PUBLIC RECORD

Dates: 22/04/2025 - 28/04/2025

Doctor:	Dr Joel DANJUMA
GMC reference number:	4380188
Primary medical qualification:	State Exam Med 1984 Higher Medical Institute Sofia

Type of case	Outcome on facts	Outcome on impairment
New - Misconduct	Facts relevant to impairment found proved	Not Impaired

Summary of outcome

Warning

Tribunal:

Legally Qualified Chair	Mrs Nessa Sharkett
Lay Tribunal Member:	Mrs Ann Bishop
Registrant Tribunal Member:	Dr Jonathan Leach

Tribunal Clerk:	Mr Matt O'Reilly

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Kevin McCartney , Counsel, instructed by Weightmans Solicitors
GMC Representative:	Ms Chloe Fairley, 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 - 23/04/2025

Background

1. Dr Danjuma qualified in medicine from Sofia Medical Academy, Bulgaria in 1984. He worked at Ahmadu Bello University Teaching Hospital in Nigeria, until he reached the position of Registrar in Trauma and Orthopaedics. In 1991, Dr Danjuma moved to the UK and completed his postgraduate training. Following his surgical rotation, he completed an MSc Surgery of Trauma at Birmingham University, whilst working as a Trust Grade doctor in Trauma and Orthopaedics at St Cross Hospital in Rugby. At the time of the events that have led to this Tribunal, Dr Danjuma was working as a Locum Speciality Registrar within the Emergency Department ('ED') of Stoke Mandeville Hospital ('the Hospital').

2. The matters before this Tribunal relate to Dr Danjuma's alleged treatment and conduct towards Patient A on 16 October 2022.

3. On 15 October 2022, Patient A was taken to ED at the Hospital by ambulance, with what she described as symptoms which were similar to those she had previously experienced when she had a subdural empyema.

4. It is alleged that on 16 October 2022, Dr Danjuma examined Patient A at approximately 9am and again at 11am. Following her discharge from the Hospital Patient A complained about the treatment she had received when examined by Dr Danjuma, alleging that he had inappropriately touched her during both examinations.

5. Patient A first made a complaint to the Hospital about the treatment on 18 October 2022, and Thames Valley Police subsequently investigated these matters as an alleged sexual assault. On 3 November 2022, the police concluded its investigation by taking no further action.

6. The matter was reported to the GMC and it is on the basis of the alleged treatment that the Allegation as set out below was pursued.

The Outcome of Applications Made during the Facts Stage

7. On Day 2 of the hearing, Ms Fairley made an application to amend the allegation pursuant to Rule 17(6) of the Rules by removing reference of a '*first*' and '*second*' examination and replace this with reference to *'an'* examination. Mr McCartney, Counsel for Dr Danjuma, did not object to the proposed amendment. The Tribunal determined to grant the application pursuant to Rule 17(6) of the Rules. Its full written decision can be found at Annex A.

The Allegation and the Doctor's Response

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

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

1. On 16 October 2022, you examined Patient A on one or more occasion. To be determined

~~The first examination~~

2. At or around 09:00, whilst performing ~~the first~~ an examination on Patient A, you:

    a. failed to appropriately position yourself in that you pinned Patient A's right leg between your legs; To be determined

    b. moved Patient A's left breast up and down with your right hand; To be determined

    c. pushed the right side of Patient A's jaw to turn her head to the left. To be determined

3. Your actions as described at paragraph 2c were designed so that Patient A could not see what you were doing. To be determined

4. The ~~first~~ examination as described at paragraph 2 was inappropriate in that:

    a. it was undertaken with prolonged touching of Patient A's breast contrary to accepted practice; To be determined

    b. you did not use recognised examination techniques; To be determined

    c. you failed to:

        i. obtain consent from Patient A to perform the ~~first~~ examination; To be determined

        ii. explain to Patient A why the ~~first~~ examination was necessary; To be determined

        iii. offer Patient A the use of a chaperone. To be determined

5. Your actions as set out at paragraphs 2 and 3 were sexually motivated. To be determined

~~The second examination~~

6. At or around 11:00, whilst performing the ~~second~~ an examination on Patient A, you:

    a. failed to appropriately position yourself in that you pinned Patient A's right leg between your legs; To be determined

    b. lifted Patient A's breast up; To be determined

    c. pushed the right side of Patient A's cheek to turn her head to the left; To be determined

    d. became sexually aroused in that Patient A could feel your erect penis through your trousers. To be determined

7. Your actions as described at paragraph 6c were designed so that Patient A could not see what you were doing. To be determined

8. The ~~second~~ examination as described at paragraph 6 was inappropriate in that:

a. it was not clinically indicated; To be determined

b. you did not use recognised examination techniques; To be determined

c. you failed to:

i. obtain consent from Patient A to perform the ~~second~~ examination; To be determined

ii. explain to Patient A why the ~~second~~ examination was necessary; To be determined

iii. offer Patient A the use of a chaperone. Admitted and found proved

9. Your actions as set out at paragraphs 6 and 7 were sexually motivated. To be determined

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

The Admitted Facts

9. At the outset of these proceedings, Dr Danjuma made a partial admission in respect of sub paragraph 8ciii only. In light of Dr Danjuma's response to the Allegation made against him, the Tribunal is required to determine the remainder of the Allegation.

Factual Witness Evidence

10. On behalf of the GMC, the Tribunal received witness statements with exhibits from:

- Patient A, dated 2 February 2023. She also provided four supplemental witness statements, dated 31 October 2023, 18 July 2024, 31 October 2024, and 15 January 2024, respectively.

- Mr B, Head of Security, Buckinghamshire Healthcare NHS Trust, dated 21 April 2023. Mr B was not called to give oral evidence;
- Ms C, General Manager for the Emergency Department and Acute Medicine, Buckinghamshire Healthcare NHS Trust, dated 2 April 2025. Ms C was not called to give oral evidence;
- Ms D, Care Group Director for the Division of Integrated Medicine at Buckinghamshire Healthcare NHS Trust, dated 4 April 2025. Ms D was not called to give oral evidence.

11. Dr Danjuma provided his own witness statement, dated 19 December 2024. He did not give oral evidence at Stage 1.

Expert evidence

12. On behalf of the GMC, Mr E, Consultant in Emergency Medicine, provided an expert report, dated 12 June 2023. He also provided two supplemental expert reports, dated 22 August 2024 and 20 September 2024, respectively. He was not called to give oral evidence at Stage 1.

13. On behalf of Dr Danjuma, Professor F, Consultant in Emergency Medicine and Prehospital Emergency Medicine, provided an expert report, dated 19 December 2024. He was not called to give oral evidence at Stage 1.

14. Mr E and Professor F provided a joint expert report, dated 8 January 2025.

Documentary Evidence

15. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to:

- Patient A's complaint to the Hospital, dated 18 October 2022;
- Thames Valley Police outcome of investigation confirmation, dated 3 November 2022;
- Plan of the cubicle area provided by Patient A;
- Screenshots of text messages sent by Patient A, dated 18 October 2022;
- Screenshots of CCTV images taken on 16 October 2022 in ED at the Hospital.
- Various email correspondence between the GMC and the Hospital in respect of the investigation and the CCTV footage available;
- Patient A's clinical record with confirmation of discharge from the Hospital.

Patient A's evidence

16. The Tribunal first heard from Patient A who began to give oral evidence on the afternoon of Day 1 of these proceedings. After taking the affirmation and confirming her written witness statements with exhibits cross examination was commenced by Mr McCartney at 14:37. During the course of preliminary questions to confirm each of her witness statements which Patient A, became distressed and told the Tribunal that she no longer wanted to continue with her evidence. Having attempted to reassure Patient A the Tribunal offered Patient A a break so that she could collect her thoughts and decide whether she wished to continue. When, at the time agreed for the hearing to resume, Patient A did not attend. The Tribunal then gave permission for representatives of the GMC to speak to Patient A overnight to establish whether Patient A would be willing to return the following day to continue her evidence. The Tribunal made clear that the extent of any conversation with Patient A should be restricted to matters relating to her attendance to give witness evidence. The Tribunal then adjourned to recommence at 9.30am on Day 2.

17. On Day 2 at 9.30am, the Tribunal was informed that Patient A would not be attending to give any further evidence either then or at any time in the future.

Submissions from parties

18. On behalf of the GMC Ms Fairley, informed the Tribunal that the GMC was offering *no evidence* in relation to all outstanding paragraphs of the Allegation. Dr Danjuma having admitted paragraph 8ciii which was determined to have been admitted and found proven by the Tribunal.

The Tribunal's Decision

19. Having considered the submissions of Ms Fairley on behalf of the GMC, and Mr McCartney who offered no objection, the Tribunal found not proven those parts of the Allegation as set out below.

The Tribunal's Overall Determination on the Facts

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

1. On 16 October 2022, you examined Patient A on one or more occasion. **Determined and found not proved**

2. At or around 09:00, whilst performing an examination on Patient A, you:

a. failed to appropriately position yourself in that you pinned Patient A's right leg between your legs;
Determined and found not proved

b. moved Patient A's left breast up and down with your right hand; **Determined and found not proved**

c. pushed the right side of Patient A's jaw to turn her head to the left. **Determined and found not proved**

3. Your actions as described at paragraph 2c were designed so that Patient A could not see what you were doing.
Determined and found not proved

4. The examination as described at paragraph 2 was inappropriate in that:

a. it was undertaken with prolonged touching of Patient A's breast contrary to accepted practice;
Determined and found not proved

b. you did not use recognised examination techniques;
Determined and found not proved

c. you failed to:

i. obtain consent from Patient A to perform the examination;
Determined and found not proved

ii. explain to Patient A why the examination was necessary; **Determined and found not proved**

iii. offer Patient A the use of a chaperone.
Determined and found not proved

5. Your actions as set out at paragraphs 2 and 3 were sexually motivated. **Determined and found not proved**

6. At or around 11:00, whilst performing an examination on Patient A, you:

a. failed to appropriately position yourself in that you pinned Patient A's right leg between your legs;
Determined and found not proved

b. lifted Patient A's breast up;
Determined and found not proved

c. pushed the right side of Patient A's cheek to turn her head to the left; **Determined and found not proved**

d. became sexually aroused in that Patient A could feel your erect penis through your trousers.
Determined and found not proved

7. Your actions as described at paragraph 6c were designed so that Patient A could not see what you were doing.
Determined and found not proved

8. The examination as described at paragraph 6 was inappropriate in that:

a. it was not clinically indicated;
Determined and found not proved

b. you did not use recognised examination techniques;
Determined and found not proved

c. you failed to:

i. obtain consent from Patient A to perform the examination;
Determined and found not proved

ii. explain to Patient A why the examination was necessary; **Determined and found not proved**

iii. offer Patient A the use of a chaperone.
Admitted and found proved

9. Your actions as set out at paragraphs 6 and 7 were sexually motivated. **Determined and found not proved**

And that by reason of the matters set out above your fitness to practise is impaired because of your misconduct. **To be determined**

Determination on Impairment - 25/04/2025

20. This determination will be read in private pursuant to Rule 41 as reference is made to XXX. However, as this case concerns Dr Danjuma's alleged misconduct, a redacted version will be published at the close of the hearing.

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

The Evidence

22. For the purpose of this stage of the hearing the Tribunal has been provided with additional documentary evidence which includes a second joint report of the appointed experts, Mr E and Professor F, dated 23 April 2025. It has also been provided with an agreed statement of facts, a letter from Miss G, Consultant Ophthalmologist, dated 20 November 2024 and evidence of Dr Danjuma's Continuous Professional Development ('CPD') which included the following certificates:

- MDDUS Good practice in record keeping for hospital doctors, dated 7 March 2023;
- MDDUS Good practice in consent for hospital doctors, dated 4 July 2023;
- MDDUS Webinar: Consent 2, dated 4 July 2023;
- MDDUS Webinar: Chaperones in GP practice, dated 4 July 2023;
- MDDUS Webinar: Raising and responding to concerns: your duty as a doctor, dated 4 July 2023;
- MDDUS Webinar, Reflection in practice, dated 30 March 2023;
- MDDUS Webinar, Decision making and consent, dated 1 February 2023;
- GMC consultation workshop as part of the Good medical practice review, dated 17 June 2022;
- MDDUS, Human factors risks: Trust and challenge, dated 2 February 2023;
- BMJ, Advanced communication skills part 1: beginning the consultation, dated 30 January 2023;

- BMJ, Advanced communication skills part 2: the middle of the consultation, dated 30 January 2023;
- BMJ, Advanced communication skills part 3: concluding the consultation, dated 31 January 2023.

Submissions on behalf of the GMC

23. Ms Fairley referred the Tribunal to the relevant test and case law when considering misconduct and current impairment. She submitted that paragraphs 3, 11 and 12 of *Good Medical Practice (2013) ('GMP')*, were engaged in this case:

> *"3. Good medical practice describes what is expected of all doctors registered with the General Medical Council (GMC). It is your responsibility to be familiar with Good medical practice and the explanatory guidance† which supports it, and to follow the guidance they contain."*
>
> *"11. You must be familiar with guidelines and developments that affect your work.*
>
> *12. You must keep up to date with, and follow, the law, our guidance and other regulations relevant to your work."*

24. Ms Fairley further referred the Tribunal to the GMC *Guidance on intimate examinations and chaperones (2013) ('the Guidance')*, and submitted that paragraphs 3, 5d and 8 of the were relevant in this case:

> *"3 Intimate examinations can be embarrassing or distressing for patients and whenever you examine a patient you should be sensitive to what they may think of as intimate. This is likely to include examinations of breasts, genitalia and rectum, but could also include any examination where it is necessary to touch or even be close to the patient."*
>
> *"5 Before conducting an examination, you should:*
> *…*
>
> *d Offer the patient a chaperone…"*
>
> *"8 When you carry out an intimate examination, you should offer the patient the option of having an impartial observer (a chaperone)*

present wherever possible. This applies whether or not you are the same gender as the patient."

25. Ms Fairley told the Tribunal that the GMC acknowledged that this was a single failure on the part of the doctor and one which the Experts now say fell below standard expected. She submitted that ultimately, the decision as to whether the failure amounted to serious misconduct was a matter for the Tribunal. Ms Fairley submitted that Dr Danjuma failed to adhere to both the Guidance as noted above, and the local trust guidance.

26. Ms Fairley submitted that whilst this was a single incident, it did not perhaps represent a brief lapse of judgement as, in his witness statement, Dr Danjuma stated that he did not even consider offering a chaperone because he was conducting a chest examination. This Ms Fairley submitted was of concern to the GMC. However she advised the Tribunal that in light of the second Expert Report, the GMC was not making any positive assertion in this respect and submitted that it was a matter for the Tribunal to determine whether Dr Danjuma's failure amounted to serious misconduct.

27. In respect of the second stage of the test for impairment, Ms Fairley referred the Tribunal to the agreed statement of facts that had been provided and in particular the Case Examiner's advice from 2015, which had reminded Dr Danjuma of the Guidance, and local guidance he should follow in his future practice. Ms Fairley submitted that this had been specific advice relevant to the use of chaperones and was relevant to the Allegation in this case. She submitted that the risk of repetition remained. However, Ms Fairley confirmed that the position of the GMC in respect of impairment was neutral, save for the submissions outlined above.

Submissions on behalf of Dr Danjuma

28. Mr McCartney referred the Tribunal to the relevant legal test when considering misconduct and impairment. He said that it was for the Tribunal to consider whether the conduct amounted to serious professional misconduct and, if it did not, then the exercise ended there. He submitted that serious professional misconduct was usually of a type which would be viewed as deplorable in the eyes of fellow practitioners.

29. Mr McCartney reminded the Tribunal that it was now dealing with one discrete issue. He said that both experts, in their most recent report, were of the opinion that the failure to offer a chaperone fell below, but not seriously below the expected standard. Mr McCartney submitted that one could well understand why the GMC now had a neutral position in light of the agreed position between the experts. He reminded the Tribunal that in respect of the

Case Examiners advice given to Dr Danjuma in 2015, it was relevant to the question of impairment, but not to the question of whether the conduct amounted to serious professional misconduct.

30. Mr McCartney referred the Tribunal to the discharge summary of Patient A in which he highlighted that there was no record from any other practitioner recording that a chaperone had been offered to Patient A. He submitted that the factual matrix of this case was that Dr Danjuma had carried out a chest examination which the Experts agree was carried out in accordance with the Guidance. Mr McCartney reminded the Tribunal that the context in which the examination was conducted was that he was asked to review the patient in order to discharge her. Mr McCartney submitted that Dr Danjuma now accepts with the benefit of hindsight that he should have offered a chaperone. He further submitted that not every breach of GMP amounts to serious misconduct and that even conduct that falls seriously below the standard expected of doctors will not automatically amount to serious professional misconduct. The circumstances of this case, he submitted did not amount to serious professional misconduct.

31. Mr McCartney submitted that if the Tribunal was not with him on this point and determined that Dr Danjuma's failure to offer a chaperone did amount to serious professional misconduct, it would have to go on to consider whether Dr Danjuma's fitness to practise was currently impaired. He reminded the Tribunal that this was a single incident which was admitted in the circumstances of Dr Danjuma's account of events. Mr McCartney further reminded the Tribunal that it was only at this stage that it would need to consider the Case Examiner advice of 2015.

32. Mr McCartney invited the Tribunal to consider other factors in this case which included the fact that Dr Danjuma has not worked as a doctor since October 2022 and that he was now XXX years old. He also referred the Tribunal to XXX, and advised that regardless of the outcome of this hearing, it was unlikely that Dr Danjuma would work again. Mr McCartney also invited the Tribunal to consider the timing and number of CPD courses undertaken by Dr Danjuma since the event in question and asked it to consider how this had been undertaken despite his decision not to work since that time. He submitted that even if Dr Danjuma's conduct did amount to serious professional misconduct, it was not sufficient to give rise to a finding of current impairment.

The Relevant Legal Principles

33. 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.

34. In approaching the decision, the Tribunal reminded itself of the two-stage process to be adopted. It must first determine whether the conduct that had been admitted and found proved by this Tribunal amounted to conduct that was serious and met the threshold of misconduct for the purposes of this stage of the proceedings. If so it would then determine whether Dr Danjuma's fitness to practise is currently impaired by reason of that misconduct.

35. The Tribunal reminded itself that it must determine whether Dr Danjuma's fitness to practise is currently impaired, having regard to his conduct at the time of the events and any relevant factors since that time such as whether the matters are remediable, have been remediated and whether there is any likelihood of repetition.

36. In its decisions making process the Tribunal had, as a primary concern, regard to the statutory overarching objective as set out in s1 Medical Act 1983 namely 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.

37. It reminded itself that there is no statutory definition of misconduct and the decision in every case as to whether the misconduct is serious has to be made by the Tribunal exercising its own judgment on the facts and circumstances of each case having regard to all the evidence it has received both at this and the facts stage.

38. The Tribunal had regard to the case of *Roylance v General Medical Council (No.2)* [2000]1 AC 311 (UKPC) which states:

> *"Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a [medical] practitioner in the particular circumstances. The misconduct is qualified in two respects. First, it is qualified by the word professional which links the misconduct to the profession [of medicine]. Secondly, the misconduct is qualified by the word serious. It is not any professional misconduct which would qualify. The professional misconduct must be serious."*

39. It further notes that in *Nandi v General Medical Council [2004] EWHC 2317 (Admin)*, Collins J observed at §31 that in other contexts misconduct has been described as *"conduct which would be regarded as deplorable by fellow practitioners"*.

40. The Tribunal reminded itself that it was only if the conduct found proven amounted to misconduct that it would be required to consider whether the doctor's fitness to practise was currently impaired. If so, the Tribunal would be assisted by the guidance provided by Dame Janet Smith in the *Fifth Shipman Report*, as adopted by the High Court in *CHRE v NMC and Paula Grant [2011] EWHC 297 Admin.* In particular, the Tribunal considered whether its findings of fact showed that Dr Danjuma's fitness to practise is impaired in the sense that he:

a. *'Has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*

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

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

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

The Tribunal's Determination on Impairment

Misconduct

41. Having remined itself of the relevant legal principes the Tribunal then considered whether Dr Danjuma's fitness to practise is currently impaired by reason of misconduct

42. The Tribunal first considered whether the facts found proved amounted to misconduct. The Tribunal reminded itself that Dr Danjuma had admitted that he had failed to offer Patient A a chaperone when he examined her on 16 October 2022. It was on the basis of his explanation of that examination that the experts produced their final report and concluded that his actions fell below, but not seriously below the standard expected of a medical practitioner. In his witness statement Dr Danjuma had explained that:

"Allegation 8c.iii is admitted. After I explained to Patient A that I needed to do a chest examination, Patient A made herself comfortable on the bed and lifted her top and her left breast by herself, indicating she was consenting to the examination.. I then

proceeded to examine her chest. At the time, I did not even consider that I needed a chaperone since I was undertaking a chest examination which I did not consider to be an intimate examination. The patient had lifted their top and their breast indicating consent and the examination was a reassessment to consider discharge. On reflection I should have considered whether the patient might want a chaperone and given her the opportunity to have one should she wish to take it."

43. It was in that context that the Experts provided the following opinion

"Reflection Based on Evidence and Context Provided:

- *The act of not explicitly offering a chaperone clearly deviates from GMC guidelines and expected standards, constituting conduct that is "below" the standard expected.*

- *However, the patient's knowledge that they could request a chaperone, combined with their proactive exposure of the area to be examined, their capacity to consent, and the professional nature of the exam, mitigates against categorising this failing as "seriously below."*

…

During our initial joint expert conference, we initially concluded that Dr Danjuma's failure to explicitly offer a chaperone fell ***seriously below*** *the expected standard of care, with particular emphasis on considerations of patient dignity, autonomy, and trust.*

However, following subsequent instructions provided by counsel for both parties, we have been directed to evaluate this allegation within a defined and narrower set of circumstances. We have specifically been asked to consider as facts: the patient's capacity and implied consent, their prior awareness that they could request a chaperone but chose not to, the patient's voluntary action of lifting their clothing to expose their breasts and consider that that examination was conducted in a professional and minimally invasive manner.

Given this restricted and specifically directed evaluation, our current consideration is not a fully comprehensive assessment of the evidence previously available but rather a targeted consideration of the specific context set forth by counsel. In this defined context, we now conclude that the threshold for categorising the omission as "seriously below" the expected standard—typically requiring

substantial compromise to patient dignity, autonomy, or trust—is not fully reached. ***Thus, under these specific circumstances, we revise our joint opinion to state that the omission falls below rather than seriously below the expected standard.***"

44. The Tribunal noted the opinion of both experts, in their final report, was that Dr Danjuma's conduct fell below, but not seriously below the expected standard. The Tribunal was satisfied that as submitted by Ms Fairley, paragraphs 3, 11 and 12 of GMP were engaged. In addition, it determined that paragraphs 3, 5d and 8 of the Guidance as set out above were further engaged in this case.

45. The Tribunal considered the context in which Dr Danjuma had failed to offer a chaperone. This was that when he entered the cubicle to examine Patient A he did so with the intention of carrying out a chest examination to establish whether she was fit to be discharged. For the avoidance of doubt the Tribunal accepted, that in the context of this case, a chest examination did not include an examination of the breasts but rather an examination of the lungs and heart of Patient A. The Tribunal accepted on that basis that he did not enter the cubicle with the intention or understanding that he was about to conduct an intimate examination of Patient A whereby the need for a chaperone would clearly be required.

46. However, when Dr Danjuma commenced his examination of Patient A it would have been clear to him when she lifted her night dress in order to allow him to listen to her chest, that she was not wearing any clothing underneath and her breasts were fully exposed. The Tribunal find that, if not offered before, it was at that stage that Dr Danjuma should have stopped the examination and offered Patient A the opportunity to have a chaperone present.

47. The Tribunal does not accept that the fact that Patient A later said that she was aware that she could have asked for a chaperone should make a difference to whether his conduct falls below or seriously below the standard expected of doctors because (a) that was not one of the factors that Dr Danjuma relied on at the time he failed to offer Patient A a chaperone and (b) he could not have known that she was aware of her right to ask for a chaperone, it only being made known to him when she prepared her witness statement for the purposes of these proceedings. In addition, the Tribunal finds that given the vulnerable position that most patients are placed in within a medical setting, the responsibility for the offer or provision of a chaperone falls firmly on the medical practitioner and not the patient.

48. The Tribunal accepts that at the time Dr Danjuma entered the cubicle to examine Patient A on 16 October 2022 he did so on the basis that he was not about to carry out an intimate examination whereby a chaperone should have been offered. It accepts that this is the reason why, when entering the cubicle, the need for a chaperone did not enter his mind.

However, once it became clear that in conducting the examination he intended would involve the area of Patient A's breasts that were at that time uncovered, it was his responsibility, as set out in the Guidance, to offer a chaperone and he did not. In failing to do so, Dr Danjuma's conduct fell below the standard expected both under the relevant paragraphs of GMP and the guidance provided in relation to intimate examination as set out above. It then went on to determine whether his conduct amounted to serious misconduct for the purposes of this stage of the proceedings.

49. For the reasons set out above the Tribunal find that Dr Danjuma has breached paragraphs of GMP and the Guidance and his conduct fell below the standards expected of a medical practitioner. However, in the context of a situation that changed from that which he had originally anticipated and that his failure to recognise the need for a chaperone was a lapse of judgment in what was an isolated event. The Tribunal find that whilst a breach of an important safeguarding provision for patients, which has the potential to amount to serious misconduct, in the accepted circumstances of this case as set out above, it did not.

50. The Tribunal did not consider that Dr Danjuma's conduct would be considered deplorable by other medical practitioners, and did not amount to serious professional misconduct.

51. As the Tribunal has not found that the conduct found proven amounted to serious misconduct, it is not required to consider the second stage of the test of impairment.

Determination on Warning - 28/04/2025

1. Having found that Dr Danjuma's fitness to practise is not impaired by reason of misconduct the Tribunal proceeded to consider whether, it should nevertheless give him a warning regarding his future conduct, in accordance with s35D(3) of the 1983 Act, and under Rule 17(2)(m) of the Rules as reflected at paragraph 61 of the Sanctions Guidance (5 February 2024) ('the SG').

Submissions on behalf of the GMC

2. Ms Fairley referred the Tribunal to paragraph 61 of the Sanctions Guidance and reminded the Tribunal that in circumstances where it had found a doctor's fitness to practise was not impaired it must consider whether it should either take no action or, issue a warning. The decision, she submitted was one for this Tribunal exercising its own independent Judgment and that there was no burden of proof. Ms Fairley submitted that the

circumstances of this case were such that a warning was appropriate and referred the Tribunal to the breaches of GMP that the Tribunal had identified in its determination on facts and the relevant paragraphs of the GMC Guidance on Warnings (2024) ('GoW').

3. Ms Fairley referred the Tribunal to paragraphs 11, 14 and 16 of the GoW as pertinent in its consideration on whether it was appropriate to issue a warning:

> *"11 Warnings allow the GMC and MPTS tribunals to indicate to a doctor that any given conduct, practice or behaviour represents a departure from the standards expected of members of the profession and should not be repeated. They are a formal response from the GMC and MPTS tribunals in the interests of maintaining good professional standards and public confidence in doctors. The recording of warnings allows the GMC to identify any repetition of the particular conduct, practice or behaviour and to take appropriate action in that event…"*
>
> *"14. Warnings should be viewed as a deterrent. They are intended to remind the doctor that their conduct or behaviour fell significantly below the standard expected and that a repetition is likely to result in a finding of impaired fitness to practise. Warnings may also have the effect of highlighting to the wider profession that certain conduct or behaviour is unacceptable."*
>
> *"16. A warning will be appropriate if there is evidence to suggest that the practitioner's behaviour or performance has fallen below the standard expected to a degree warranting a formal response by the GMC or by a MPTS tribunal. A warning will therefore be appropriate in the following circumstances:*
>
> - *there has been a significant departure from Good medical practice…"*

4. Ms Fairley referred the Tribunal to its determination on impairment and submitted that, there has been a significant breach of paragraphs 3, 11 and 12 of Good Medical Practice ('GMP') because the breaches related to important safeguarding provisions for patients as set out in paragraphs 3, 5d and 8 of the Guidance. She reminded the Tribunal that the word 'significant' in this context is not defined within the 1983 Act or the Rules, but that the GoW at paragraphs 19 and 20 did set out helpful guidance on the factors to consider when determining whether it was appropriate to issue a warning. In particular, she referred the Tribunal to paragraph 20d: *"There has been a clear and specific breach of Good medical practice or our supplementary guidance"* and submitted that the failure to offer a chaperone was a specific breach of both GMP and supplementary guidance. She further referred to

paragraph 20b of the GoW in that the particular conduct or behaviour approaches, but falls short of a finding that the doctor's fitness to practise is impaired.

5. In addition Ms Fairley referred the Tribunal to paragraph 20c of the GoW which sets out that *"a warning will be appropriate where concerns are sufficiently serious that if there were a repetition, they would likely result in a finding of impaired fitness to practise."* Ms Fairley accepted that whilst the Tribunal had found that Dr Danjuma's failure to recognise the need for a chaperone was a lapse of judgement in an isolated event, if he was to repeat the same it would likely result in a finding of impaired fitness to practise.

6. Ms Fairley submitted, that as set out in paragraph 20d of the GoW, this is a case where there is a need to record formally the particular concerns as additional action may be required in the event of any repetition. She reminded the Tribunal of the specific advice relating to chaperones that Dr Danjuma had been given by a GMC Case Examiner in 2015 and submitted that this must be of clear concern particularly as on this occasion Dr Danjuma did not even consider the use of a chaperone.

7. Ms Fairley submitted that the Tribunal must apply the principle of proportionality, weighing the interest of the public with those of the practitioner. She submitted that whilst a warning did not restrict a doctors practice, it would indicate to Dr Danjuma that his conduct represented a departure from the standards expected and that they should not be repeated. Ms Fairley submitted that in this case the public interest outweighed what might be characterised as reputational concerns of Dr Danjuma and that a warning was appropriate.

8. Ms Fairley referred the Tribunal to paragraph 32 of the GoW and submitted that there were two of the factors listed for consideration when deciding whether a warning is appropriate that were relevant in this case. The first she submitted was the question of Dr Danjuma's insight. She acknowledged on behalf of the GMC that Dr Danjuma had at an early stage admitted his failure to offer a chaperone to Patient A and that he had undertaken some CPD courses. She submitted however, that it would be difficult for the Tribunal to fully consider his level of insight because it had not heard from the doctor on this point. The second factor related to the risk of the conduct being repeated. Ms Fairley again referred the Tribunal to the Case Examiner's Advice from 2015 which had specifically referred to the Guidance relating to intimate examinations which included guidance not only about intimate examinations but also examinations where it is necessary to touch or even be close to a patient. Ms Fairley submitted that Dr Danjuma should have been mindful of such guidance when he examined Patient A, yet he had not even considered offering a chaperone. Ms Fairley submitted that there remained a real concern, and that this was exactly the type of case where a warning was appropriate. She submitted there was a need to record the

particular concerns because they were directly related to the specific advice he was given in 2015. She further submitted that a warning would act as a reminder both to Dr Danjuma and the wider profession that, as this Tribunal has identified, the responsibility to offer a chaperone falls firmly on the practitioner and not the patient.

Submissions on behalf of Dr Danjuma

9. Mr McCartney referred the Tribunal to the statutory provisions and reminded it that the power to issue a warning arises only in circumstances where there is no finding of impairment. This, he submitted, could occur where a Tribunal find that the first part of the test is not met (i.e. the conduct found proven does not amount to serious professional misconduct) or at the second part of the test where a doctor is found to have fully remediated. Mr McCartney submitted that it was significant that the legislation did not deal with the question of a warning in circumstances where a tribunal has found that the facts found proven do not amount to serious professional misconduct. This, he submitted, was different to where a doctor has engaged in serious professional misconduct but is not found to be impaired. He submitted that this was especially important. He reminded the Tribunal that the GMC was neutral on the subject of whether the conduct found proven was or was not serious misconduct and submitted that this then caused the GMC difficulty in now asserting that the proven facts amount to such a significant departure from GMP as to require regulatory action.

10. Mr McCartney submitted that whilst the GMC refers to there being a departure from GMP it does not meet the threshold of 'significant' as set out in paragraph 61 SG.

11. Mr McCartney referred the Tribunal to paragraph 61 of the Sanctions Guidance (5 February 2024) ('the SG') in which it set out that:

> *"Where a tribunal finds a doctor's fitness to practise is not impaired, it cannot impose a sanction. However, it must consider, under rule 17(2)(m) whether to:*
>
> *a take no action*
> *b issue a warning if the doctor's conduct, behaviour or performance has significantly departed from the guidance in Good medical practice."*

12. Mr McCartney submitted that for there to be a significant departure it would need to be a departure which would reach the threshold of serious professional misconduct. He reminded the Tribunal of its findings at Stage 2 in relation to the context and nature of the

examination of Patient A. This was that Dr Danjuma was not expecting to be conducting an intimate examination, rather he was expecting he would be carrying out an examination of Patient A's heart and lungs in order to discharge her from hospital. He reminded the Tribunal it had found that, the time at which Dr Danjuma should have offered Patient A a chaperone, was when he realised that she was not wearing any other clothing under her nightdress and her breasts were fully exposed. This, Mr McCartney submitted, puts into context the nature of the failing and it negates the suggestion of the GMC that it is a significant departure of GMP. He submitted that it further negates the advice in 2015. He reminded the Tribunal that the Experts had agreed in their final report that there had followed a professional examination of Patient A's chest with minimal and appropriate contact.

13. Mr McCartney referred the Tribunal paragraph 13, of GoW which provides:

> *"Although warnings do not restrict to doctors practice, they should nonetheless be viewed as a serious response, appropriate for those concerns that fall just below the threshold for a finding of impaired fitness to practice."*

14. Mr McCartney submitted that for there to be a significant departure it would need to be of a type that would reach the threshold of serious professional misconduct. Mr McCartney submitted that in the vast majority of cases, if serious professional misconduct is found, the Tribunal would go on to consider impairment. He said that it was difficult to read paragraph 13 in circumstances where the conduct complained of does not amount to serious professional misconduct. He submitted to do so would equate with a finding that '*it falls just below the threshold for a finding of impairment*' because the Tribunal has not gone on to the second part of the exercise. Therefore, although the statutory language does not preclude it, it must be logical that it would only be in rare circumstances, if ever, where a tribunal can find that it is appropriate to impose a warning where the conduct has not even been found to be serious professional misconduct. He accepted however that he was not aware of any legal authority that would support his argument and accepted that it had been his previous submission that not every significant breach of GMP will result in a finding of serious professional misconduct.

15. Mr McCartney submitted that if the Tribunal did find that there was a significant departure then it would nonetheless have to consider the proportionality of giving a warning in the circumstances of this case. He submitted that the imposition of a warning was an important observation of a doctor's practice and therefore his reputation. He submitted that before deciding that a warning was appropriate the Tribunal must have regard to the regulatory objective. The reputational damage, he submitted, needed to be balanced against the regulatory objective. Mr McCartney submitted that in terms of insight, the best evidence

of insight is an admission of the act complained of and acknowledgement that it was wrong. He said that Dr Danjuma admitted this at an early stage. He reminded the Tribunal of matters relating to Dr Danjuma's age, XXX and that he had not practised medicine since 2022. He submitted that given that Dr Danjuma did not intend to practise again any concerns that there could be a repetition of the conduct found proven did not even arise because he would not be practising again in any event. He reminded the Tribunal of the principles of proportionality and that of reputation. Mr McCartney submitted that a warning was a significant regulatory action which would remain active for two years. He submitted that the issue of a warning was opposed both because it did not amount to a significant departure and in the circumstances of this case it was disproportionate.

Further submissions

16. During the Tribunal's in camera deliberations, it had regard to the legal authority of *Taylor V GMC [2017] EWHC 851 Admin* and, in particular, paragraphs 35 and 36 of that Judgement, which state:

> *"35. He says that having concluded that the allegations did not amount to misconduct and having reached the firm conclusion that the claimant was not currently impaired, the Tribunal was wrong to conclude that the claimant should be given a warning.*
>
> *36. Section 35(D3) of the Medical Act empowers tribunals to give warnings in the absence of impairment. Consistent with that statutory provision, the GMC's guidance on warnings provides that they can only be considered when the doctor's fitness to practise is not impaired. Warnings are justified when doctors' practice falls significantly below the standards expected of members of the profession. The Tribunal here were(sic) plainly entitled to give a warning. Given its findings that the claimant should have referred Patient A to a consultant psychiatrist and failed to do so, failed to record his consideration of a referral and prescribed Lamotrigine outside prescribing guidelines without good reason, they were amply justified in reaching the conclusion that, whilst his conduct was not demonstrating impairment, it was significantly below the standards expected of the profession. Accordingly, the final Ground is unarguable."*

17. The above case had not been referred to in open session and for this reason, before proceeding further with its deliberations in camera, the Tribunal invited parties to make such further submissions as were relevant.

18. Ms Fairley submitted that the decision of the GMC had not changed. She submitted that a warning could be issued in cases where serious misconduct had not been found and that what was required at this stage was a finding that there was a significant departure from GMP. She submitted that in terms of a 'significant departure', the Tribunal is entitled to consider the Advice Dr Danjuma received in 2015 as part of the decision as to whether the departure was significant. She submitted that the Tribunal was entitled to take into account all of the factors of the case when considering a warning and invited the Tribunal to keep in mind that the purpose of a warning was to effectively mark the conduct, not just for the doctor, but also the wider profession.

19. Mr McCartney submitted that it has been accepted by the admission to the allegation that there has been a departure from GMP. He submitted that when considering whether or not there has been a significant departure from GMP, the Tribunal was entitled to, and should, take into consideration the fact that it did not find serious professional misconduct. He said that, as he had previously submitted, that was not necessarily determinative, but that it would be a relatively rare case where a Tribunal concluded that it was not serious professional misconduct, but nonetheless amounted to a significant breach. Mr McCartney reminded the Tribunal that in the case of *Taylor* there were particular circumstances in that case which were considered in respect of the death of a patient.

20. Mr McCartney submitted that where there had been no finding of serious misconduct it should ask what it is about the breach that would make it significant. He submitted that the breach should be considered in isolation and a determination made about whether it was a significant breach because, if it found that it was not then paragraph 36 of judgment in respect of *Taylor* would not be met.

21. Mr McCartney submitted that it was questionable whether the Advice in 2015 should be considered in the determination of whether the breach was significant as relying on it at this stage would introduce a significant factor that fell outside this case. He submitted that the question for the Tribunal was whether it was able to make a finding that, in isolation, the breach was significant, or whether in determining significance, it was entitled to take into account the 2015 Advice. If it found that it was entitled to rely on that Advice then it would need to consider the weight that should be attached to it.

The Tribunal's Approach

22. The Tribunal has taken into account the submissions of both parties. It has borne in mind that the decision as to whether or not to issue a warning is a matter for the Tribunal alone to determine, exercising its own judgement.

23. Throughout its deliberations, the Tribunal had regard to the statutory overarching objective and has applied the principle of proportionality, balancing Dr Danjuma's interests with the public interest. The public interest includes, amongst other things, the protection of patients, the maintenance of public confidence in the profession, and the declaring and upholding of proper standards of conduct and behaviour.

24. In making its decision, the Tribunal had regard to the GoW. In particular, it took account of paragraphs 14, 26 and 32 of the guidance on warnings, which state:

> *"14. Warnings should be viewed as a deterrent. They are intended to remind the doctor that their conduct or behaviour fell significantly below the standard expected and that a repetition is likely to result in a finding of impaired fitness to practise. Warnings may also have the effect of highlighting to the wider profession that certain conduct or behaviour is unacceptable."*
>
> *"26. In deciding whether to issue a warning the decision maker should apply the principle of proportionality, weighing the interests of the public with those of the practitioner. It is important to bear in mind, of course, that warnings do not restrict the practitioner's practice and should only be considered once the decision maker is satisfied that the doctor's fitness to practise is not impaired."*
>
> *"32. If the decision makers are satisfied that the doctor's fitness to practise is not impaired or that the realistic prospect test is not met, they can take account of a range of factors to determine whether a warning is appropriate. These might include:*
>
> *a. the level of insight into the failings*
> *b. a genuine expression of regret/apology*
> *c. previous good history*
> *d. whether the incident was isolated or whether there has been any repetition*
> *e. any indicators as to the likelihood of the concerns being repeated*
> *f. any rehabilitative/corrective steps taken*
> *g. relevant and appropriate references and testimonials."*

The Tribunal's Determination on issuing a Warning

25. The Tribunal had regard to its findings made during the facts and impairment stage of these proceedings.

26. The Tribunal first considered whether in the circumstances of this case there had been a significant departure from Good Medical practice. It reminded itself that there is no definition of 'significant' in the 1983 Act or the Rules but was assisted by the guidance contained in the GoW at paragraph 20 which provides as follows:

> "*20. The decision makers should take account of the following factors to determine whether it is appropriate to issue a warning.*
>
> *a. There has been a clear and specific breach of Good medical practice or our supplementary guidance.*
>
> *b. The particular conduct, behaviour or performance approaches, but falls short of, the threshold for the realistic prospect test or in a case before a tribunal, that the doctor's fitness to practise has not been found to be impaired.*
>
> *c. A warning will be appropriate when the concerns are sufficiently serious that, if there were a repetition, they would likely result in a finding of impaired fitness to practise. Warnings may be an appropriate response to any type of allegation (subject to the comments in paragraph 7 regarding cases solely relating to a doctor's health); the decision makers will need to consider the degree to which the conduct, behaviour or performance could affect patient care, public confidence in the profession or the reputation of the profession. If the decision makers consider that a warning is appropriate, the warning should make clear the potential impact of the conduct, behaviour or performance in question, accordingly."*
>
> *d. There is a need to record formally the particular concerns (because additional action may be required in the event of any repetition).*

27. The Tribunal had regard to its findings on impairment where it found that there had been breaches of paragraphs 3, 11 and 12 of GMP and paragraphs 3 5d and 8 of the guidance relating to the conduct of intimate examinations. It further had regard to its finding that it did not agree with the Experts that Dr Danjuma should be able to rely on the fact that Patient A

knew that she was able to request a chaperone as a mitigating factor in consideration of whether the conduct found proven fell below, or seriously below, the standard required of a medical practitioner. The reasons for that finding are set out at paragraph 28 of that determination. In addition to its finding that the responsibility for the offer or provision of a chaperone falls firmly on the medical practitioner, the Tribunal also found that there had been a breach of an important safeguarding provision for patients which had the potential to amount to serious professional misconduct. The fact that it did not in the circumstances of this case, for the reasons set out in its determination on impairment, does not detract from the significance of the breach of paragraphs 3 and 5 of the Guidance as set out above.

28. In addition to the significance of the breach identified above, the Tribunal found that if there were to be a repetition of such conduct in circumstances where the doctor failed to offer a chaperone, where it was clear one should be offered, it would be likely to result in a finding of impaired fitness to practise.

29. The Tribunal also had regard to the Case Manager's Advice of 2015 and noted that this was specifically directed to the use of chaperones. The Tribunal accepted that this advice was issued seven years before the events that led to this Tribunal but considered that it was nonetheless a relevant factor when considering the risk of this conduct being repeated and the potential for the need to record formally the concerns relating to the failure to offer a chaperone to Patient A.

30. The Tribunal accepted that Dr Danjuma had admitted his failure to offer a chaperone to Patient A at an early stage. However, notwithstanding Mr McCartney's submission, the Tribunal can find no evidence that Dr Danjuma has offered any apology to Patient A and it had not heard from him in relation to his level of insight into his failure both in upholding proper standards or public confidence in the profession. Dr Danjuma has subsequently carried out CPD in 2023 and the Tribunal accept that this was done at a time that he was XXX and was not working. However, the fact that he appears before his regulator for matters relevant to the specific advice he was given in 2015, does give cause for concern that if Dr Danjuma decides to resume work, there is a risk that his conduct may be repeated. For the sake of completeness, the Tribunal has not been provided with any references or testimonials for Dr Danjuma but it draws no adverse inference from that fact, particularly as he has not practised since 2022.

31. Finally, the Tribunal considered whether it would be proportionate to issue a warning in the circumstances of this case. It considered the regulatory objective of issuing a warning

and balanced that against the impact on Dr Danjuma's reputation and his indication that he did not intend to return to practice. Whilst that may be Dr Danjuma's intention at this time, a warning would not restrict his right to practise, and he would be free to return to practice at any time if he chose to do so. The Tribunal found that given the nature and significance of the breach in this case, the public interest outweighs the reputational concerns of Dr Danjuma.

32. Given all the circumstances of this case as set out above, the Tribunal determined to issue a warning given the significant breach of GMP, as the public interest in issuing a warning outweighed the interests of Dr Danjuma. The Tribunal therefore decided that issuing a warning is proportionate and appropriate in this case. The Tribunal determined that issuing a warning would serve as a deterrent effect and send a message to members of the profession that such conduct was not acceptable.

33. The Tribunal determined to issue the following warning in accordance with Section 35D(3) of the Medical Act 1983 and Rule 17(2)(m) of the Rules. It determined to impose a warning on Dr Danjuma's registration in the following terms:

'Dr Danjuma

> The Tribunal has found proved breaches of *Good Medical Practice* and the GMC *Guidance on intimate examinations and chaperones (2013)* regarding your consultation with Patient A on 16 October 2022 in that you did not offer her the use of a chaperone when you had a duty to do so.
>
> In the circumstances of this particular examination, the Tribunal found that the breaches of GMP did not amount to serious misconduct and the Tribunal did not consider your fitness to practise to be impaired.
>
> However, your conduct did not meet the standards required of a doctor and must not be repeated.
>
> The required standards are set out in *Good Medical Practice* at paragraphs 3, 11 and 12.
>
> They are also set out at paragraphs 3, 5d and 8 of GMC Guidance on intimate examinations and chaperones (2013).
>
> Whilst these failings are not so serious as to require any restriction on your registration, the Tribunal finds it necessary to respond to the departures from the

standards required by issuing this warning in the interests of maintaining good professional standards and public confidence in the profession.

This warning will be published on the medical register in line with the GMC's publication and disclosure policy, which can be found at www.gmc-uk.org/disclosurepolicy.'

34. The Tribunal determined that the interim order of conditions in place is revoked with immediate effect.

35. That concludes this case.

ANNEX A – 25/04/2025

Application to amend the Allegation - Rule 17(6)

1. On Day 2 of the hearing, Ms Fairley, on behalf of the GMC, made an application under Rule 17(6) of the Fitness to Practise Rules (2004, as amended) ('the Rules'), to amend the Allegation. She proposed to remove the headings which named the examinations as being the 'first' and the 'second', and amendments to paragraphs 2, 4ci and ii, 6, 8ci and ii., as follows:

~~The first examination~~

2. At or around 09:00, whilst performing ~~the first~~ an examination on Patient A, you:

4. The ~~first~~ examination as described at paragraph 2 was inappropriate in that:

c. you failed to:

i. obtain consent from Patient A to perform the ~~first~~ examination;

ii. explain to Patient A why the ~~first~~ examination was necessary;

~~The second examination~~

6. At or around 11:00, whilst performing the ~~second~~ an examination on Patient A, you:

8. The ~~second~~ examination as described at paragraph 6 was inappropriate in that:

c. you failed to:

i. obtain consent from Patient A to perform the ~~second~~ examination;

ii. explain to Patient A why the ~~second~~ examination was necessary;

2. Ms Fairley submitted that the proposed amendment was to provide clarity as to the admission which had been made as there could be some ambiguity in relation to the inclusion of the words '*first*' and '*second*' examination. She said that there may be a suggestion that the admission to 8ciii was an acceptance that there were two examinations. Ms Fairley said that this could be one interpretation, but that was not the GMC's interpretation, and the proposed amendment provided that clarity.

3. Mr McCartney submitted that he encouraged the proposed amendments for purpose of clarity and made no objection to the proposed amendments.

The Tribunal's Decision

4. The Tribunal had regard to Rule 17(6) of the Rules, which state:

> *"Where, at any time, it appears to the Medical Practitioners Tribunal that—*
> *(a) the allegation or the facts upon which it is based and of which the practitioner has been notified under rule 15, should be amended; and*
> *(b) the amendment can be made without injustice,*
> *it may, after hearing the parties, amend the allegation in appropriate terms."*

5. The Tribunal carefully considered whether the amendments could be made without injustice and whether the proposed amendments to the Allegation would assist in terms of clarity.

6. The Tribunal was of the view that the proposed amendments would provide clarity and remove any perceived ambiguity. It was also satisfied that the proposed amendments would not alter the substance of the Allegation.

7. The Tribunal was satisfied that there would be no injustice to Dr Danjuma should it allow the amendments. It therefore granted the GMC's application to amend the Allegation as proposed.