tribunal identified the following aggravating factors in this case. The conviction relates to a sexual offence, which the SG recognises as an aggravating feature given the serious impact such conduct can have on victims and on public confidence in the profession. The Tribunal also noted that Dr Hakem specialises in obstetrics and gynaecology. Given his clinical background, the Tribunal considered that he would be expected to have a heightened awareness of the psychological and physical impact that sexually inappropriate behaviour can

have on women, particularly young women. Regardless of Dr Hakem’s intention, the offence caused harm to a 16-year-old female, which is a significant aggravating feature.

98. The Tribunal also considered the public nature of this sexual offence to be an aggravating factor. Dr Hakem was in a McDonalds drive through, a public place, and he should have known that children and adults of all ages, including vulnerable people, access McDonalds.

99. The SG further states that a doctor’s failure to accept the conduct giving rise to their conviction may also be an aggravating factor. However, the Tribunal did not consider that to be the case here. It recognised that Dr Hakem has a legal right to maintain his innocence and that doing so should not, in itself, be treated as an aggravating feature.

Mitigating factors

100. The Tribunal also identified a number of mitigating factors in this case. It noted that there is no evidence of any ongoing risk to patients or the wider public, and it accepted its earlier finding that the likelihood of repetition is low. Dr Hakem has no previous fitness to practise history and no record of prior criminal or regulatory concerns. The Tribunal took into account the positive testimonials provided by colleagues and supervisors, which described him as professional, compassionate and respectful in his interactions with both patients and staff. It also noted that three years have passed since the incident with no further concerns or allegations about his conduct. Finally, the Tribunal recognised that Dr Hakem has demonstrated consistent engagement and cooperation with the police, the Probation Service, and the GMC throughout the entirety of these proceedings.

101. The Tribunal then went on to consider the appropriate and proportionate sanction on the facts of this case, working up from the least serious.

No action

102. In reaching its decision as to the appropriate sanction, if any, to impose in this case, the Tribunal first considered whether to take no action.

103. The Tribunal considered that there were no exceptional circumstances in this case which could justify it taking no action.

104. Given the serious findings against Dr Hakem, the Tribunal determined that to take no action would be neither appropriate nor proportionate and would fail to uphold the statutory overarching objective.

Conditions

105. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Hakem's registration. In doing so the Tribunal had regard to paragraph 81 and 85 of the SG which states:

'In which cases can conditions be imposed?'

81 Conditions might be most appropriate in cases:

- a involving the doctor's health*
- b involving issues around the doctor's performance*
- c where there is evidence of shortcomings in a specific area or areas of the doctor's practice*
- d where a doctor lacks the necessary knowledge of English to practise medicine without direct supervision.*

...

85 Conditions should be appropriate, proportionate, workable and measurable.'

106. The Tribunal determined that no workable conditions could be formulated in this case to address the conduct underlining the conviction. Further, the Tribunal did not consider that a period of conditional registration would be sufficient to mark the seriousness of the findings against Dr Hakem and would not satisfy the overarching objective, public interest nor uphold public confidence in the profession.

Suspension

107. The Tribunal then went on to consider whether imposing a period of suspension on Dr Hakem's registration would be sufficient to satisfy the statutory overarching objective.

108. The Tribunal took into account paragraphs 91-98 and 130 of the SG, which assisted the Tribunal in deciding if a period of suspension is the appropriate sanction. It acknowledged that suspension has a deterrent effect and can be used as a signal to the doctor, the profession, and to the public about what is regarded as behaviour unbefitting of a registered doctor.

109. The Tribunal reminded itself that it cannot go behind the criminal conviction. Dr Hakem was convicted by a jury who found that he had exposed himself with the intention that someone would see him. The sentencing remarks of HHJ MacMillan record that "*The Prosecution case was brought on the basis that you drove up to McDonald's that day and as you were being served you were masturbating. That is the basis on which the case was left to the jury and the jury found you guilty*". The Tribunal therefore proceeded on that basis.

110. The Tribunal considered that this conviction represents a serious departure from the principles set out in GMP, particularly those requiring doctors to act with integrity and to ensure that their conduct justifies patients' and the public's trust in the profession. While it accepted that Dr Hakem did not know the precise age of the victim, it considered that, being

in a public place, he should have recognised that his actions could be witnessed by someone of that age.

111. The Tribunal noted Dr Hakem's personal account of the incident and his explanation of events. However, it recognised that this was not the finding of the jury, which was sure of his guilt on the basis that he deliberately exposed himself with intent to be seen. The Tribunal must therefore proceed on the basis of that finding.

112. The Tribunal acknowledged that Dr Hakem remains on the Sex Offenders Register as a result of the conviction. It considered what a well-informed member of the public, in possession of all the relevant facts, would think if a doctor who had been convicted of a sexual offence of this nature, and who remained on the Sex Offenders Register, were permitted to continue to practise. The Tribunal determined that public confidence in the profession and in its regulation would be seriously undermined if that were the case.

113. The Tribunal recognised that there is a low risk or repetition. Nevertheless, it determined that the nature of the offence, and the findings made by the criminal court, are so serious that suspension would not be sufficient to maintain public confidence or uphold proper professional standards.

114. Therefore, the Tribunal concluded that a period of suspension would not be appropriate to sufficiently uphold the overarching objective.

Erasure

115. In the circumstances, the Tribunal determined that the only appropriate sanction in this case was one of erasure. In reaching its determination, the Tribunal considered the following paragraph of the SG:

'108 Erasure may be appropriate even where the doctor does not present a risk to patient safety, but where this action is necessary to maintain public confidence in the profession. For example, if a doctor has shown a blatant disregard for the safeguards designed to protect members of the public and maintain high standards within the profession that is incompatible with continued registration as a doctor.'

116. The Tribunal also considered paragraphs 109, 117, 119, 150 and 151 of the SG to be engaged in this case:

'109 Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive).

a A particularly serious departure from the principles set out in Good medical practice where the behaviour is difficult to remediate.

c Doing serious harm to others (patients or otherwise), either deliberately or through incompetence and particularly where there is a continuing risk to patients

f Offences of a sexual nature, including involvement in child sex abuse materials.

117 However, the tribunal should bear in mind that the sentence or sanction previously imposed is not necessarily a definitive guide to the seriousness of the offence. There may have been personal circumstances that led the court or regulatory body to be lenient. For example, the court may have expressed an expectation that the regulatory body would erase the doctor. Similarly, the range of sanctions and how they are applied may vary significantly amongst other regulatory bodies.

119 As a general principle, where a doctor has been convicted of a serious criminal offence or offences, they should not be permitted to resume unrestricted practice until they have completed their sentence.

150 Sexual misconduct seriously undermines public trust in the profession. The misconduct is particularly serious where there is an abuse of the special position of trust a doctor occupies, or where a doctor has been required to register as a sex offender. More serious action, such as erasure, is likely to be appropriate in such cases.

151 Any doctor who has been convicted of, or has received a caution for, a sexual offence listed in Schedule 3 to the Sexual Offences Act 2003 must notify the police (register) under section 80 of the Sexual Offences Act 2003 and may need to undertake a programme of rehabilitation or treatment... These offences seriously undermine patients' and the public's trust and confidence in the medical profession and breach a number of principles set out in Good medical practice... '

117. The Tribunal considered that Dr Hakem's conduct amounted to a particularly serious departure from the principles set out in GMP.

118. The Tribunal placed weight on the fact that the jury found that Dr Hakem intentionally exposed his penis, masturbated, and intended to be seen by the victim. When placing the victim at the centre of its considerations, the Tribunal concluded that this behaviour caused distress and had the potential to cause psychological harm to a 16-year-old girl. It also considered the likely impact such a conviction would have on the confidence of female patients and members of the public, particularly given that Dr Hakem's area of practice is obstetrics and gynaecology. The Tribunal considered that female patients, including victims of rape or sexual assault, would understandably be reluctant to be treated by a doctor who is subject to the Sex Offenders Register.

119. While the Tribunal acknowledged the mitigating factors, it concluded that the conviction itself is of such gravity that a period of suspension would not be a sufficient or proportionate sanction. Erasure would send a clear signal to the public and the profession that such conduct is fundamentally incompatible with continued registration and is necessary to maintain confidence in the medical profession.

120. The Tribunal therefore determined to erase Dr Hakem's name from the Medical Register.

Determination on Immediate Order - 17/10/2025

121. Having determined to erase Dr Hakem's name from the register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Hakem's registration should be subject to an immediate order.

Submissions

122. On behalf of the GMC, Mr Lally, Counsel, submitted that an immediate order of suspension is necessary to protect public confidence in the medical profession.

123. On behalf of Dr Hakem, Ms Stephenson was neutral on the issue of immediate order.

The Tribunal's Determination

124. In reaching its decision, the Tribunal has exercised its own judgement, and has taken account of the principle of proportionality. The Tribunal has borne in mind that it may impose an immediate order where it is satisfied that it is necessary for the protection of members of the public or otherwise in the public interest or is in the best interests of the practitioner.

125. It has also borne in mind the guidance given in paragraphs 172, 173, 177, and 178 of the SG, which state:

'172 The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence....'

'173 An immediate order might be particularly appropriate in cases where ... immediate action must be taken to protect public confidence in the medical profession.'

'177... Where the tribunal has directed suspension or erasure as the substantive outcome of the case it may impose an immediate order to suspend registration.'

'178 ... The tribunal should consider the seriousness of the matter that led to the substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect.'

126. The Tribunal considered the seriousness of Dr Hakem's conviction. The Tribunal further balanced the interests of Dr Hakem against those of the public.

127. The Tribunal bore in mind the above paragraphs of the SG and took account of the specific reasons upon which the Tribunal reached its determination on impairment and sanction. The Tribunal determined that an immediate order of suspension is necessary in order to uphold the overarching objective.

128. The Tribunal therefore imposes an immediate order of suspension.

129. This means that Dr Hakem's registration will be suspended from today. The substantive direction, as already announced, will take effect 28 days from the date on which written notification of this decision is deemed to have been served, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

130. The interim order is hereby revoked.

131. That concludes the case.