

**PUBLIC RECORD****Date:** 25/09/2025

**Doctor:** Dr Maxwell DUGBOYELE

**GMC reference number:** 5191132

**Primary medical qualification:** MB ChB 1995 University of Ghana

**Type of case** **Outcome on impairment**

Review - Misconduct Not Impaired

**Summary of outcome**  
Suspension to expire

**Tribunal:**

|                             |                      |
|-----------------------------|----------------------|
| Legally Qualified Chair     | Mr Jetinder Shergill |
| Registrant Tribunal Member: | Dr Mohammad Shahid   |
| Registrant Tribunal Member: | Dr Fatima Ali        |

|                 |                  |
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| Tribunal Clerk: | Mr Matt O'Reilly |
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**Attendance and Representation:**

|                     |                            |
|---------------------|----------------------------|
| Doctor:             | Present, not represented   |
| GMC Representative: | Ms Eleanor Curzon, Counsel |

**Attendance of Press / Public**

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

**Overarching Objective**

Throughout the decision making process the tribunal has borne in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act) to protect, promote

and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

### **Determination on Impairment - 25/09/2025**

1. At this review hearing the Tribunal has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') whether Dr Dugboyele's fitness to practise remains impaired by reason of misconduct.

### **Background**

2. Dr Dugboyele qualified with an MB ChB from the University of Ghana in 1995. He previously worked at the Harrogate and District NHS Foundation Trust and in October 2020, the Trust carried out a disciplinary investigation into complaints against him of sexual harassment and inappropriate workplace behaviour. On conclusion of the investigation Dr Dugboyele resigned from his position at that Trust and a referral was received by the GMC from that Trust outlining the concerns originally raised.

3. Dr Dugboyele's case was first considered by a Medical Practitioners Tribunal in May 2023 ('the 2023 Tribunal'). The Allegation against Dr Dugboyele can be summarised as persistent sexual harassment at work towards junior, female colleagues. Dr Dugboyele admitted much of the Allegation and the rest was found proved by the 2023 Tribunal. These findings included that Dr Dugboyele's conduct amounted to an abuse of professional position and unlawful sexual harassment related to sex as defined in Section 26 of the Equality Act 2010. Sexual motivation was not alleged.

4. The 2023 Tribunal determined that Dr Dugboyele's fitness to practise was not impaired by reason of his misconduct. It determined to issue him a Warning. The GMC and the Professional Standards Authority for Health and Social Care ('the PSA') both appealed against this decision on the basis that excessive weight was given to remediation, limited consideration had been given to public confidence in the medical profession, and that there had been a failure to address the motives for his behaviour (amongst other grounds).

5. The High Court upheld both the GMC and PSA's appeals. It quashed the 2023 Tribunal's determination that Dr Dugboyele's fitness to practise was not impaired and substituted that finding with its own finding that Dr Dugboyele's fitness to practise was currently impaired by reason of his misconduct. Additionally, the High Court found that at

least some of Dr Dugboyele’s conduct was sexually motivated. The High Court quashed the 2023 Tribunal’s imposition of a Warning and remitted the case back to the MPTS for a determination on sanction.

6. The High Court directions included the following:

“1. The MPTS is to arrange for this matter to be considered by a Medical Practitioner Tribunal that is differently constituted from the one that made the decisions of 16 May 2023 and 17 May 2023, which are quashed by this order.

2. The Medical Practitioner Tribunal convened by the MPTS in accordance with paragraph 1 of these directions is to consider the question of sanction against the Respondent [Dr Dugboyele] on the basis that at least some of the Respondent’s [Dr Dugboyele’s] conduct was sexually motivated, having regard to the findings of the High Court set out in its judgment handed down on 25 October 2024”.

7. Dr Dugboyele’s remitted case was considered by an MPT in March 2025 (‘the March 2025 Tribunal’) but only in relation to sanction. The March 2025 Tribunal reminded itself that Dr Dugboyele’s conduct involved sexual harassment over a prolonged period (approximately 4 years), despite it being brought to his attention that his actions were unwanted, and that Dr Dugboyele’s employer at the time took the matter seriously and that it ultimately led to him leaving the Trust. The March 2025 Tribunal also acknowledged that Dr Dugboyele had made reference to his family and cultural background where he had asserted that it was more acceptable to be tactile. It noted however that Dr Dugboyele had been warned about his conduct and so could not have been under any misapprehension, at the latest from that point on, that his conduct was anything other than unwanted, inappropriate, unprofessional and causing distress to his colleagues. It noted that Dr Dugboyele appeared to have ignored that warning and continued to act in the ways complained about.

8. The March 2025 Tribunal accepted that Dr Dugboyele may not have had a pre-meditated, deliberate intention to cause harm to any of the complainants. It did not however accept that this amounted to a good excuse for his actions, nor did it stop his actions from being an abuse of professional position, sexual harassment and sexually motivated. The March 2025 Tribunal considered that Dr Dugboyele’s conduct was in clear breach of the principles set out in paragraphs 1, 36, 37 and 65 of GMP.

9. The March 2025 Tribunal considered that the aggravating factors were that Dr Dugboyele’s conduct took place over the course of approximately four years, involved at least seven complainants, continued after he was warned by his clinical director via email,

harm was caused to colleagues, and the fact of the power imbalance between a doctor and junior female colleagues. The March 2025 Tribunal also considered that the fact that at least some of Dr Dugboyele's conduct was sexually motivated was an aggravating factor in the case.

10. The March 2025 Tribunal considered that the mitigating factors in the case were that Dr Dugboyele was of previous good character, five years had elapsed since the last of the incidents with no repetition, and there were no clinical concerns in the case. The March 2025 Tribunal noted that Dr Dugboyele had made a full apology to the complainants and reiterated that apology in his evidence to that Tribunal.

11. The March 2025 Tribunal was concerned that Dr Dugboyele had not accepted in full the findings of the 2023 Tribunal and the High Court (in that he maintained that some of the facts found proved did not happen and that his conduct was not sexually motivated), and therefore the March 2025 Tribunal could not find that Dr Dugboyele had fully developed insight. It did consider however that Dr Dugboyele had undertaken significant remediation work, which had led to substantial insight into his misconduct, and which had been effective at preventing repetition of his misconduct. The March 2025 Tribunal noted that Dr Dugboyele accepted that his conduct amounted to serious professional misconduct and had given detailed evidence of his reading and learning in the form of his reflections. It was satisfied that Dr Dugboyele had understood the impact of his conduct on his colleagues and the extent to which his conduct was inappropriate, unprofessional and unlawful.

12. The March 2025 Tribunal also noted that Dr Dugboyele's evidence included positive testimonials from senior colleagues, targeted CPD and positive feedback from colleagues and patients. The March 2025 Tribunal considered that Dr Dugboyele's level of insight and remediation were an important mitigating factor in the case. It was of the view that there was no more than a low risk of repetition of the misconduct.

13. The March 2025 Tribunal considered that the public would see this as a serious matter, one requiring that the seriousness be marked, but not one that was fundamentally incompatible with continued registration. It was of the view that the level of seriousness did not justify erasure. The March 2025 Tribunal therefore determined to suspend Dr Dugboyele's registration for a period of 6 months. The March 2025 Tribunal also directed a review. It set out that the onus would be on Dr Dugboyele to demonstrate how he has developed his insight into the causes and impact of his conduct. Further, that it may assist the reviewing Tribunal if Dr Dugboyele provided evidence of the further development of his insight, evidence of how he has kept his skills and knowledge up to date during the period of suspension, evidence that he has not repeated his misconduct and an up-to-date reference

from his current employer. Dr Dugboyele could also provide any other information that he considered would assist the reviewing Tribunal.

## Today's Hearing

### Documentary Evidence

14. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to the determinations from the 2023 and March 2025 Tribunals, and various correspondence between the GMC and Dr Dugboyele. Further, the Tribunal considered the various Continuous Professional Development ('CPD') certificates. This included a 'Consent, Capacity and Professional Boundaries' course certificate, dated 2 April 2025, and a successful completion certificate for a 'Sexual Harassment' course, dated 9 July 2025, amongst other courses. Dr Dugboyele also provided testimonial evidence, dated 10 June 2025, a written reflection submission, dated 19 June 2025, and a witness statement, dated 25 September 2025.

15. Dr Dugboyele was not cross-examined by the GMC, but the Tribunal wanted to clarify several matters with him, so it also considered his oral evidence.

### Submissions on behalf of the GMC

16. Ms Curzon provided the Tribunal with a detailed background to the case and an overview of the evidence before it. She submitted that during the suspension period, Dr Dugboyele has continued to engage with the process, responding promptly to GMC requests, providing updated reflections, and evidence in advance of deadlines. She said that Dr Dugboyele has undertaken further CPD and professional boundaries training.

17. Ms Curzon submitted that Dr Dugboyele's reflective statement does show a significant degree of thought, self-examination and developing of insight, that he explicitly acknowledged that his behaviour caused offence and harm, that it breached the standards of the profession and recognises that this resulted in the suspension of his licence to practise. She said Dr Dugboyele also demonstrated an understanding of the impact of his behaviour on others, a deeper consideration of professional boundaries, and has also outlined practical steps that he has taken to maintain behaviour change, including the adoption of cognitive tools to maintain vigilance over his conduct.

18. Ms Curzon submitted that overall, the reflective statement demonstrated remorse, acceptance and responsibility, and a forward-looking approach to preventing reoccurrence of

the misconduct originally alleged and an understanding of the wider impact of sexual harassment. She said that the other evidence Dr Dugboyele has provided is generally good and aligns with what the March 2025 Tribunal had asked to be provided including evidence of further insight, development and maintenance of his skills and knowledge, and confirmation of no repetition of the misconduct. She said that Dr Dugboyele's reflection does appear to represent genuine self-reflection. She submitted that the GMC is neutral as to impairment.

#### Submission by Dr Dugboyele

19. Dr Dugboyele submitted that he has engaged fully with the process, recognised where he has gone wrong, the extent of his misconduct and its effect. He said that he has taken concrete steps to ensure his misconduct would not be repeated. Dr Dugboyele said that he has taken on board the recommendations of the March 2025 Tribunal very seriously and said that he has met all the requirements that were directed. He submitted that on that basis he is fit to return to practise and should be restored to the register on that basis.

#### **The Relevant Legal Principles**

20. In a review case, there is a persuasive burden upon the doctor to demonstrate that all the concerns previously identified, have been adequately addressed, and that remediation has taken place. A Tribunal has to be satisfied that the doctor's fitness to practise is no longer impaired.

21. The Tribunal reminded itself that the decision in relation to impairment is a matter for the Tribunal's judgement alone. This Tribunal is aware that it is for the doctor to satisfy it that he would be safe to return to unrestricted practice.

22. This Tribunal must therefore determine whether Dr Dugboyele's fitness to practise is impaired today, taking into account his conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition. It must also consider the Overarching Objective.

#### **The Tribunal's Determination on Impairment**

23. The Tribunal considered whether Dr Dugboyele's fitness to practise is currently impaired by reason of his misconduct.

24. The Tribunal had regard to the findings and conclusions of the March 2025 Tribunal which is the starting position for the case, to the submissions from both parties, and to the documentation that has been provided to this Tribunal.

25. The Tribunal decided it was appropriate to identify key aspects of the previous decision to properly understand what the starting position was for the purposes of our consideration. It had specific regard to the following aspects of the March 2025 decision:

*“38. The Tribunal was concerned that Dr Dugboyele had yet to accept in full the findings of the 2023 Tribunal and the High Court (in that he maintained that some of the facts found proved did not happen and that his conduct was not sexually motivated), and therefore it could not find that he had fully developed insight. However, the Tribunal did consider that Dr Dugboyele had undertaken significant remediation work, which had led to substantial insight into his misconduct, and which had been effective at preventing repetition of his misconduct. He had accepted that his conduct amounted to serious professional misconduct and had given detailed evidence of his reading and learning in the form of his reflections. The Tribunal was satisfied that Dr Dugboyele had understood the impact of his conduct on his colleagues and the extent to which his conduct was inappropriate, unprofessional and unlawful. The Tribunal also noted that Dr Dugboyele’s evidence included positive testimonials from senior colleagues, targeted CPD and positive feedback from colleagues and patients. In particular, it noted that the recent colleague feedback from December 2024 came from a significant number of colleague respondents (above the expected requirements for the process), the majority of whom were women, and included a mix of doctors and other professionals. The Tribunal noted that the feedback was entirely positive and the optional narrative comments indicated that Dr Dugboyele was a valued member of his current workplace team. The Tribunal considered that Dr Dugboyele’s level of insight and remediation was an important mitigating factor in the case.*

*39. Taking into account Dr Dugboyele’s level of insight and remediation, and the fact that the misconduct had not been repeated in the five years that had elapsed since the last incident, the Tribunal found that there was no more than a low risk of repetition of the misconduct*

*...*

*45. The Tribunal noted that suspension may be appropriate in cases that were of a serious nature but where remediation was possible. The Tribunal considered that this was such a case as the misconduct was serious, but there was evidence that Dr Dugboyele had taken effective remedial steps in that it was five years since the last incident. The Tribunal also considered that Dr Dugboyele had developed good, if not*

*full, insight into his misconduct, particularly in relation to the specific issue of the inappropriateness of unwanted touching of his female colleagues.*

46. *The Tribunal considered that the public would see this as a serious matter, one requiring that the seriousness be marked, but not one that was fundamentally incompatible with continued registration. As such, the Tribunal considered that suspension may be an appropriate sanction in this case.*

...

50. *The Tribunal did not consider that paragraph 109(b) was engaged, in that it did not consider that Dr Dugboyle's conduct indicated that he had acted in a deliberate, premeditated manner. Rather, the Tribunal accepted that Dr Dugboyle may not have understood, at least initially, that his conduct was unacceptable.*

54. *Acknowledging that some of the factors at paragraph 109 of the SG were engaged, the Tribunal nevertheless considered that the level of seriousness of this case did not justify erasure. In addition, the Tribunal considered that Dr Dugboyle's actions were not fundamentally incompatible with continued registration because the risk of repetition was low and there was evidence of no repetition in the last five years. The Tribunal considered that the public would agree that Dr Dugboyle's misconduct was serious but would accept that he has taken action to remediate and demonstrate his understanding of what went wrong so that he would not repeat his actions. The Tribunal considered that there was also a public interest in keeping an otherwise competent doctor in service to the public.*

55. *In light of this reasoning, the Tribunal determined that an order of suspension was the appropriate sanction in this case. It considered that a suspension would be sufficient to mark the seriousness of Dr Dugboyle's misconduct and would uphold public confidence in the profession. It also considered that a suspension would send an appropriate message to the profession as to the unacceptable nature of this type of conduct and therefore support the maintenance of proper professional standards.'*

26. In justifying the length of suspension and why no immediate order was necessary (in the 28-day period before the suspension took effect) the March 2025 tribunal went on to decide:

'57. *The Tribunal then went on to consider the length of such an order. It considered that Dr Dugboyle had already done significant remediation work. However, the Tribunal did consider that Dr Dugboyle still had some work to do in developing his insight. The Tribunal also considered that the seriousness of Dr*



*Dugboyele's conduct, particularly the persistent nature over a number of years, required a more severe sanction.*

58. *The Tribunal determined that a period of six months would provide adequate time for Dr Dugboyele to develop his insight and would be sufficient to mark the seriousness of his misconduct. The Tribunal noted the public interest in having otherwise competent doctors return to practice in good time and that Dr Dugboyele's remediation required him to be able to demonstrate his changed behaviour whilst in the workplace.*

59. *The Tribunal determined to direct a review of Dr Dugboyele's case. A review hearing will convene shortly before the end of the period of suspension. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Dugboyele to demonstrate how he has developed his insight into the causes and impact of his conduct. It may assist the reviewing Tribunal if Dr Dugboyele provides evidence of the further development of his insight, evidence of how he has kept his skills and knowledge up to date during the period of suspension, evidence that he has not repeated his misconduct and an up to date reference from his current employer. Dr Dugboyele will also be able to provide any other information that he considers will assist the reviewing Tribunal.*

...

64. *The Tribunal bore in mind that there are no patient safety concerns in this case and that the risk of repetition was low. The Tribunal noted that Dr Dugboyele was currently practising without issue and had been for the past five years.*

...

66. *Therefore, acknowledging the seriousness of the case, but noting the low risk of repetition, the Tribunal determined that an immediate order was not necessary in this case.'*

27. The above matters are a clear assessment in this Tribunal's view, that the six months suspension was required to reflect 'a more severe sanction'. That sanction was imposed to 'provide adequate time for Dr Dugboyele to develop his insight and would be sufficient to mark the seriousness of his misconduct'. This Tribunal noted there were no patient safety concerns found previously and a 'low risk of repetition of the misconduct'. As such, the suspension must have been for the maintenance of public confidence in the profession; and the declaring and upholding of proper standards of conduct and behaviour. It also afforded

the doctor time *‘to demonstrate how he has developed his insight into the causes and impact of his conduct’*.

28. The Tribunal considered that Dr Dugboyele’s reflective statement and witness statement set out the extensive steps of remediation he has undertaken, and demonstrated genuine insight as to his past conduct, its impact and how his attitudes and behaviours have changed as a result. It was encouraging to see such detailed reflection, such that the GMC remained neutral on the matter of impairment and counsel did not cross-examine Dr Dugboyele, which the Tribunal considered to be unusual.

29. However, the Tribunal was mindful of its public protection role and took time to consider whether it had any clarification matters and asked a number of probing questions of Dr Dugboyele as to the past concerns, his remediation efforts and, if he was allowed to return to unrestricted practice, what steps would he put in place to ensure he was safe to do so having been suspended for 6 months.

30. The Tribunal was satisfied that the evidence from Dr Dugboyele was sincere and genuine. It included an assessment of his various CPD activities, the remediation and steps he has undertaken to address the concerns raised. He addressed his reflections on his past behaviour and its impact on professional standards and his female colleagues. The Tribunal considered this to be a genuine examination of his learning and development and how it had changed his behaviour patterns. There has been no repetition of the conduct since the events occurred (over 5 years ago) and the March 2025 Tribunal was satisfied that the risk of repetition was low. All of the evidence before this Tribunal pointed to a doctor who has fully remediated from his past, serious misconduct such that the wider public interest concerns relating to this case have been met by the previous imposition of the 6 months suspension. There are no longer any concerns on this issue.

31. In terms of the amount of time Dr Dugboyele has been away from practice, the Tribunal asked a number of questions about the efforts Dr Dugboyele had made to maintain his clinical and practical skills and knowledge. This has been through his CPD, a simulation course, reading, watching YouTube videos, and acknowledging that he would need a phased return to work for a period of time; and that he would ask colleagues for help when appropriate. The Tribunal considered this acknowledgment to have been sincere and credible, given Dr Dugboyele’s understanding of his own limitations and the pressures he would be likely to face being back in the work environment in a general hospital having been away from practice since April 2025. He stated that he has remained in contact with Airedale General Hospital where he was last working, with a view that he would be able to return there should the suspension be lifted. The Divisional Director of the relevant department had

written on 10/06/25 to confirm that *‘Dr Dugboyele was employed by Airedale NHS Trust from June 2021 until April 2025. During this period, there were no complaints or concerns raised regarding his clinical practice, professional conduct, or behaviour towards patients or colleagues.’* Taking all of the evidence into account, the Tribunal determined that Dr Dugboyele is safe to return to unrestricted practice and that his fitness to practise is no longer impaired by reason of his misconduct.

32. The Tribunal invited submissions from parties as to whether the current order of suspension should be revoked or allowed to expire. Ms Curzon submitted that the suspension should run its course and come to an end on 17 October 2025, and that Dr Dugboyele would then be able to return to work unrestricted. Dr Dugboyele submitted that the suspension has addressed the public interest, and that the suspension could be brought to an end today, as he no longer represents any risk, and he would be able to utilise the time to make preparations to return to clinical practice amongst other things.

33. The Tribunal considered the discretion it has as to whether to revoke the suspension with immediate effect, or let it expire at the conclusion of the 6 months. The Tribunal was mindful that there was a financial impact on the doctor being unable to practise at the present time. However, the suspension was imposed on public interest grounds by the March 2025 Tribunal, after its careful consideration of the circumstances of the case and the duration of the suspension in order to meet the wider public interest issue. This Tribunal has taken account of both parties’ submissions including the impact on Dr Dugboyele but has decided that the suspension should run its course. Bringing forward the date of the end point of the suspension was not appropriate in all of the circumstances.

34. The Tribunal concluded not to revoke the order today and determined that it should run to the end of the 6-month period imposed, expiring on 17 October 2025.