Record of Determinations –
Medical Practitioners Tribunal

PUBLIC RECORD

Dates: 30/09/2019 - 08/10/2019

Medical Practitioner's name:	Dr Abosede AKEREDOLU
GMC reference number:	6063301
Primary medical qualification:	MB BS 2000 University of Ibadan

Type of case	**Outcome on impairment**
New - Misconduct	Impaired

Summary of outcome

Suspension, 9 months.
Review hearing directed
Immediate order imposed

Tribunal:

Legally Qualified Chair	Mrs Emma Boothroyd
Lay Tribunal Member:	Dr Nigel Westwood
Medical Tribunal Member:	Dr Jeffrey Phillips

Tribunal Clerk:	Mr Matthew Rowbotham and Miss Emma Saunders

Attendance and Representation:

Medical Practitioner:	Present and not represented
Medical Practitioner's Representative:	N/A
GMC Representative:	Ms Georgina Goring, Counsel

Attendance of Press / Public

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

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 Facts - 03/10/2019

Background

1. Dr Akeredolu qualified in 2000 from The University of Ibadan, Nigeria, and registered with The Royal College of Psychiatrists in the United Kingdom in March 2007. Prior to the events which are the subject of the hearing, Dr Akeredolu worked in the community as a psychiatrist. At the time of the events, Dr Akeredolu was practising as a Locum Speciality Registrar at the Hertfordshire Partnership Trust, a role she gained in February 2015. Dr Akeredolu subsequently became a Locum Specialty Registrar in Psychiatry at the East London NHS Foundation Trust in June 2017.

2. The allegation that has led to Dr Akeredolu's hearing relates to her authorising prescriptions at an online pharmacy company, MD Direct Ltd. During this period MD Direct Ltd was inspected by the Care Quality Commission ('CQC'). It is alleged that during this investigation, which took place on 13 December 2016, concerns were raised about Dr Akeredolu's practice. Further, that she indicated to the inspectors that she would discuss her work at MD Direct Ltd with her appraiser at her locum agency, Pulse Healthcare Limited. It is alleged that Dr Akeredolu did not declare her work at MD Direct Ltd or the concerns raised by the CQC to her appraiser during an appraisal on 31 December 2016 ('the first appraisal'), when it would have been expected of her to do so.

3. MD Direct Ltd was an online prescription service where it was possible for a member of the public to obtain prescription-only medication on completion of a medical questionnaire. It was also possible to obtain a repeat prescription if in possession of an original prescription. The business took the decision to close shortly after the CQC inspection.

4. In a later appraisal dated 29 December 2017 ('the second appraisal'), it is alleged that Dr Akeredolu gave an untruthful account of her time at MD Direct Ltd, indicating that she had not completed any prescriptions or held consultations with any patients. In both appraisals, Dr Akeredolu is alleged to have agreed to statements that confirm she understood the importance of working within the parameters of *Good Medical Practice* and that she had reflected on the full nature of her work. It is alleged that the appraisals contained information which was untrue, that Dr Akeredolu knew that information to be untrue and that her actions were dishonest.

5. The initial concerns were raised following a previous investigation by the General Medical Council (GMC) into Dr Akeredolu's practice, raised by the CQC in February 2017 regarding her online prescribing. That GMC investigation was closed with no further action. However, during that investigation Dr Akeredolu's first and second appraisal

documents were reviewed and this led to the allegation that she had been dishonest with her appraiser.

The Allegation and the Doctor's Response

6. The Allegation made against Dr Akeredolu is as follows:

1. On 24 October 2016 you began working for MD Direct Ltd as a doctor and you completed two or more prescriptions containing the order numbers set out in Schedule 1.
Admitted and found proved

2. On 13 December 2016 the Care Quality Commission ('CQC') inspected MD Direct Ltd and you told the CQC that you:

a. would discuss your employment with MD Direct Ltd at your next appraisal or words to that effect;
Admitted and found proved

b. were not practising within the limits of your competence at MD Direct Ltd or words to that effect.
Admitted and found proved

3. On 31 December 2016 you engaged in an appraisal with Dr A ('the Appraiser') and you:

a. failed to declare you had worked as a doctor for MD Direct Ltd;
Admitted and found proved

b. failed to declare any significant events;
Admitted and found proved

c. declared 'I work within the limits of my competence';
Admitted and found proved

d. agreed with the declaration as set out in:

i. schedule 2;
Admitted and found proved

ii. schedule 3;
Admitted and found proved

iii. schedule 4.
Admitted and found proved

4. The appraisal referred to in paragraph 3 contained information which:

   a. was untrue;
   Admitted and found proved

   b. you knew to be untrue.
   Admitted and found proved

5. On 29 December 2017 you engaged in an appraisal with the Appraiser and you:

   a. told the Appraiser that:

      i. you had not completed any prescriptions whilst working for MD Direct Ltd or words to that effect;
      Admitted and found proved

      ii. you had not consulted with any patients whilst working for MD Direct Ltd or words to that effect;
      Admitted and found proved

      iii. the only work you had undertaken at MD Direct Ltd was to provide support during the CQC inspection on 13 December 2016 or words to that effect;
      Admitted and found proved

      iv. you worked for MD Direct Ltd for 'one month which ended in December 2016' or words to that effect.
      Admitted and found proved

   b. agreed with the declaration as set out in:

      i. schedule 2;
      Admitted and found proved

      ii. schedule 3;
      Admitted and found proved

      iii. schedule 4.
      Admitted and found proved

6. The appraisal referred to in paragraph 5 contained information which:

   a. was untrue;

Admitted and found proved

b. you knew to be untrue.
Admitted and found proved

7. Your actions as set out in paragraphs 3 and 5 were dishonest by reason of paragraphs 4 and 6 respectively.
To be determined

The Admitted Facts

7. At the outset of these proceedings, Dr Akeredolu made admissions to some paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the GMC (Fitness to Practise) Rules 2004, as amended ('the Rules'). In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

The Facts to be Determined

8. In the light of Dr Akeredolu's response to the Allegation made against her, the Tribunal is required to determine whether Dr Akeredolu acted dishonestly when putting forward information in her appraisals regarding her work with MD Direct Ltd that was untrue and she knew was untrue.

Factual Witness Evidence

9. The Tribunal received evidence on behalf of the GMC from the following witnesses in person:

- Mr A, an inspector for the CQC, who was part of the team that carried out the inspection of MD Direct Ltd. Mr A provided written witness statements dated 4 June 2018 and 20 September 2018;
- Dr B, a former inspector for the CQC, who was also part of the team that carried out the inspection of MD Direct Ltd. Dr B also provided a written witness statement dated 3 July 2018;
- Dr C, Dr Akeredolu's appraiser for Pulse Healthcare Limited in both 2016 and 2017, who also provided written witness statements dated 20 March 2018 and 20 September 2018.

10. Dr Akeredolu provided her own undated witness statement to the Tribunal, but did not give oral evidence.

Documentary Evidence

11. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included, but was not limited to, Dr Akeredolu's appraisal documents dated 31 December 2016 and 29 December 2017 that were completed by Dr C.

12. The Tribunal was also provided with copies of the notes made by Mr A and Dr B from an interview with Dr Akeredolu during their CQC inspection in 13 December 2016. Further, the Tribunal took account of copies of two prescriptions that the inspectors took during their investigation. These were dated 15 November 2016 and 8 December 2016 and were signed and authorised by Dr Akeredolu.

13. The Tribunal also had regard to a number of testimonials provided in respect of Dr Akeredolu. These included testimonials from: Ms D, a qualified social worker; Dr E, Consultant Psychiatrist and Associate Clinical Director for Inpatient Services at East London NHS Foundation Trust; and Dr F, Clinical Director for Inpatient Services at the same Trust.

The Tribunal's Approach

14. In reaching its decision on facts, the Tribunal has borne in mind that the burden of proof rests on the GMC and it is for the GMC to prove the Allegation. Dr Akeredolu does not need to prove anything. The standard of proof is that applicable to civil proceedings, namely the balance of probabilities, i.e. whether it is more likely than not that the events occurred.

15. The Legally Qualified Chair (LQC) informed the Tribunal that although Dr Akeredolu has not given evidence, it does not alter the position that the burden of proof lies with the GMC. However, the Tribunal should be mindful that Dr Akeredolu's account has not been tested and that this may affect how much weight the evidence can be given. The GMC did not invite the Tribunal to draw any adverse inference from Dr Akeredolu's decision not to give oral evidence. The Tribunal agreed with this approach.

16. Dr Akeredolu has provided testimonials of her good character to the Tribunal. The LQC reminded the Tribunal that Dr Akeredolu's character is not a defence to these allegations but that it might be relevant to the credibility of her evidence or her propensity to do what is alleged.

17. As the remaining allegation is in relation to dishonesty, the LQC referred the Tribunal to the judgment in the case of *Ivey v Genting Casinos (UK) Limited* [2017] UKSC 67, in which Lord Hughes set out the test for dishonesty as follows:

> "*When dishonesty is in question the fact-finding Tribunal must first ascertain (subjectively) the actual state of the individual's knowledge or belief as to the facts. The reasonableness or otherwise of his belief is a matter of evidence (often in practice determinative) going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held. When once his actual state of mind as to knowledge or belief as to facts is established, the question whether his conduct was honest or dishonest is to be determined by the fact-finder by applying the (objective) standards of ordinary decent people. There is no requirement that the defendant must appreciate that what he has done is, by those standards, dishonest.*"

The Tribunal's Analysis of the Evidence and Findings

18. The Tribunal has considered the outstanding paragraph of the Allegation and has evaluated the evidence in order to make its findings on the facts.

Paragraph 7 in respect of paragraph 3

19. The Tribunal had regard to whether Dr Akeredolu's actions as set out in paragraph 3 were dishonest by reason of paragraph 4 of the Allegation.
Dr Akeredolu engaged with an appraiser on 31 December 2016 ('the first appraisal') and failed to declare she worked as a doctor for MD Direct, failed to declare any significant events, declared she worked within the limits of her competence and agreed with a number of declarations. Dr Akeredolu has admitted that the first appraisal contained information that was untrue and she knew to be untrue. This Tribunal has to consider whether those actions were dishonest.

20. The Tribunal took account of Dr Akeredolu's undated witness statement. The Tribunal noted that Dr Akeredolu's account makes reference to her belief that she did not need to mention the CQC inspection, which took place on 13 December 2016, and her work with MD Direct at the first appraisal. The Tribunal also noted that Dr Akeredolu stated that this was because she did not regard her work at MD Direct as "work" given that this was not her primary role and she had no employment contract, remuneration, or induction.

21. The Tribunal had regard to the bundle of testimonials provided by Dr Akeredolu and took this into account when reaching its decision on facts.

22. The Tribunal has heard from Dr B about the process that took place during the CQC inspection, that alongside the interviews, other CQC investigators collected evidence from the premises through the day of the investigation, including prescriptions and patient questionnaire templates. The interviewers would ask further questions of staff members should more information come to light during the collection of evidence. Dr B told the Tribunal that it was likely that she would have

raised the issue of Dr Akeredolu prescribing medication later in the day and asked about what safeguards or safety netting advice was in place. Dr B stated that she felt it dawned on Dr Akeredolu that she may be working beyond the scope of her abilities.

23. Dr B said that during this interview process, she told Dr Akeredolu to raise the issues arising from the CQC inspection in her upcoming appraisal. The Tribunal heard that, at the time of the inspection, the CQC had been specifically asking doctors to do this given the concerns that had been raised about online prescribing at the time. The Tribunal found Dr B's evidence to be credible and balanced.

24. The Tribunal accepted Dr C's evidence that appraisals rely on a doctor being open and honest about the scope and nature of their work. Dr C said that she would have expected Dr Akeredolu to have recognised that an interview with the CQC, where concerns were raised, was a significant event. She qualified this answer by clarifying the kinds of additional roles that a doctor may or may not declare in the "Reflection on Relationships between Roles" section of the appraisal form. Dr C told the Tribunal that she now has a much more robust policy of asking further questions and giving examples of additional unpaid/paid roles that should be referred to.

25. The Tribunal heard from Dr C that it was common for evidence of work or significant events to be submitted at any time between the upcoming and previous appraisals and that information could be added right up to the time of the appraisal meeting. Dr C could not recall at what stage Dr Akeredolu had submitted her input forms for the first appraisal. The Tribunal found that, whilst Dr C did her best to assist the Tribunal, the passage of time since the events that led to the allegation occurred has meant that some details were difficult for her to recall. Nevertheless, the Tribunal found that it would have been possible for Dr Akeredolu to have inputted information about her work at MD Direct Ltd to be included in the first appraisal and/or to have raised it during the telephone discussion that took place on 31 December 2016.

26. The Tribunal found it implausible that Dr Akeredolu would have forgotten the conversation with the CQC inspector about raising her work at MD Direct Ltd by the time of her first appraisal. The Tribunal noted that the appraisal took place two weeks after the conversation. Further, the Tribunal also found that it would have been implausible for Dr Akeredolu not to have considered that she, for a period of time, had worked outside of the limit of her competencies.

27. The Tribunal determined that, in spite of the lack of prompting from Dr C, Dr Akeredolu should have volunteered information about her work at MD Direct Ltd and that concerns were raised by the CQC inspection in the first appraisal.

28. When applying the test from *Ivey*, the Tribunal concluded that it was clear that Dr Akeredolu did know that she had been involved in a significant event and

that she should have reported this in her appraisal. The Tribunal considered that Dr Akeredolu's omission was deliberate and that she was seeking to avoid disclosure of her involvement with MD Direct Ltd. The Tribunal found that an ordinary decent person would view Dr Akeredolu's omission, in not mentioning her work with MD Direct Ltd, as dishonest.

29. In addition, the Tribunal concluded that Dr Akeredolu, by not discussing or declaring the full scope of her work at MD Direct Ltd, was not able to uphold the agreements and statements set out in schedules 2, 3 and 4 of the Allegation. The Tribunal determined that Dr Akeredolu had acted dishonestly by agreeing with these statements in the first appraisal.

30. Therefore, the Tribunal determined that Dr Akeredolu's actions as set out in paragraph 3 of the Allegation were dishonest by reason of paragraph 4. Accordingly, the Tribunal found paragraph 7 of the Allegation proved in respect of paragraph 3.

Paragraph 7 in respect of paragraph 5a(i)

31. The Tribunal considered whether Dr Akeredolu's actions in telling her appraiser at the second appraisal that she had not completed any prescriptions whilst working for MD Direct Ltd was dishonest given that this was untrue and she knew this to be untrue.

32. The Tribunal had regard to the documentation and to the two prescriptions that were signed by Dr Akeredolu dated 15 November 2016 and 8 December 2016. It had regard to Dr Akeredolu's witness statement in which she stated that she had only written the two prescriptions for MD Direct Ltd. The Tribunal questioned whether Dr Akeredolu's evidence in this regard was plausible.

33. The Tribunal heard from both Mr A and Dr B about the CQC inspection process. The Tribunal heard from Dr B that, at the time of the CQC inspection, they could not be sure how many prescriptions Dr Akeredolu had authorised. She stated that, in general, at the time of the inspection, although there had been a dip, when the previous doctor had left MD Direct Ltd, it appeared that the volume of prescriptions was increasing again and the company was providing a significant volume of prescriptions per month.

34. The Tribunal determined that it would have been unlikely that Dr Akeredolu had only written two prescriptions whilst at MD Direct Ltd, given that she had been working there from 24 October 2016 for two hours per week. This was a seven-week period by the time of the CQC inspection in December 2016.

35. Given Dr Akeredolu's involvement with MD Direct Ltd, the CQC inspection and the previous GMC investigation arising from those concerns, the Tribunal found it to be implausible that Dr Akeredolu would have forgotten the full extent of her

involvement with MD Direct Ltd at the time of the second appraisal. The Tribunal found that an ordinary decent person would view Dr Akeredolu's omission, in not mentioning her the full scope of her work with MD Direct Ltd, as dishonest.

36. The Tribunal found that, given Dr Akeredolu's admission that she knew this was untrue, it rejected the argument that she could have forgotten about the extent of the prescribing and it was incumbent on her to fully disclose her role at MD Direct Ltd.

37. The Tribunal determined that Dr Akeredolu's actions as set out in paragraph 5(a)(i) of the Allegation were dishonest by reason of paragraph 6. Accordingly, the Tribunal found paragraph 7 of the Allegation proved in respect of paragraph 5(a)(i).

Paragraph 7 in respect of paragraph 5a(ii)

38. The Tribunal had regard to how MD Direct Ltd was run and the process where Dr Akeredolu would have been provided with patient questionnaires that had been filled out online, from which she then decided whether to authorise the request for medication. The Tribunal took account of Dr Akeredolu's explanation that she did not consider that she had carried out any consultations as she did not "*physically attend to a patient".*

39. The Tribunal was able to recognise Dr Akeredolu's position at that time and that the online nature of the service could create confusion as to whether she had completed 'consultations' given that they were different to the face-to-face consultations she usually completed. It could see how Dr Akeredolu may have made this distinction and considered that an ordinary person would find this explanation acceptable.

40. The Tribunal determined that, on the balance of probabilities, Dr Akeredolu's actions as set out in paragraph 5(a)(ii) of the Allegation were not dishonest by reason of paragraph 6. Accordingly, the Tribunal found paragraph 7 of the Allegation not proved in respect of paragraph 5(a)(ii).

Paragraph 7 in respect of paragraph 5a(iii) and (iv)

41. The Tribunal found that Dr Akeredolu appears to have provided three different accounts of the period of time she was involved with MD Direct Ltd and the type of work she was doing. In her witness statement, Dr Akeredolu stated she was:

> "*unaware that the CQC was going to undertake an inspection of the company until XXX contacted me on the evening prior to the scheduled inspection."*

However, in the same statement, Dr Akeredolu wrote that:

> *"Other than the CQC inspection, I was only carrying out approximately two hours of work for the company per week, and I did not consider this work."*

42. During the second appraisal, Dr C said that her understanding was that Dr Akeredolu had only been asked to attend MD Direct Ltd for support during the CQC inspection. This did not cover Dr C's prescribing or consultation work. Yet in this same appraisal, Dr Akeredolu appeared to have provided information to confirm that her *"role at MD Direct Ltd was for one month".*

43. The Tribunal heard that the discussion and subsequent update of the appraisal form came about after her discussion with her appraiser, rather than being added by Dr Akeredolu at the outset. The Tribunal was also aware that Dr C did not prompt Dr Akeredolu to speak about her prescribing or consultation work as part of her 'wider scope of work' given that Dr Akeredolu had stated her involvement was only to support the CQC inspection. The Tribunal heard from Dr C that she considered that reference to the full scope of Dr Akeredolu's work should have been included in the second appraisal.

44. The Tribunal found that it would have been possible for Dr Akeredolu to recall her time at MD Direct Ltd when completing the second appraisal. The Tribunal found that it would be unlikely that Dr Akeredolu would have forgotten other events at MD Direct Ltd apart from the CQC inspection and that her understanding of 'working' for MD Direct Ltd was clear from the details she gave during the CQC inspection interview.

45. The Tribunal concluded that it is therefore apparent that Dr Akeredolu would have known that she should have included events other than the CQC inspection in the second appraisal and that her wider work was carried out for a longer period than a month. The Tribunal determined that this omission was deliberate and that Dr Akeredolu was seeking to minimise the scope of her involvement with MD Direct Ltd. The Tribunal considered that an ordinary person would be of the opinion that Dr Akeredolu had acted dishonestly in not including this information.

46. The Tribunal determined that Dr Akeredolu's actions as set out in paragraphs 5(a)(iii) and (iv) of the Allegation were dishonest by reason of paragraph 6. Accordingly, the Tribunal found paragraph 7 of the Allegation proved in respect of paragraph 5(a)(iii) and (iv).

<u>Paragraph 7 in respect of paragraph 5b</u>

47. The Tribunal concluded that Dr Akeredolu, by not discussing or declaring the full scope of her work at MD Direct Ltd, was not able to uphold the agreements and statements set out in schedules 2, 3 and 4 of the Allegation. The Tribunal

determined that Dr Akeredolu had acted dishonestly by agreeing with these statements in the second appraisal.

48. The Tribunal found that Dr Akeredolu's actions in paragraph 5a(b) were dishonest by reason of paragraph 6. The Tribunal has therefore found paragraph 7 of the Allegation proved in respect of paragraph 5(b).

The Tribunal's Overall Determination on the Facts

49. The Tribunal has determined the facts as follows:

1. On 24 October 2016 you began working for MD Direct Ltd as a doctor and you completed two or more prescriptions containing the order numbers set out in Schedule 1.
Admitted and found proved

2. On 13 December 2016 the Care Quality Commission ('CQC') inspected MD Direct Ltd and you told the CQC that you:

a. would discuss your employment with MD Direct Ltd at your next appraisal or words to that effect;
Admitted and found proved

b. were not practising within the limits of your competence at MD Direct Ltd or words to that effect.
Admitted and found proved

3. On 31 December 2016 you engaged in an appraisal with Dr A ('the Appraiser') and you:

a. failed to declare you had worked as a doctor for MD Direct Ltd;
Admitted and found proved

b. failed to declare any significant events;
Admitted and found proved

c. declared 'I work within the limits of my competence';
Admitted and found proved

d. agreed with the declaration as set out in:

i. schedule 2;
Admitted and found proved

ii. schedule 3;

Admitted and found proved

iii. schedule 4.
Admitted and found proved

4. The appraisal referred to in paragraph 3 contained information which:

a. was untrue;
Admitted and found proved

b. you knew to be untrue.
Admitted and found proved

5. On 29 December 2017 you engaged in an appraisal with the Appraiser and you:

a. told the Appraiser that:

i. you had not completed any prescriptions whilst working for MD Direct Ltd or words to that effect;
Admitted and found proved

ii. you had not consulted with any patients whilst working for MD Direct Ltd or words to that effect;
Admitted and found proved

iii. the only work you had undertaken at MD Direct Ltd was to provide support during the CQC inspection on 13 December 2016 or words to that effect;
Admitted and found proved

iv. you worked for MD Direct Ltd for 'one month which ended in December 2016' or words to that effect.
Admitted and found proved

b. agreed with the declaration as set out in:

i. schedule 2;
Admitted and found proved

ii. schedule 3;
Admitted and found proved

iii. schedule 4.
Admitted and found proved

6. The appraisal referred to in paragraph 5 contained information which:

a. was untrue;
Admitted and found proved

b. you knew to be untrue.
Admitted and found proved

7. Your actions as set out in paragraphs 3 and 5 were dishonest by reason of paragraphs 4 and 6 respectively.
Determined and found proved in relation to paragraphs 3, 5a(i), 5a(iii), 5a(iv), 5(b)
Not proved in relation to paragraph 5a(ii)

Determination on Impairment - 04/10/2019

1. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Akeredolu's fitness to practise is impaired by reason of misconduct.

The Evidence

2. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary. There was no further evidence put forward by either party at this stage.

Submissions

<u>On behalf of the GMC</u>

3. Ms Goring referred to the meaning of the word 'misconduct' by reference to the case of *Roylance v GMC (No 2)* [2000] 1 AC 311, namely that it is:

> *"a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances."*

She submitted that Dr Akeredolu's actions can be described as serious professional misconduct given that her dishonesty had been persistent and occurred over a sustained period of time. Further, the dishonesty had been wide-ranging in that Dr Akeredolu had been dishonest in two separate appraisals and to her regulator. Ms Goring submitted that Dr Akeredolu's dishonest actions during the appraisal process had put patients at risk of harm.

4. When considering whether, as a result of the misconduct, Dr Akeredolu's fitness to practise was currently impaired, Ms Goring drew the Tribunal's attention to the test as set out the case of *CHRE v NMC and Paula Grant* [2011] EWHC 927 Admin.

> *"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;*

5. Ms Goring submitted that, in relation to part *a* of the test, patient safety had been put at risk due to the prescriptions Dr Akeredolu was likely to have authorised, without adequate medical history or appropriate follow-up. Furthermore, by not discussing this in her appraisal, Ms Goring submitted that it made the process defunct as potential deficiencies in a doctors practice could not be addressed.

> *b. Has in the past brought and/or is liable in the future to bring the medical profession into disrepute;*

6. In relation to part *b* of the test, Ms Goring submitted that Dr Akeredolu's persistent dishonesty had brought the professional into disrepute and that public confidence would be undermined if a finding of impairment were not made.

> *c. Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession;*

7. Ms Goring submitted that being open and trustworthy is a fundamental tenet of *Good Medical Practice*. She referred the Tribunal to paragraph 71 of Good Medical Practice (2013 edition) ('GMP'). She submitted that Dr Akeredolu had breached this paragraph by not being honest with her appraiser, and so limb *c* of the test was also engaged.

> *d. Has in the past acted dishonestly and/or is liable to act dishonestly in the future."*

8. Lastly, Ms Goring submitted that Dr Akeredolu had been dishonest and that this had been intentional and persistent. She stated submitted that patients should be able to fully trust their doctors and that Dr Akeredolu has failed in this regard. Ms Goring submitted that Dr Akeredolu has fallen short of the test set out in limb *d*.

9. Ms Goring stated that proper consideration of impairment also involves an assessment of the insight and remediation shown by Dr Akeredolu. She submitted that Dr Akeredolu has admitted a substantial number of paragraphs of the Allegation and has engaged with this process. However, Ms Goring submitted that Dr Akeredolu has shown no evidence of remorse or no insight into her dishonesty and so this has not been remediated. She submitted that it was highly likely that the dishonesty could be repeated in the future.

10. Ms Goring submitted that the Tribunal should find Dr Akeredolu's fitness to practise impaired in order to protect the public, maintain public confidence in the profession and uphold proper standards and conduct for members of the profession.

Dr Akeredolu

11. Dr Akeredolu stated that it was now clear to her how her actions that led to the Allegation could be construed as dishonest. She said she has taken the process extremely seriously and now appreciates the importance of full disclosure in everything she does.

12. Dr Akeredolu submitted that she also now appreciated the importance of maintaining professional boundaries, especially when this involves requests from her family. Dr Akeredolu told the Tribunal that she has plans to attend a course on maintaining professional boundaries in the near future.

13. Dr Akeredolu submitted that she has reacquainted herself with the principles set out in *Good Medical Practice* and acknowledged that patient care and safety is paramount. She also submitted that she now needs to know, and work within, the limits of her competence to achieve these principles.

14. Dr Akeredolu stated that she wholeheartedly regrets her actions in respect of MD Direct Ltd and her failure to disclose these events in her appraisal. She described this case as a 'massive learning curve' and acknowledged that, in the future, she would need to maintain professional boundaries, be trustworthy, communicate effectively and ensure full disclosure in everything she does as a doctor.

The Relevant Legal Principles

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

16. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct that was serious, and then whether the finding of that misconduct, could lead to a finding of impairment.

17. The Tribunal must determine whether Dr Akeredolu's fitness to practise is impaired today, taking into account Dr Akeredolu's conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

18. The LQC reminded the Tribunal that personal mitigation may be considered a factor as to Dr Akeredolu's misconduct when taking account of her circumstances at the time of the events. However, it should not be the case that misconduct is downgraded by reason of this personal mitigation.

19. The Tribunal also reminded itself of the statutory 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.

The Tribunal's Determination on Impairment

Misconduct

20. The Tribunal began the first stage of the process by determining if Dr Akeredolu's actions as set out in the Allegation amounted to misconduct.

21. The Tribunal considered Ms Goring's submissions that Dr Akeredolu may have put patients at risk of harm by prescribing medication in the way that she did. However, the Tribunal wished to stress that this does not form part of the Allegation before it and the previous GMC case relating to this conduct was closed with no further action. The Tribunal rejected Ms Goring's submissions entirely that there was a risk of patient harm as a result of Dr Akeredolu prescribing medication whilst working at MD Direct Ltd.

22. The Tribunal had regard to Dr Akeredolu's actions in not including important details about the scope of her work in her appraisal documentation and failing to discuss the matters fully with her appraiser. The Tribunal has found that the information in the two appraisals was untrue, Dr Akeredolu knew it to be untrue and her actions were dishonest.

23. The Tribunal determined that paragraph 71 of the current edition of *Good Medical Practice* (2013) ('GMP') was engaged in relation to Dr Akeredolu's actions:

> *"71 You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading.*
>
> *a You must take reasonable steps to check the information is correct.*
>
> *b You must not deliberately leave out relevant information."*

The Tribunal concluded that Dr Akeredolu had breached this paragraph by finding that she had been dishonest by deliberately missing out significant information from her appraisals.

24. The Tribunal was of the view that Dr Akeredolu had been economical with the truth during her appraisals by purposefully omitting details that were highly relevant to her practice. The Tribunal was also mindful that Dr Akeredolu had been told by Dr B to raise these issues at her next appraisal, which she did not follow-up. It found that Dr Akeredolu had a number of opportunities to put forward information and that her dishonesty had continued through both appraisals, some 12 months apart.

25. The Tribunal was of the view that Dr Akeredolu's behaviour was an attempt by her to distance herself from her work at MD Direct Ltd. Had Dr Akeredolu been forthcoming about her full scope of work, in particular her extensive role in prescribing, she would have been able to gain a much fuller insight into her actions and been able to develop a full Personal Development Plan (PDP). As Dr C explained in her oral evidence, this would have been the likely outcome if Dr Akeredolu had made full disclosures. The Tribunal was reminded of the fact that the need to identify deficiencies and address these through a PDP is a key part of appraisals. The Tribunal concluded that Dr Akeredolu's actions undermined the appraisal process and frustrated opportunities to address any issues with her practice.

26. In the light of the above circumstances, the Tribunal has determined that Dr Akeredolu's conduct fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct, and that this misconduct was serious.

Impairment by reason of misconduct

27. The Tribunal, having determined that the facts found proved amounted to misconduct, went on to consider whether Dr Akeredolu's fitness to practise is currently impaired by reason of her misconduct.

28. The Tribunal had regard to all of the evidence before it, including Dr Akeredolu's written statement and the submissions she has given. It took account of a number of positive testimonials that have been provided.

29. The Tribunal then considered Dr Akeredolu's insight and remediation and likely further conduct. The Tribunal determined that Dr Akeredolu has demonstrated some insight into her actions through a desire to attend a maintaining professional boundaries course. However, the Tribunal had been given no further evidence relating to this course and so considered that Dr Akeredolu had only expressed an intention to attend such a course. It also noted that Dr Akeredolu has expressed clear regret on a number of occasions in her written statement and submissions for her decision to become involved with MD Direct Ltd. The Tribunal noted that this was also confirmed by Dr C.

The Tribunal considered that there had been some reflection in her statement by Dr Akeredolu about the issues that had led to her dishonesty.

30. The Tribunal considered the limbs as set out in the case of *Grant*. The Tribunal concluded that Dr Akeredolu's conduct in dishonestly failing to disclose the full extent of the issues with her practise at MD Direct at her appraisals put patients at unwanted risk of harm. The concerns highlighted to Dr Akeredolu by the CQC weren't properly addressed in both of her appraisals as a result of her failure to fully explain the full extent of her involvement.

31. The Tribunal considered that Dr Akeredolu's dishonest conduct brought the medical profession in to disrepute and undermined the appraisal process. Her dishonesty breached fundamental tenets of the profession and the Tribunal found that all four limbs of the test in *Grant* were engaged.

32. However, the Tribunal was concerned that Dr Akeredolu has shown limited insight into her dishonesty. The Tribunal was aware that it would be difficult, at this point in time, given her denial of the dishonesty, for Dr Akeredolu to demonstrate fully her insight into her dishonest actions. However, the Tribunal considered there was the potential for her to develop this in the future. The Tribunal noted in particular the testimonials provided by Dr Akeredolu that attest to her honesty and probity.

33. The Tribunal determined that Dr Akeredolu does not have insight into her dishonest actions, nor is she able to show that she has fully remediated her misconduct at this stage. It concluded that there is a potential risk of repetition of the dishonest conduct at this time. The Tribunal found Dr Akeredolu's submission of regret to be genuine. However, the Tribunal was mindful that it had not been able to ask Dr Akeredolu about what she would have done differently if she were in the same position in the future.

34. The Tribunal was mindful of the need to protect patient safety, maintain public confidence in the profession and uphold proper standards. The Tribunal concluded that Dr Akeredolu had not demonstrated sufficient insight or remediation. The Tribunal concluded there was a risk of repetition which had the potential to place patients at risk of harm. The Tribunal has therefore determined that Dr Akeredolu's fitness to practice is impaired by reason of misconduct.

Determination on Sanction - 08/10/2019

1. Having determined that Dr Akeredolu's fitness to practise is impaired by reason of misconduct, 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 Outcome of Applications Made during the Sanction Stage

2. The Tribunal granted Dr Akeredolu's application, made pursuant to Rule 34(1) of the Rules, to admit further evidence at this stage. The application was opposed by the GMC in relation to one piece of evidence, a set of emails from an associate director at Dr Akeredolu's current place of work. Ms Goring stated that the emails were dated last year and should have been submitted at the start of the case. Dr Akeredolu told the Tribunal that it was relevant to show the impact that a sanction would have on her work and the team where she currently works. The Tribunal rejected the GMC's submission as it found the evidence to be relevant to the matter of sanction and therefore fair that it should be admitted. Accordingly, the Tribunal allowed Dr Akeredolu's further evidence to be admitted in full.

3. The Tribunal agreed, in accordance with Rule 41XXX of the Rules, that parts of this hearing should be heard in private where the matters under consideration are confidential, XXX. As such, this determination will be read in private but a redacted version will be published following the conclusion of this hearing, with those matters relating to XXX.

The Evidence

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

5. The Tribunal received further evidence on behalf of Dr Akeredolu including XXX, an email dated 07 October 2019 containing information about a 'Maintaining Professional Ethics' course and a set of emails containing feedback and comments that had been passed onto Dr Akeredolu by the Associate Clinical Director at her current place of work. The feedback was dated between April and July 2018.

Submissions

GMC

6. On behalf of the GMC, Ms Goring submitted that the appropriate sanction in this case would be to erase Dr Akeredolu's name from the Medical Register.

7. Ms Goring set out a number of aggravating and mitigating factors that the Tribunal should consider when determining the most appropriate sanction, if any, to impose on Dr Akeredolu's registration. Ms Goring submitted that the aggravating factors included Dr Akeredolu's persistent dishonesty, which went on for over a year, and that her dishonesty was an attempt to conceal her involvement with MD Direct Ltd through her lack of openness with the appraisal process. Further, Ms Goring submitted that the aggravating factors also included the lack of insight that

Dr Akeredolu has shown into her dishonesty and that the remorse shown does not relate to her dishonest actions.

8. Ms Goring submitted that there were no exceptional circumstances such as to justify taking no action in this case. She submitted that a sanction of conditions on Dr Akeredolu's practice would be unworkable and would not send the right message to the wider medical profession. Ms Goring submitted that the seriousness of the allegation meant that a period of suspension would also not be appropriate, as her actions included multiple occasions of dishonesty over a sustained period of time.

9. Ms Goring submitted that Dr Akeredolu's actions were fundamentally incompatible with continued registration and drew the Tribunal's attention to paragraphs 109(a) and (h) of the Sanctions Guidance (February 2018) ('the SG'):

> *"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 fundamentally incompatible with being a doctor.*
> >
> > *[…]*
> >
> > *h. Dishonesty, especially where persistent and/or covered up*
> >
> > *[…]"*

and paragraph 124 of the SG, which relates to dishonesty,

> *"Although it may not result in direct harm to patients, dishonesty related to matters outside the doctor's clinical responsibility (eg providing false statements or fraudulent claims for monies) is particularly serious. This is because it can undermine the trust the public place in the medical profession. Health authorities should be able to trust the integrity of doctors, and where a doctor undermines that trust there is a risk to public confidence in the profession. Evidence of clinical competence cannot mitigate serious and/or persistent dishonesty."*

10. Ms Goring submitted that this was a serious departure from *Good medical practice* as Dr Akeredolu's dishonesty was persistent and covered up. She stated that the dishonesty was linked to a potential cover up of her work at MD Direct Ltd and was for a sustained period of time. Ms Goring submitted that, because of these reasons, the only appropriate sanction in order to uphold patient safety and maintain the trust in the medical profession would be to erase Dr Akeredolu's name from the Medical Register.

Dr Akeredolu

11. Dr Akeredolu submitted that she fully accepted the findings of the Tribunal. Dr Akeredolu said that it was never her intention to be dishonest and that her actions arose from a lack of judgment. She said that it would never happen again and that there had been no incidents since.

12. Dr Akeredolu submitted that she was now completely honest with her appraisers and senior colleagues and that she was now taking the appropriate steps to ensure that the misconduct would never happen again. In addition to this, Dr Akeredolu said that she was in discussions about enrolling on a three-day course in November 2019 that addressed professional ethics and probity.

13. Dr Akeredolu submitted that she enjoyed being a doctor and has worked in the UK since 2004 without any clinical concerns. She submitted that there was a shortage of psychiatrists across the country and in particular at the Trust where she worked, where she said she was thought of as 'an asset'.

14. Dr Akeredolu referred to the impact that a sanction of erasure would have in terms of her personal circumstances. She explained she was the main breadwinner in her household XXX. She submitted that since the incident, she had been open and honest with friends and family and had made it very clear to them that she would not put herself in this position again.

The Tribunal's Determination on Sanction

15. The decision as to the appropriate sanction to impose, if any, in this case is a matter for this Tribunal exercising its own judgement.

16. In reaching its decision, the Tribunal has taken account of the SG and of the overarching objective. Throughout its deliberations, the Tribunal has applied the principle of proportionality, balancing Dr Akeredolu's interests with the public interest. It has borne in mind that the purpose of sanctions is not to be punitive, but to protect patients and the wider public interest, although the sanction may have a punitive effect.

17. The Tribunal considered the aggravating and mitigating factors in this case:

Aggravating

- Dr Akeredolu was dishonest in connection with two appraisals, where she had a number of opportunities to discuss and highlight her full involvement with MD Direct Ltd with her appraiser. The Tribunal did not consider that the dishonesty was persistent, but rather that there were two separate incidents of dishonesty relating to Dr Akeredolu's

involvement with MD Direct Ltd. The Tribunal considered that it was an aggravating feature that Dr Akeredolu went on to repeat her dishonesty in relation to the second appraisal, given the GMC investigation about her conduct in relation to the responses she had given in her first appraisal.

Mitigating

- Dr Akeredolu admitted a large part of the Allegation from the outset and has apologised for her wrongdoing;
- The lapse of time since the misconduct occurred has now been two years;
- Dr Akeredolu has engaged throughout this regulatory process;
- Dr Akeredolu is of good character and has no previous GMC history.

18. The Tribunal balanced the aggravating factors against the mitigating factors and noted that some mitigating factors were present but needed more development. This included Dr Akeredolu's insight and remediation.

19. In respect of insight, the Tribunal determined that Dr Akeredolu has limited insight into her dishonesty. It was of the view that she had already demonstrated a capacity for insight, she made admissions at the start of the hearing, and she has said that she accepts the findings of this Tribunal. The Tribunal noted that it would have been difficult for Dr Akeredolu to have demonstrated full insight when dishonesty had only just been found by the Tribunal. The Tribunal evaluated Dr Akeredolu's insight as a whole and has concluded that there is neither a total lack of insight such that this would be an aggravating factor, nor complete insight such as to make it a mitigating factor. There is insight but there is further development required in respect of her insight into her dishonesty.

20. Similarly, the Tribunal determined that Dr Akeredolu's remediation is developing and it was encouraged by her early acceptance that her actions were wrong. Dr Akeredolu has previously told the Tribunal that she is to undertake a maintaining professional boundaries course but clarified that this was a maintaining professional ethics course, which is more relevant to the concerns raised. The Tribunal found that Dr Akeredolu has shown some remorse and has heard from her that she acts differently in her practice now. The Tribunal concluded that Dr Akeredolu's remediation, whilst not totally absent, was not complete.

21. The Tribunal has also taken account of a number of positive testimonials from medical professionals that speak highly of Dr Akeredolu.

22. The Tribunal balanced all of these factors and noted that Dr Akeredolu has fully cooperated with the Tribunal process. Although Dr Akeredolu has chosen not to give sworn evidence, which has limited the weight that can be attached to some of her responses, the Tribunal took account of the fact that Dr Akeredolu has not had professional representation for this hearing.

No action

23. In coming to its decision as to the appropriate sanction, if any, to impose in Dr Akeredolu's case, the Tribunal first considered whether to conclude the case by taking no action.

24. The Tribunal determined that, in view of the serious nature of the Tribunal's findings on impairment, there are no exceptional circumstances in this case. Given the residual risk of repetition and the seriousness, it would be neither sufficient, proportionate nor in the public interest, to conclude this case by taking no action.

Conditions

25. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Akeredolu's registration. It has borne in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable.

26. The Tribunal again had regard to the seriousness of its findings and was of the view that a period of conditional registration would not assist Dr Akeredolu in reflecting on her dishonesty. This was not a case where re-training through the imposition of conditions would be beneficial.

27. The Tribunal therefore determined that it would not be sufficient or appropriate to direct the imposition of conditions on Dr Akeredolu's registration.

Suspension

28. The Tribunal then went on to consider whether suspending Dr Akeredolu's registration would be appropriate and proportionate.

29. When approaching its determination, the Tribunal found that the following sections of paragraph 97 of the SG were engaged in this case:

> *"Some or all of the following factors being present would indicate suspension may be appropriate.*
>
> *[…]*
>
> *e. No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage.*
>
> *f. No evidence of repetition of similar behaviour since incident.*

> *g. The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour."*

The Tribunal determined that Dr Akeredolu's full engagement with the hearing process and her early steps towards remediation meant that it had confidence that Dr Akeredolu would be able to develop further insight into her misconduct, especially in relation to her dishonesty. The Tribunal has found no evidence of a repetition of the misconduct since the events in question and was mindful of Dr Akeredolu's reflections that she will not allow herself in to get into this situation again.

30. The Tribunal also had regard to paragraph 91 of the SG:

> *"Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor. Suspension from the medical register also has a punitive effect, in that it prevents the doctor from practising (and therefore from earning a living as a doctor) during the suspension, although this is not its intention*."

The Tribunal has found that Dr Akeredolu's misconduct was of a serious nature and that her dishonesty occurred on more than one occasion. The Tribunal determined that Dr Akeredolu's actions had undermined public confidence in the medical profession. It considered that a suspension would have a deterrent effect and could be used to send a signal to Dr Akeredolu, the public and the profession in this regard.

31. The Tribunal took account of paragraph 109a of the SG:

> *"109. Any of the following factors being present may indicate erasure is appropriate*
>
> > *a. A particularly serious departure from the principles set out in Good medical practice where the behaviour is fundamentally incompatible with being a doctor.*
> >
> > *[…]"*

The Tribunal has determined that Dr Akeredolu's dishonesty was a departure from the principles set out in *Good medical practice*. The Tribunal does not however consider that the dishonesty was so serious as to be fundamentally incompatible with continued registration. Accordingly, the Tribunal determined that erasure of Dr Akeredolu's name from the Medical Register would be disproportionate.

32. The Tribunal also had regard to paragraph 128 of the SG:

"128. Dishonesty, if persistent and/or covered up, is likely to result in erasure"

The Tribunal did not consider that Dr Akeredolu's misconduct represented dishonesty that was persistent or covered up. The Tribunal has found two separate incidents of dishonesty that related to the same events. On the first occasion Dr Akeredolu omitted to mention her work at MD Direct Ltd with her appraiser, and the second occasion she was less than frank about the extent of her involvement with MD Direct Ltd. The Tribunal acknowledge that there were opportunities where Dr Akeredolu could have detailed her full involvement with MD Direct Ltd to her appraiser or senior colleagues but that it could not characterise her actions as dishonesty that was persistent or covered up.

33. The Tribunal determined that paragraph 92 of the SG was relevant:

"Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (ie for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession)."

The Tribunal determined that it would be appropriate to suspend Dr Akeredolu's registration. The Tribunal was of the view that paragraph 92 represented the current position, where suspension would be appropriate given that action had to be taken to maintain public confidence in the profession but where the conduct falls short of being fundamentally incompatible with continued registration.

34. The Tribunal determined to suspend Dr Akeredolu's registration for a period of nine months. It had regard to what an ordinary member of the public, properly informed, would consider to be appropriate in circumstances where a doctor was dishonest in respect of her appraisal. The Tribunal concluded that this period of time was necessary given the seriousness of the conduct and to ensure public confidence in the profession could be maintained. The Tribunal also determined that this would allow sufficient time for Dr Akeredolu to fully remediate her misconduct, gain insight into her dishonesty and to evidence the same.

Review Hearing Directed

35. The Tribunal determined to direct a review of Dr Akeredolu's case. A review hearing will convene shortly before the end of the period of suspension, unless an early review is sought. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Akeredolu to demonstrate how she has remediated and developed insight into her dishonesty. It therefore may assist the reviewing Tribunal if Dr Akeredolu provides:

- A reflective statement on the misconduct found and her insight into her dishonesty and the impact of this on public confidence and the need to uphold proper conduct and standards for members of the profession;
- Evidence of Continuing Professional Development, especially in regard to understanding the importance of honest, and evidence that she has maintained her medical knowledge and skills;
- Confirmation that she has attended the Maintaining Professional Ethics course together with a summary of, and reflections on, any learning;
- Appraisal summaries for appraisals taken after December 2017.

36. Dr Akeredolu will also be able to provide any other information that she considers will assist the reviewing Tribunal.

Determination on Immediate Order - 08/10/2019

1. Having determined to suspend Dr Akeredolu's registration for nine months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Akeredolu's registration should be subject to an immediate order.

GMC Submissions

2. Ms Goring submitted that, given the Tribunal has found that there is a possibility of Dr Akeredolu repeating her misconduct, paragraph 172 of the SG was engaged:

> *"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 repeat the misconduct, […]"*

3. Ms Goring submitted that an immediate order was necessary to maintain the public confidence in the profession and to uphold patient safety.

4. Ms Goring confirmed that there was no current interim order in place on Dr Akeredolu's registration.

Dr Akeredolu's Submissions

5. Dr Akeredolu submitted that an immediate order would not be necessary. She submitted that it would be important for her to give a proper handover at her current place of work, say goodbye to patients and inform staff of her situation. Dr Akeredolu submitted that, if an interim order were to be imposed, it would be

beneficial to her for this to be an immediate order of conditions rather than suspension.

The Tribunal's Determination

6. In making its decision the Tribunal had regard to paragraph 173 of the SG, which states:

> *"An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. […]"*

7. The Tribunal found that Dr Akeredolu's dishonesty had been in one specific area of work in relation to her appraisals, and that the risk to patient safety of this particular form of misconduct, if it were repeated, was low.

8. However, the Tribunal reminded itself that Dr Akeredolu's insight into her dishonesty is developing and accordingly there remains a risk that Dr Akeredolu may act dishonestly in the future. The Tribunal considered that if she did so, this was likely to impact on patient safety and accordingly an immediate order was necessary.

9. The Tribunal was mindful that Dr Akeredolu and her employer have had adequate notice of the hearing to ensure appropriate arrangements are in place should an immediate order be imposed.

10. In these circumstances, the Tribunal determined to impose an immediate order of suspension on Dr Akeredolu's registration.

11. This means that Dr Akeredolu's registration will be suspended from today. The substantive direction, as already announced, will take effect 28 days from today, 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.

12. There is no interim order to revoke.

13. That concludes this case.

Confirmed
Date 08 October 2019 Mrs Emma Boothroyd, Chair

Schedule 1:

Prescription 1: XXX

Prescription 2: XXX

Schedule 2:

'I declare that I accept the professional obligations placed upon me in Good Medical Practice in relation to probity, including the statutory obligation on me to ensure that I have adequate professional indemnity for all my professional roles and the professional obligation on me to manage my interests appropriately'

Schedule 3

'An appraisal has taken place that reflects the whole of the doctors scope of work and addresses the principles and values set out in Good Medical Practice'

Schedule 4

'Appropriate supporting information has been presented in accordance with the Good Medical Practice Framework for appraisal and revalidation and this reflects the nature and scope of the doctor's work'