

**IN THE MATTER OF PROCEEDINGS
BEFORE A FOOTBALL ASSOCIATION REGULATORY COMMISSION**

B E T W E E N:-

THE FOOTBALL ASSOCIATION

-v-

CHIOMA UBOGAGU

DECISION OF THE REGULATORY COMMISSION

Introduction

1. Ms Chioma Ubogagu (“the Player”), now aged 29, is a distinguished professional footballer. She signed for Tottenham Hotspur Women in July 2021, having previously played professionally in Europe, Australia, the United Kingdom and the USA. She has also played at an international level.
2. On 7 October 2021, the Player provided an Out-of-Competition sample, analysis of which identified the presence in her system of a Prohibited Substance, *Canrenone*, which is identified as a Specified Substance classified under Section S5, “*Diuretics and Masking Agents*” of the 2021 WADA Prohibited List as a substance prohibited at all times.
3. The FA notified the Player of an alleged Anti-Doping Rule Violation (“ADRV”) on 1 December 2021. The Player promptly admitted that ADRV and has established that the source of it was anti-acne medication (in the form of tablets) which she had been taking in accordance with prescriptions provided by her dermatologist in Texas, a Dr Chung.
4. The FA fairly and correctly accepts that the Player did not commit the ADRV intentionally in the sense of someone who was knowingly cheating or somehow trying to secure an illegal advantage. On the other hand, it is also clear (and the Player accepts) that she did not act entirely without fault in taking a substance which was prohibited at

all times. That is because she recognises that she could and should have established that this drug was on the Prohibited List and could, for example, easily have asked the prescribing doctor or the Tottenham medical staff or could have established it herself (such as by an internet search).

5. Essentially, therefore, the role of this Commission was to determine her degree of fault and to decide what sanction was appropriate in all the circumstances.

The Regulatory Framework

6. The relevant regulations are the FA Anti-Doping Regulations which are, of course, based on the provisions of the World Anti-Doping Code. Regulations 3 and 4 deal, respectively, with the “Presence” and “Use” of Prohibited Substances.

7. Regulation 3 provides as follows:

“(a) The presence of any Prohibited Substance or any of its Metabolites or Markers in a Player’s Sample constitutes an Anti-Doping Rule Violation by that Player under this Regulation 3.

(b) It is the Player’s personal duty to ensure that no Prohibited Substance enters his body. Players are responsible for any Prohibited Substances or Markers found to be present in their Samples. Accordingly, it is not necessary that intent, Fault, negligence or knowing Use on the Player’s part be demonstrated in order to establish an Anti-Doping Rule Violation under Regulation 3.

...

(f) The penalties set out in Regulation 77 apply to this violation.”

Regulation 4 provides that:

“Use or Attempted Use by a Player of a Prohibited Substance or Method

(a) The Use or Attempted Use by a Player of a Prohibited Substance or a Prohibited Method constitutes an Anti-Doping Rule Violation under this Regulation 4.

(b) It is the Player’s personal duty to ensure that no Prohibited Substance enters his body and that no Prohibited Method is Used. Accordingly, it is not necessary that intent, Fault, negligence or knowing Use on the

Player's part be demonstrated in order to establish an Anti-Doping Rule Violation Use of a Prohibited Substance or a Prohibited Method.

- (c) *The success or failure of the Use or Attempted Use of a Prohibited Substance or Prohibited Method is not material. It is sufficient that the Prohibited Substance or Prohibited Method was Used or Attempted to be Used for an Anti-Doping Rule Violation to be committed.*
- (d) *The penalties set out in Regulation 77 apply to this violation.”*

8. Penalties for breaches of those Regulations are to be found in Part Seven of the Anti-Doping Regulations. The material provisions are as follows:

“Ineligibility for Presence, Use or Attempted Use, or Possession of a Prohibited Substance or Prohibited Method

- 76. *The Period of Ineligibility for a violation of Regulation 3 (Presence of a Prohibited Substance or its Metabolites or Markers in a Player's Sample), 4 (Use or Attempted Use by a Player of a Prohibited Substance or a Prohibited Method) ... shall be as follows, subject to potential elimination, reduction, or suspension pursuant to Regulations 83 (Elimination of the period of Ineligibility where there is No Fault or Negligence), 84-85 (Reduction of the period of Ineligibility based on No Significant Fault or Negligence) or 86-88 (Elimination, reduction, or suspension of period of Ineligibility or other consequences for reasons other than Fault).*
- 77. *Subject to Regulation 80(a), the period of Ineligibility shall be four (4) years where:*
 - (a) *The Anti-Doping Rule Violation does not involve a Specified Substance, unless the Participant or other Person can establish that the Anti-Doping Rule Violation was not intentional.*
 - (b) *The Anti-Doping Rule Violation involves a Specified Substance and the Association can establish that the Anti-Doping Rule Violation was intentional.*
- 78. *If Regulation 77 does not apply, the period of Ineligibility shall be two (2) years, subject to Regulation 80(a).*
- 79. *As used in Regulation 77, the term “intentional” is meant to identify those Participants or other Persons who engage in conduct which they knew constituted an Anti-Doping Rule Violation or knew that there was a significant risk that the conduct might constitute or result in an Anti-Doping Rule Violation and manifestly disregarded that risk. An Anti-Doping Rule Violation resulting from an Adverse Analytical Finding for a substance which is only prohibited In-Competition shall be rebuttably presumed to be not intentional if the substance is a Specified Substance and the Player can establish that the Prohibited Substance was Used Out-of-Competition. An Anti-Doping Rule Violation resulting from an Adverse*

Analytical Finding for a substance which is only prohibited In-Competition shall not be considered “intentional” if the substance is not a Specified Substance and the Player can establish that the Prohibited Substance was Used Out-of-Competition in a context unrelated to sport performance.”

9. Since Canrenone is a specified substance, Regulation 77 has the consequence that the Period of Ineligibility imposed upon the Player would be four years were The FA able to establish that the ADRV was “*intentional*”. But, as we have already noted, The FA has accepted that it was not. It follows, therefore, from Regulation 78 that the appropriate Period of Ineligibility would be two years unless (per Regulations 83 to 85) the Player (technically the “*participant*”) were able to establish that she bears No Fault or Negligence or No Significant Fault or Negligence.

10. The relevant provisions of those Regulations are as follows:

“83. *If a Participant or other Person establishes in an individual case that he bears No Fault or Negligence, the otherwise applicable period of Ineligibility shall be eliminated.*

Reduction of the period of Ineligibility based on Not Significant Fault or Negligence – Reduction of sanctions in particular circumstances for violations of Regulation 3... Regulation 4... or Regulation 8...

84. *All reductions under this Regulation 84 are mutually exclusive and not cumulative.*

(a) Specified Substances or Specified Methods

Where the Anti-Doping Rule Violation involves a Specified Substance (other than a Substance of Abuse) or Specified Method, and the Participant or other Person can establish No Significant Fault or Negligence, the period of Ineligibility shall be, at a minimum, a reprimand and no period of Ineligibility, and at a maximum, two years of Ineligibility, depending on the Participant’s or other Person’s degree of Fault.”

11. The Regulations themselves offer a definition of “*No Fault or Negligence*”:

“***No Fault or Negligence***’ means that the Participant or other Person is able to establish that he did not know or suspect, and could not reasonably have known or suspected even with the exercise of utmost caution, that he or she had Used or been administered the Prohibited Substance or Prohibited Method or otherwise violated an Anti-Doping Rule. Except in the case of a Protected Person or Recreational Player, for any violation of Regulation 3, the Player must also establish how the Prohibited Substance entered his system.”

ADRV admitted

12. To her credit, and realistically, the Player does not seek to argue that she has acted without any Fault or Negligence. Indeed, from the outset she has frankly acknowledged her errors and did so again during the hearing through her counsel and in her own expressions of apology when she spoke (directly and briefly) to the Commission.
13. It follows that we are bound to find that both charges have been proved to our comfortable satisfaction.

The Issue of Sanction

14. The first issue, therefore, which this Commission had to decide was whether the Player has succeeded in establishing that she acted with “*No Significant Fault or Negligence*” as defined in the Regulations and as set out above.
15. The FA submits, in summary (see paragraph 28 of the written Outline of its case) that “*the Player has not established No Significant Fault or Negligence on the evidence available, and the proper period of ineligibility should therefore be one of two years, subject to any further evidence that the Player may seek to admit*”. The Player, on the other hand, argues that she has acted without significant fault or negligence.
16. As we shall explain further below, this Commission accepts that the Player has established she acted without **significant** fault or negligence. That being so, and it being accepted on the Player’s behalf that her degree of fault was such that some period of ineligibility must be imposed (see paragraph 20 of the written submissions of her counsel, Ms Kendrah Potts), the second issue to be decided, in accordance with Regulation 84(a), is the length of any Period of Ineligibility on a scale extending from 0 to 2 years: where this particular case should be placed upon that scale depends upon assessing the degree of the Player’s Fault in the particular circumstances of the case.

Factual Background Prior to Sample Collection

17. The Player has suffered from Nodulocystic Acne for much of her life and has experimented with various different medications over the years in order to try and find an effective treatment. Whilst living and working (as a professional footballer) in the USA, she consulted an expert Dermatologist, Dr Nancy Chung, who is based in Texas.
18. The Player has been under Dr Chung's care since early 2018 and, in June 2021, Dr Chung prescribed a new treatment, *Spironolactone*, together with *Minocycline*. The Player says, and we accept, that Dr Chung was aware that she played professional football and that she therefore presumed that Dr Chung would not prescribe something that might contain substances based on the WADA Prohibited List. Nevertheless, it is also apparent that the Player did not ask that direct question of Dr Chung, nor did she check herself.
19. As against that, the Player also says - and again we accept - that she assumed that the new drugs would be no more likely to return an ADRV than the ones that she had been taking previously, which she knew had not caused her any difficulty, she having undergone Doping Control on 7 April 2019. But that assumption was not one that she should have made and, had she made any real effort to have checked, she would have realised was mistaken.
20. Before joining Tottenham in July 2021, the Player had a medical consultation with the Club, but that was conducted by video conference. Having joined the Club, she asked the Club doctor, Dr Rosenbloom, for a repeat prescription of *Minocycline*. She did not, however, provide him at that stage with any information to the effect that she was also taking another drug. We consider she should have done so.
21. We do accept that, at that stage, it did not occur to her that any of this medication might be problematic. We note that, despite her extensive national and international experience, the Player had had little in the way of formal anti-doping training. On the other hand, she had attended an FA Integrity Presentation as recently as 4 August 2021. Although we recognise that a lot of material, including issues such as betting, will have been covered in a 45 minute session, nevertheless the session did include a reminder to players to check any medications they take on Global DRO.

Doping Control and Subsequent Events

22. On 7 October 2021, the Player provided a sample during an Out-of-Competition test. She declared on the Doping Control Form that she was taking *Minoxycycline* and two vitamins (C and D), but she made no reference to *Spironolactone*. She explains this omission by saying that she thought that the reference to *Minoxycycline* was sufficient, covering both substances which she understood (mistakenly) to be antibiotics. This was, of course, an error because she knew that they were in fact separate prescriptions.
23. That the Player must have recognised that she was taking separate courses of medication is demonstrated by the fact that, on 28 October 2021, she asked the Club's team doctor, Dr Rosenbloom, for a repeat prescription of *Spironolactone*. It was this request which raised the alarm even before the results of the analysis of her sample (provided 3 weeks earlier) had been notified. Dr Rosenbloom immediately advised her that that particular medication was metabolised to Canrenone, which is a Prohibited Substance, and after discussing the matter with the Player, he quite rightly informed UKAD the following day (29 October 2021) of what had happened.
24. Following that, the FA wrote on 1 December 2021 to the Player informing her that the sample given on 7 October 2021 contained Canrenone, a Prohibited Substance. The Player promptly sought further medical advice and applied (on 10 December 2021) for a retroactive Therapeutic Use Exemption ("TUE") which was rejected.
25. On 13 December 2021, the Player responded to the FA explaining that she had applied for a TUE and that she had inadvertently taken the Prohibited Substance, "*acting on the assumption that my acne medication was not an issue*". She frankly acknowledged that she should have identified *Spironolactone* as well as *Minocycline* on the Doping Control Form. She concluded by saying that she could "*only apologise for this oversight, which was a naïve mistake*".
26. The Player attended an interview with the FA on 1 February 2022 (we have a transcript of that interview), following which a Letter of Charge was sent on 17 February 2022, which charges the Player formally admitted on 18 February 2022.

The Hearing

27. This Commission was convened to determine those charges and to decide on the appropriate sanction. The hearing was conducted by video conference and The FA was represented by Max Baines of Counsel, the Player herself being represented, as we have already noted, by Ms Kendrah Potts of Counsel.
28. No objection was taken to the composition of the Commission.
29. We would wish to record our gratitude to both Counsel for their clear and helpful submissions. We also heard briefly from the Player herself.
30. At the conclusion of the oral hearing, we notified the Parties that we would reserve our decision.

The Right Approach to the Issue of Fault

31. One of the issues between the Parties concerned the extent to which we should defer to the decisions of other Panels or Commissions when deciding the appropriate penalty on the basis of these same provisions, especially in circumstances where there may be some factual similarities between those and the present cases.
32. In that context, we will say something about each of the various cases to which both sides have drawn our attention, but we must emphasise the importance of recognising that these cases are almost infinitely fact sensitive and that the assessment of Fault in context will depend upon both subjective and objective elements. It is for that reason, for example, that the CAS Panel in *Sharapova v ITF* (CAS 2016/A/4643) has emphasised that there is “*no doctrine of binding precedent*” which applies.
33. On the other hand, as the CAS Panel stated in *Fauconnet v ISU* (CAS 2011/A/2615) at paragraph 92, “..... CAS Panels must also seek to preserve some coherence between the decisions of the different federations in comparable cases in order to preserve the principle of equal treatment of athletes in different sports”. Whilst allowing for the almost infinite variety of factual situations arising in these sorts of cases, we would consider it to be self-evident that consistency of decision making amongst Panels,

Commissions and Tribunals when dealing with reasonably comparable cases in the same general field of jurisprudence is important.

34. How, then, should a Panel decide on the degree of fault so as to inform its decision on the appropriate sanction? In our view, a useful exposition of what one might characterise as the “*three degrees of fault*” and of the relevant considerations to be taken into account when deciding on the allocation of the particular case to a particular category, is to be found in *Marin Cilic v ITF* (CAS 2013/A/3327). We will, for convenience, quote the five introductory paragraphs:

- “1. *The decisive criterion based on which the period of ineligibility shall be determined within the applicable range of sanctions is fault. There are three degree of fault which can be applied to the possible sanction range of 0-24 months: (a) significant degree of or considerable fault, with a sanction range from 16 to 24 months, and a “standard” significant fault leading to a suspension of 20 months; (b) normal degree of fault, with a sanction range from 8 to 16 months, and a “standard” normal degree of fault leading to a suspension of 12 months; (c) light degree of fault, with a sanction range from 0 to 8 months, and a “standard” light degree of fault leading to a suspension of 4 months. In order to determine into which category of fault a particular case might fall, it is helpful to consider both the objective and the subjective level of fault. The objective element describes what standard of care could have been expected from a reasonable person in the athlete’s situation. The subjective element describes what could have been expected from that particular athlete, in light of his personal capacities. The objective element should be foremost in determining into which of the three relevant categories a particular case falls. The subjective element can then be used to move a particular athlete up or down within that category. In exceptional cases, it may be that the subjective elements are so significant that they move a particular athlete not only to the extremity of a particular category, but also into a different category altogether. That would be the exception to the rule, however.*
2. *An athlete can be reasonably expected to follow all of the following steps: (i) read the label of the product used (or otherwise ascertain the ingredients), (ii) cross-check all the ingredients on the label with the list of prohibited substances, (iii) make an internet search of the product, (iv) ensure the product is reliably sourced and (v) consult appropriate experts in these matters and instruct them diligently before consuming the product, in the following circumstances: (a) for substances that are prohibited at all times (both in and out-of-competition), because these products are particularly likely to distort competition, and (b) for substances prohibited in-competition only, when the prohibited substance is taken by the athlete in-competition.*

3. *When the substance prohibited in-competition is taken by the athlete out-of-competition (but the athlete tests positive in-competition), a lighter standard of care should apply, as the illicit behaviour lies in the fact that the athlete returned to competition too early, or at least earlier than when the substance he had taken out-of-competition had cleared his system for drug testing purposes in competition. In such cases, the level of fault is different from the outset. Requiring from an athlete not to ingest the substance at all would be to enlarge the list of substances prohibited at all times to include the substances contained in the in-competition list. However, two exceptions, calling for a higher duty of care, should be made: (a) where the product that is advertised/sold/distributed as “performance enhancing”, and (b) where the product is a medicine designed for a therapeutic purpose, as medicines are known to have prohibited substances in them. The principle underlying the two exceptions is that they are instances of an athlete who could easily make the link between the intake of the substance and the risks being run.*
4. *Matters which can be taken into account in determining the level of subjective fault can for example be: an athlete’s youth and/or inexperience; language or environmental problems encountered by the athlete; the extent of anti-doping education received by the athlete (or the extent of anti-doping education which was reasonably accessible by the athlete); any other “personal impairments” such as those suffered by (i) an athlete who has taken a certain product over a long period of time without incident; (ii) an athlete who has previously checked the product’s ingredients; (iii) an athlete who is suffering from a high degree of stress; (iv) an athlete whose level of awareness has been reduced by a careless but understandable mistake.*
5. *Elements other than fault should – in principle –not be taken into account since it would be contrary to the rules. Only in the event that the outcome would violate the principle of proportionality such that it would constitute a breach of public policy should a tribunal depart from the clear wording of the text.*

Our Assessment of Fault

35. In our view, this case falls into the middle of those three Cilic categories as one with a ‘normal degree of fault’, albeit towards the lower end of the scale within that category. The Player could and should:
- (a) Have checked directly with Dr Chung;
 - (b) She could have checked on the internet as regards any medication she was taking;

- (c) She could have notified Tottenham (and Dr Rosenbloom in particular) of the medication that she was taking before (or as soon as) she joined the Club;
 - (d) She could and should have identified *Spironolactone* as a separate relevant medication when filling in the Doping Control Form.
36. On the other hand, there are a number of factors that should be taken into account in her favour:
- (a) There was no question that this medication was being taken for anything other than the recognised medical condition for which it had been prescribed. This is, therefore, a very different case from a player who takes supplements obtained from some (often ‘unofficial’) source with the intention of improving his or her wellbeing in a general sense or, possibly, athletic performance.
 - (b) Dr Chung did know that she was a professional footballer and should have had the foresight to have warned the Player to check that whatever was prescribed was not on a Prohibited List.
 - (c) She had been taking medication prescribed by Dr Chung for some years and without any adverse impact when she had previously undergone Doping Control.
 - (d) She had relatively limited anti-doping training.
 - (e) She did declare the *Minocycline* on her Doping Control Form and thought that that description covered both drugs as being of the same type (albeit they were separate drugs taken under different prescriptions).
 - (f) She made no attempt to conceal what she was taking: indeed, what she had been taking became apparent as soon as she asked Dr Rosenbloom for a repeat prescription.
 - (g) In all the circumstances, it is fair to say that she had a reduced perception of risk and, in her own mind, drew a parallel between the antibiotic medication she had been taking for some time and the new drugs she had been taking since June 2021.

Other Case Law

37. Apart from the cases of Sharapova and Cilic, to which we have already referred, the Parties drew our attention to a number of other cases decided at various levels. In the Sharapova case, the Player had delegated her anti-doping obligations to an agent who was not medically qualified and it was accepted that she had a “*reduced perception of the risk that she was incurring whilst using Mildronate and that this reduced perception of risk was justified*”.
38. In our view, the statements of principle to be derived from the Sharapova case are of some value in shaping the approach that a Panel should take, but the particular application of principle to the facts of that case and the sanction (of 15 months) imposed does not seem to us to assist either side here to any significant extent.
39. Ms Potts drew a number of cases to our attention in which Canrenone itself had been identified as a result of the athlete taking *Spiroglactone*. In several of those cases, the relevant authorities imposed very limited sanctions including, in two cases, nothing more than public warnings; and in two others, the athletes in question have been granted retrospective TUEs. In a further case, a track and field athlete received only a six month period of ineligibility for a second doping offence (caused by taking *Spiroglactone*)
40. Whilst it is fair comment (by Mr Baines on behalf of The FA) that those cases do not have the status of reasoned decisions, nevertheless it is also fair comment (by Ms Potts) that neither have they been appealed by WADA as they could have been had that organisation determined that the sanctions were wholly inappropriate.
41. Another case drawn to our attention was Kambala v FIBA (FIBA Appeal Tribunal. 23 August 2007), where the Athlete tested positive for cocaine taken, it was accepted, in a period of personal distress following the death of his brother. The Player relies on it because of its recognition of the importance of distinguishing between what someone does in their private life as opposed to any activity relating to their sport. The FA points out that it was a decision on its own particular facts and, in the event, the decision (of the sport’s governing body rather than CAS) was not to reduce the sanction (of 2 years ineligibility).

42. Two further cases were also the subject of submissions. In one, *International Skating Union v Chrysta Rands* (15 May 2020), the brief facts were that Ms Rands was a speed skater who received a 12 month period of ineligibility following an ADRV involving the use of *Spironolactone*, which she also took for acne. That period of 12 months' ineligibility was imposed from the date of sample collection.
43. The FA submits that there are certain points of difference between the present case and that of *Rands*, not least because the level of support available to Rands was probably significantly less than that which would have been available to the Player here and because Rands was less experienced. No doubt that is true but the Player here was at least as open as Rands and, in our view, the two cases have more similarities than differences.
44. The FA also drew our attention to *FIS v Johaug* (CAS 2017/A/5015) where the athlete tested positive for a Prohibited Substance after using a skin cream to treat a sunburnt lip. The CAS Panel there determined that a period of ineligibility of 18 months was appropriate on the basis that this was a case of a “*normal degree of fault*”. Whilst not submitting that that would be an appropriate penalty in the present case, the FA relies on that case to demonstrate that there is a considerable variance in sanctions imposed in different, but superficially comparable, cases.
45. All of that is true, but, as the CAS Panel in *Johaug* itself stated (at paragraph 25 of its Decision), questions of “*Fault or Negligence must always be decided on the basis of the specific circumstances of each particular case*” and we accept Ms Potts's submission that there are important differences between that case and the present, as the CAS Panel's discussion of the facts in the context of Johaug's lengthy experience of Doping Control procedures makes clear (see paragraphs 24, 180-186 and 210-213 of the decision).
46. Whilst recognising, as is clearly established by *Fauconnet v ISU* (CAS 2011/A/2615), that it is important that there is consistency of sanctions in the interests of general fairness, we consider that the real point of principle emerging from the *Johaug* case is that decisions on the fault or negligence of an athlete in a particular case will always be dependent on the specific bases for any finding of fault in that particular case.

Proportionality

47. Ms Potts invokes the recognised principle of proportionality as supporting her submissions, or otherwise as a freestanding principle which, she says, is strongly in favour of the range of sanctions that she commends to the Commission, as opposed to the more severe bracket contended for by the FA.
48. The FA reminds us that the question of proportionality was specifically discussed in the Sharapova case by the CAS Panel at paragraph 99 of its Decision. The material part of the ruling is as follows:

“The Panel is also of the view that there is no basis for reducing her sanction further by applying principles of proportionality. The Panel’s basis for this position is that the WADC, from which the ITFADP is derived and on which it is based, has been found repeatedly to be proportional in its approach to sanctions, that the question of Fault is built in to analysis of length of sanction under the ITFADP, and that no case has been cited that could justify a reduction of the Player’s sanction here.”

49. The current edition (2021) of the World Anti-Doping Code emphasises that the principle of proportionality continues to apply in anti-doping decision making. At page 9, explaining the ‘*Purpose, Scope and Organisation of the World Anti-Doping Program and the Code*’, the sub-heading ‘*Rule of law*’ expressly recognises “*the principles of proportionality and human rights*”.
50. Without offering any more general observations on the place the principle of proportionality has in sporting jurisprudence, it should suffice to say that, in the present case, we consider the ranges of sanctions for which both sides have contended could reasonably be characterised as proportionate in the context of the facts that we have described. Our choice is determined by what we regard as appropriate on the basis of our assessment of fault and we do not think it would be helpful to say more than that.

Decision

51. We find both ADRVs to be proved because the Player is in breach of Regulation 3 (Presence of Prohibited Substance) and of Regulation 4 (Use / Attempted Use of a Prohibited Substance).

52. We accept that the Player's ADRVs were unintentional and we find that she has established that she committed those breaches without significant Fault or Negligence on her part.
53. Given what we have found to be the degree of Fault in all the circumstances, we consider that a Period of Ineligibility of nine months would be most appropriate.
54. In accordance with Regulation 104, credit should be given against that nine month period for the period in respect of which she has been provisionally suspended (since 18 January 2022).

WILLIAM NORRIS QC
PROF ISLA MACKENZIE
DR TERRY CRYSTAL

20 April 2022