

**PUBLIC RECORD****Dates:** 14/07/2025 - 18/07/2025

**Doctor:** Dr Maduka OGWUELEKA

**GMC reference number:** 5206952

**Primary medical qualification:** MB BS 1997 Abia State University

**Type of case**

Restoration following  
disciplinary erasure

**Summary of outcome**

Restoration application refused. No further applications allowed for 12 months from last application.

**Tribunal:**

Legally Qualified Chair	Mrs Emma Gilberthorpe
Lay Tribunal Member:	Mr Andrew Galliford-Yates
Registrant Tribunal Member:	Dr Pavan Rao
Tribunal Clerk:	Mr Matt O'Reilly

**Attendance and Representation:**

Doctor:	Present, not represented
GMC Representative:	Mr Robin Kitching, 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 Restoration - 18/07/2025

1. The Tribunal has convened to consider Dr Ogwueleka's application for his name to be restored to the Medical Register following his erasure for disciplinary reasons in July 2014.
2. The Tribunal has considered the application in accordance with Section 41 of the Medical Act 1983, as amended ('the Act') and Rule 24 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules').
3. This is Dr Ogwueleka's third application to be restored to the Medical Register, but his first to be considered by an MPT.

## Background

4. Dr Ogwueleka's name was originally erased from the Medical Register for a conviction, following a Fitness to Practice Panel which took place on 28 and 29 July 2014 ('the 2014 Panel'). In March 2013, Dr Ogwueleka's wife was driving XXX whilst unlicensed and uninsured. During that journey she collided with a parked car. Later that day, she returned to the damaged car and spoke to the owner. The owner wanted to make a claim via the insurance. Dr Ogwueleka then told the owner that it was him who had been driving at the time of the collision. The owner of the damaged car reported matters to the police. The police sent out a routine form to the registered keeper of the car involved, Dr Ogwueleka, asking the registered keeper to provide information as to who was driving at the time of the collision. Dr Ogwueleka completed that form stating that he had been driving. Following further inquiries by the police and statements from witnesses, it was suggested that Dr Ogwueleka was not the driver of the car. He was subsequently arrested and interviewed about the incident. In interview Dr Ogwueleka repeated his claim that he had been driving the car at the time of the collision. Dr Ogwueleka was later charged with the offence of perverting the course of justice.

5. Dr Ogwueleka appeared before the Maidstone Magistrates Court and entered a plea of not guilty. The case was then committed to the Crown Court for trial. At trial Dr Ogwueleka denied that he had perverted the course of justice and maintained that he had been the driver of the car at the time of the collision. On 13 February 2014 Dr Ogwueleka was convicted by the jury of *‘doing an act tending and intending to pervert the course of public justice’*. He was sentenced to 9 months imprisonment, suspended for 12 months and ordered to pay £3,000 prosecution costs and £100 victim surcharge.

6. Subsequently, Dr Ogwueleka informed the GMC of his conviction. His case was referred to an MPT and was considered by the 2014 Panel. The Allegation before the 2014 Panel was that of Dr Ogwueleka’s conviction and sentence. Both of which he admitted, and the Tribunal therefore found proved. When considering impairment, the 2014 Panel considered that Dr Ogwueleka’s dishonest behaviour was repeated and sustained between March 2013 and April 2014, when he had a number of opportunities to admit that he was not the driver of the car:

- *“in your written statement to your insurance company on 14 March 2013*
- *in your telephone conversation with Kent Police on 13 April 2013*
- *when you completed the S172 form for Kent Police on 16 April 2013*
- *during a formal interview with Kent Police on 8 May 2013*
- *on two occasions before the trial in the Crown Court commenced*
- *at the opening of the trial on 13 February 2014*
- *at the close of the case for the prosecution*
- *in your self-referral to the GMC on 14 February 2014*

*You chose not to admit the truth on any of those occasions.*

*During your trial at Crown Court you gave evidence on oath, knowing that your evidence was based on a lie. Moreover your dishonesty was compounded by the multiple lies you had told for almost twelve months prior to your appearance in Court. After you had been convicted and received a custodial sentence, you made a self-referral to the GMC and, still, you did not admit what you had done, maintaining that the jury’s verdict was flawed. More than twelve months passed from the incident before you took the decision to "come clean" and admit that you had lied about being the driver of the car. The Panel has concluded that such repeated dishonest behaviour over a lengthy period of time represented a number of serious departures from the principles laid down in GMP...”*

7. In respect of the oral evidence Dr Ogwueleka provided before the 2014 Panel, the Panel noted that Dr Ogwueleka had been critical of the way that the police handled the investigation and suggested that the evidence on which he had been convicted did not meet the necessary standard of proof, although he admitted the verdict had been correct. The 2014 Tribunal noted that Dr Ogwueleka had apologised profusely to them and that he said he had only acted in the way he did to protect his family. The 2014 Panel doubted that Dr Ogwueleka fully appreciated the serious nature of the offence, and they could not be satisfied that there would not be any repetition of his conduct. The 2014 Panel commented on the impact of Dr Ogwueleka's conviction on public confidence in the profession and they determined that his fitness to practise was impaired.

8. When considering sanction, the 2014 Panel was of the view that Dr Ogwueleka's multiple acts of dishonesty had been particularly serious and they determined to erase his name from the Medical Register.

#### **Dr Ogwueleka's first application for restoration**

9. Dr Ogwueleka first made an application for restoration on 15 August 2019. He stated on that application that was working at the King Khalid General Hospital ('KKGH') in Saudi Arabia. Dr Ogwueleka provided a Certificate of Good Standing ('CGS') from the Saudi Commission for Health Specialities ('SCFHS'), dated 18 August 2019. Upon receipt of Dr Ogwueleka's application, the GMC made enquiries with SCFHS as to whether Dr Ogwueleka had declared his erasure to them when he applied to work for them. In an email from the SCFHS to the GMC, dated 30 August 2020, the response was; *"No he did do so in his initial application dated Jan 14th 2015. May I know when his he had been erased by the GMC?"* The GMC responded to the SCFHS informing them that Dr Ogwueleka had been erased on 30 August 2014. A further email was sent from the SCFHS to the GMC on 9 September 2020 in which it was stated: *"My apology, I need to revise my answer. I should have wrote "No he did NOT do so in his initial application dated Jan 14th 2015".* Attached to the email was a copy of Dr Ogwueleka's application form which was in both Arabic and English. In that application from, Dr Ogwueleka ticked 'No' in response to the following questions:

*"Have you ever been found guilty of professional misconduct or found to be incompetent or incapacitated"*

*"Have you ever been in the past or now subject to any investigation or proceeding in respect of your professional conduct, competence or capacity?"*

*“Have you ever been convicted of an offence (not including traffic violation) or are there any criminal charges pending against you?”*

10. The GMC subsequently wrote to Dr Ogwueleka on 1 December 2020 indicating that further information had been provided to them from the SCFHS. It stated that additional concerns relating to him not disclosing that he had been erased by the GMC to the SCHS, would be considered at his restoration hearing. Dr Ogwueleka responded that same day and requested that his application for restoration be withdrawn.

#### **Dr Ogwueleka’s second application for restoration**

11. Shortly before submitting his second application for restoration, Dr Ogwueleka emailed the GMC on 27 June 2022, in which he apologised for his behaviour, he asked for mercy from the GMC, and said that he had reported himself to the GMC right from the start. He emailed a completed restoration application form, dated 28 July 2022, to the GMC on 30 July 2022. Dr Ogwueleka made no reference in this application as to the reasons for withdrawing his first application for restoration. He provided a document from KKGH which stated that he had been employed there between May 2015 to May 2022. The GMC wrote to Dr Ogwueleka on 16 August 2022 requesting further documentation including an up-to-date CGS from SCFHS. On 17 August 2022, Dr Ogwueleka responded stating that he was unable to obtain a CGS as the SCFHS had informed him that his account had been suspended. This was the first indication the GMC had that Dr Ogwueleka had been suspended in Saudi Arabia. Dr Ogwueleka emailed the GMC on 24 August 2022 and stated that he had received an email from the SCFHS where they stated that they could not issue him with a CGS, he also stated that the SCFHS had not invited him for an investigation despite numerous letters to them requesting further information. It was Dr Ogwueleka’s case that he had appealed the decision to suspend him, and that appeal had been refused.

12. In an email from the GMC to Dr Ogwueleka, dated 2 December 2022, it was made clear to the doctor that the GMC were still considering his failure to disclose his erasure and his conviction on the application form to the SCFHS. Dr Ogwueleka responded on the same day accepting his failure to disclose his erasure and conviction on the application form. He stated that, at the time, he was desperate and confused, had a lot of bills to pay, a very young family and sick parents. He stated that he had made a mistake which was not typical of him. He stated that had he not repented, he would not have disclosed the information, that this was evidence of remediation and insight, and that the GMC would not have known his

whereabouts if he had withheld that information. He stated that he had subsequently informed the SCFHS that he was erased by the GMC, and that this would not happen again.

13. On 4 January 2023 the GMC emailed the SCFHS with further enquiries. On 24 January 2023 the SCFHS responded stating that Dr Ogwueleka was suspended by the SCFHS on 17 December 2020, that he appealed that decision on 19 September 2021 and the appeal was rejected with notification on 12 October 2021.

14. On 29 March 2023 Dr Ogwueleka emailed the GMC stating that he had received legal advice and the suggestion was that the application for restoration “*stood zero chance of being successful*”, he requested the application to be withdrawn.

### **Dr Ogwueleka’s third application for restoration**

15. Dr Ogwueleka made his third (and current) application for restoration, dated 27 October 2024. In his application, Dr Ogwueleka made no reference to any of the outstanding concerns raised by the GMC. He stated in an email to the GMC, dated 8 November 2024, that he had worked at KKGH from November 2019 until June 2022; that he was seeking employment from June 2022 until February 2023; and that he obtained employment as a Support Worker, with Affinity Trust in the UK, looking after disabled and vulnerable people. He said that he secured the role in February 2023, and has been in the role since April 2023.

### **The New Allegations (Statement of Case) and the Doctor’s Response**

16. In respect of the new matters, subsequent to Dr Ogwueleka’s erasure in July 2014, the GMC have alleged:

1. On 14 January 2015, you applied for registration with the Saudi Commission for Health Specialties (‘SCFHS’) and, in your application form, you ticked ‘No’ in response to the following questions:
  - a. ‘Have you ever been found guilty of professional misconduct or found to be incompetent or incapacitated’  
**Admitted and found proved**
  - b. ‘Have you ever been in the past or now subject to any investigation or proceeding in respect of your professional conduct, competence or capacity?’;  
**Admitted and found proved**

- c. 'Have you ever been convicted of an offence (not including traffic violation) or are there any criminal charges pending against you?'. **Admitted and found proved**
2. You knew when carrying out the actions described at paragraph 1 that:
  - a. on 13 February 2014, you had been convicted at the Crown Court at Maidstone of doing an act tending and intending to pervert the course of public justice ('the Conviction');  
**Admitted and found proved**
  - b. by a letter dated 19 February 2014, you were notified by the GMC that an investigation would be undertaken in respect of the Conviction; **Admitted and found proved**
  - c. on 28 and 29 July 2014, your Conviction was considered by a Medical Practitioners Tribunal and they determined to erase your name from the Medical Register, with effect from 30 August 2014. **Admitted and found proved**
3. Between approximately December 2020 and May 2022, you worked at the King Khalid General Hospital as an internal medicine specialist.  
**Admitted and found proved**
4. You knew when carrying out the actions described at paragraph 3 that:
  - a. your registration with the SCFHS had been suspended on 17 December 2020; **Admitted and found proved**
  - b. you had appealed the suspension on 18 September 2021 and you had been notified by a letter dated 12 October 2021 that your appeal had been rejected. **Admitted and found proved**
5. Your actions as set out at:
  - a. paragraph 1 were dishonest by reason of paragraph 2;  
**Admitted and found proved**
  - b. paragraph 3 were dishonest by reason of paragraph 4.  
**To be determined**

## The Admitted Facts

17. At the outset of these proceedings, Dr Ogwueleka made admissions to some paragraphs and sub-paragraphs of the new Allegation, as set out above, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'). In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved. The Tribunal is required to determine the facts in respect of paragraph 5b of the Allegation.

### The Evidence

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

- Doctor disclosure letter in relation to original GMC investigation, dated 19 February 2014;
- Dr Ogwueleka's witness statement, dated 19 June 2024;
- MPT signed minutes from the hearing, dated 28 and 29 July 2014;
- Extracts from the public and private transcripts of the MPT hearing, dated 28 and 29 July 2014;
- Dr Ogwueleka's first restoration application, dated 15 August 2019, with supporting documentation;
- Email correspondence between the SCFHS and the GMC, various;
- Email from Dr Ogwueleka requesting to withdraw his first restoration application, dated 1 December 2020;
- Email between Dr Ogwueleka and the GMC, various;
- Dr Ogwueleka's second restoration application, dated 28 July 2022, with supporting documentation;
- Email from Dr Ogwueleka requesting to withdraw his second restoration application, dated 29 March 2023;
- Dr Ogwueleka's third restoration application, dated 7 October 2024;
- Email correspondence between the GMC and Dr Ogwueleka regarding his Restoration application, with attached supporting documentation, dated 7-8 November 2024.

### Evidence on behalf of Dr Ogwueleka's:

- Professional project submitted by Dr Ogwueleka in relation to MSc in Rheumatology, dated 24 December 2022;
- Certificates of courses completed, various;

- ACLS certificate, dated 6 December 2021;
- Letter from Affinity Trust enclosing contract of employment, dated 24 February 2023;
- Dr Ogwueleka's Curriculum Vitae;
- Letter from University of South Wales with overall grade from Year 1 and 2 of MSc Rheumatology, dated 28 May 2025;
- Character reference from Mr A, Affinity Trust, dated 9 June 2025;
- Email from Dr Ogwueleka with personal statement and reflections, dated 12 June 2025;
- Dr Ogwueleka answers to Criminal Record questions for a teacher training application, dated 13 June 2025.

19. Dr Ogwueleka also provided a bundle of documents which included certificates of attendance on a number of courses.

20. Dr Ogwueleka also provided oral evidence during the hearing.

### **Summary of Dr Ogwueleka's oral evidence**

21. Dr Ogwueleka accepted that it was dishonest and very wrong for him not to have disclosed his situation to the SCFHS in the initial application. He said however that a significant number of doctors in Saudi Arabia were working without registration with the SCFHS. He said that this occurred in three situations, firstly, when a doctor is asked to work for two to three years without registration pending them passing the necessary exams. Secondly, if a doctor has a skill that there was a shortage of in Saudi Arabia, they tend to allow such doctors to practise until they obtain registration. Thirdly, where there are not enough specialist doctors in a remote area. Dr Ogwueleka said the third situation applied to him as there was not enough specialist doctors at KKGH at that time. He said that his Membership to the Royal College of Physicians ('MRCP') UK Certification was highly sought after in Saudi Arabia. Dr Ogwueleka said that his Medical Director allowed him to continue working whilst he was suspended and that he was going to resolve the problem with his registration.

22. Dr Ogwueleka said that he worked until he had been told by a higher authority that he should stop working and that until that time, there had not been any correspondence whatsoever from the KKGH or the SCFHS specifically addressed to him to tell him to stop working. He said that it was not like in the UK where an official letter is received when a contract is terminated, he said that he was told verbally to stop working, and he did not

receive an official written letter. He said that when he was told to stop working, he stopped immediately. Dr Ogwueleka said that when he learned of his suspension with the SCFHS, his Medical Director told him to continue working as, at that time, there were not enough “capable hands” to deal with the cases they had, and they needed an experienced doctor.

23. Dr Ogwueleka said that in respect of his “error” in January 2013, the roads had been very slippery and that he had told his wife repeatedly to stop driving without insurance or a proper licence, but she had continued to drive. He said on that day when she had the accident, he stepped in thinking that it was the correct thing to do, but retrospectively, he acknowledged that it was regrettable and the worst mistake he had made in his life. He said that he has reflected on 11 years of remorse and all the effort he had put in through medical school, with 30 years of hard work ruined by this singular stupidity. He said that he had apologised to the owner of the damaged car and to the GMC. Dr Ogwueleka said that he had remediated his conduct by ensuring that his wife now has a licence and insurance and that this would never be repeated.

24. Dr Ogwueleka said that since he has stopped practising medicine, he has completed a master’s degree in rheumatology, though he has not yet been awarded the certificate. He said that he was currently employed by a company called Affinity Trust, as a Support Worker, looking after disabled and vulnerable people. He referred the Tribunal to a positive letter of reference from his current manager, Mr A. He said that he had informed his current employer of his conviction and erasure.

25. With regards to the index event, Dr Ogwueleka said that he admitted dishonesty, regretted his actions and expressed how remorseful he was, having suffered for over a decade from a bad decision. He said that this has been very shameful, traumatic and damaging, and asked for a second chance to prove himself to the public and to the GMC.

26. Dr Ogwueleka told the Tribunal that when he moved to Saudi Arabia, he was working full time as an Internal Medicine Specialist until May 2022 and that he had not undertaken any clinical work since then. In terms of keeping his skills and knowledge up to date, Dr Ogwueleka confirmed that he had completed his master’s degree and continued with training and courses, some of which he listed. He confirmed that whilst the courses were associated with his work for the Affinity Trust, they also involved medical input.

27. Dr Ogwueleka confirmed that his erasure in 2014 prompted his decision to move and work as a doctor in Saudi Arabia. He said, at that time, he had a family who were very young

and it was his responsibility to look after them. Dr Ogwueleka accepted that he understood the importance of providing all the relevant information to the SCFHS in his application form. Mr Kitching, on behalf of the GMC, asked Dr Ogwueleka about the third scenario the doctor had spoken about regarding working without registration in Saudi Arabia, which he had said applied to him. Mr Kitching put it to Dr Ogwueleka that this situation did not apply to him in December 2020. Dr Ogwueleka said that it did apply to him in the sense that he had already been suspended, so was not on the register or licenced and that when he informed his Medical Director, he said *“don’t worry, I am on top of the case. I’m going to sort it out.”* He said that this scenario applied to him because they needed him to keep working as there was a shortage of doctors in the department. He said that the SCFHS did not tell him the reason for his suspension. Dr Ogwueleka said that every doctor has an electronic profile where their registration could be managed. He said that he was informed through the profile of his suspension and that was when he went to see his Medical Director. He said that when the SCFHS suspend a doctor, they are given an opportunity to appeal through their online profile, so he appealed the decision to suspend him.

28. Dr Ogwueleka said he travelled 6 hours, *“almost immediately”*, to the SCFHS to find out the reasons for the suspension. He said he met someone there who told him that his suspension in Saudi Arabia was because someone from the GMC had told them he should be suspended because he had been erased by the GMC in the UK. Dr Ogwueleka said that once his appeal was refused, he was denied access to his electronic profile.

29. Dr Ogwueleka accepted that he knew a doctor was required to register before practising for regulatory purposes. He said however that *“Saudi Arabia was not like the GMC”*, that there was a different culture where each hospital would make their own decision whether to allow a doctor to practise or not. He said his Medical Director told him to *“stay put”* and keep working and he did as he was told. He said they take away your passport so you cannot leave the country if there are any issues. Dr Ogwueleka said the system in Saudi Arabia was that the doctor would have a sponsor, and that his sponsor was KKGH. He said the sponsor decides your fate. Mr Kitching asked Dr Ogwueleka whether he requested his passport back from his Medical Director, Dr Ogwueleka said of course, but the answer was *“no”*, and he had to wait until they had fully determined his situation. Mr Kitching asked Dr Ogwueleka did he not think to mention this to the GMC, Dr Ogwueleka said that he was not asked for details like this. Dr Ogwueleka accepted that he lied on the application form to the SCFHS. He said that he was desperate at the time and that his financial situation was bad. Dr Ogwueleka told the Tribunal that he subsequently corrected the lie by informing the SCFHS of

the truth. However, he could not recall the date on which he provided the correct information.

30. Mr Kitching put it to Dr Ogwueleka, if he was allowed to return to work as a doctor and he were to find himself in a difficult situation again, there would be concern as to whether he would be honest. Dr Ogwueleka said that since he has worked for Affinity Trust there were many opportunities where someone could be dishonest, but there was never one single occasion where there have been any concerns about him, and this was supported by his character reference from his manager. Dr Ogwueleka accepted that he lied repeatedly during the perverting the course of justice proceedings; about being the driver of the vehicle at the time of the index event; in the police interview; during the Crown Court trial including giving evidence on oath; that he did not immediately accept the conviction was correct; that he was subsequently erased by the 2014 Panel, and then lied again when making the application to the SCFHS.

31. Mr Kitching put it to Dr Ogwueleka that this was a pattern of dishonesty. Dr Ogwueleka said that he would not consider it a pattern because once the first mistake was made, in relation to the index event, it became difficult to get out of. He said that if the initial mistake was not made, the subsequent errors would not have happened, but once he got into it, it was very difficult to come out of because he knew the consequences of then admitting it. Dr Ogwueleka said that this was not him, that the best way to assess someone was to watch them and invited the Tribunal to consider who could do that better than his current manager. He said that this was not a pattern, rather it was a mistake that spiralled and that it would not happen again.

32. Mr Kitching suggested to Dr Ogwueleka that his final act of dishonesty in that pattern was that he was working when he was suspended in Saudi Arabia knowing that he should not work while suspended. Dr Ogwueleka said that Saudi Arabia was almost like a slave enclave, where you were forced to work whether you like it or not. He said he was literally forced to work, that you could not say you were unwell or say your leg was broken, that if you were meant to be there you had to be there. He said the consequences were very severe if you refused to work and that they could withhold financial benefits and may even put you in prison. He said that it was not down to him to decide whether he should work or not, that the work pattern there was like a slave/master relationship.

33. Dr Ogwueleka was asked by the Tribunal whether he thought it was ok to work with the permission of the Medical Director when he knew he was suspended. Dr Ogwueleka said

that he knew it was wrong, but that the Saudi culture was totally different from British culture. He said that in Saudi Arabia they allow veterinary doctors to operate on humans. Dr Ogwueleka was asked by the Tribunal whether the courses he completed were mandatory training in respect of his job with Affinity Trust. Dr Ogwueleka said that some of them were mandatory, but not all of them and those that were not mandatory, he was doing to keep his knowledge up to date. He said that he studied all the time and that he had the Oxford Textbook of Medicine downloaded on his Amazon Kindle, that he went through it often as he loved medicine. He said that of the courses he had completed, the course Introductory and Foundation PROACT-SCIPr-UK Annual Refresher Course, dated 20 November 2024, was in person. He said the other courses were online.

### Submissions on behalf of the GMC

34. Mr Kitching referred the Tribunal to the relevant paragraphs of the '*Guidance for medical practitioners tribunals on restoration following disciplinary erasure*' (the Guidance'), to consider when making its decision. He submitted that the second and third limbs of the overarching objective were engaged in this case, namely the promotion and maintenance of public confidence in the profession and the promotion and maintenance of proper professional standards and conduct. He submitted that the onus was on the doctor applying for restoration to satisfy the MPT that they are fit to return to unrestricted practice, and that having considered the circumstances which led to erasure and the extent of remediation and insight, whether the doctor was now fit to practise having regard to the overarching objective.

35. Mr Kitching reminded the Tribunal that it must consider the circumstances that led to the erasure, which included consideration of comments made in relation to insight and remediation by the 2014 Panel, and the likelihood of repetition. He said that in order to demonstrate insight and remediation the doctor has to understand what went wrong and accept that he would act differently. He also needed to demonstrate that he fully understood the impact of his actions and express remorse which Mr Kitching submitted was not present in this case. He also submitted that the evidence the doctor relies upon and the steps he has taken to remediate, were not present to a satisfactory degree. He reminded the Tribunal that it was harder to remedy dishonesty than other forms of misconduct. Mr Kitching submitted that there was no real evidence of specific attempts to remediate to gain an understanding of his behaviour and to take steps to change. Considering the repetition of dishonest conduct Dr Ogwueleka was therefore unable to demonstrate genuine insight.

36. Mr Kitching submitted that it would be extremely difficult for Dr Ogwueleka to remediate his dishonesty in circumstances where following erasure for acts of dishonesty, he then behaved dishonestly again. He said that this had not been remedied and that all the previous findings about the doctor's behaviour were likely to be repeated because he has not developed full insight into his dishonest behaviour. Mr Kitching submitted that when Dr Ogwueleka finds himself in a *"tight spot"* he behaves dishonestly to get out of it. Mr Kitching said that it was impossible to put steps in place to avoid getting into tricky situations as it was a part of life. He said that the Tribunal could not take into account whether the doctor has an otherwise positive professional record, due to paragraphs 5a and 5b of the Statement of Case, though it was right to say that Dr Ogwueleka had no findings against him before he was erased. He submitted that Dr Ogwueleka did not have an otherwise positive record because of the new matters.

37. Mr Kitching submitted that since Dr Ogwueleka's erasure, he has worked as a doctor for a period of time and would have kept his skills up to date by virtue of the fact that he was working but had not worked as a doctor for the last three years. He said that Dr Ogwueleka had completed his master's degree, which was relevant to keeping up to date, and that he has completed other courses which were of some relevance to medical practise, but not all. He said that there was no Continuous Professional development ('CPD') log or work log showing the doctor is striven to keep up to date with changes in medicine over the last three years. Mr Kitching said that since his erasure, Dr Ogwueleka behaved dishonestly at least twice.

38. Mr Kitching submitted that the original conduct which led to the conviction was extremely serious, not just the offence itself, but the repetition of dishonesty, up to and including the doctor perjuring himself in a Crown Court trial. Mr Kitching submitted that a well-informed member of the public, aware of all of the relevant facts, would be concerned to hear that this doctor had been allowed to return to practise. Mr Kitching referred the Tribunal to the Guidance in which it set out that restoration was generally unlikely to meet the overarching objective in restoration hearings following disciplinary erasure, where there were new allegations.

39. In respect of paragraph 5b of the Statement of Case, Mr Kitching submitted a person who has repeatedly behaved dishonestly in the past, was more likely to behave dishonestly than a person of good character. He submitted that Dr Ogwueleka undoubtedly found himself in a very difficult situation after he was erased, he had family responsibilities and no income and so he decided to work abroad in Saudi Arabia. He said that Dr Ogwueleka knew

that he needed registration with the Saudi authorities and knew that he would be unlikely that he would get registration if he told them of his erasure in the UK. Dr Ogwueleka admitted that this was the reason why he lied on the application form. He said that in terms of registration, there may be some leeway afforded by the SCFHS in the way that Dr Ogwueleka described. He acknowledged that the burden rests with the GMC.

40. Mr Kitching submitted that all three of the scenarios described by Dr Ogwueleka in respect of working without registration, envisage the doctor having applied for registration, pending that decision and being granted registration. He said that was not the case for Dr Ogwueleka. In the circumstances the Tribunal were considering at paragraph 5b, he said Dr Ogwueleka had been granted registration and it had been suspended because the Saudi authorities had found out that the doctor had been erased in the UK.

41. Mr Kitching reminded the Tribunal of Dr Ogwueleka's oral evidence and said the GMC could not disprove what Dr Ogwueleka was saying in terms of him telling the Medical Director he was suspended or that the doctor was told to continue working whilst suspended. Mr Kitching submitted that it was for the first time in evidence that Dr Ogwueleka said that he effectively had no option but to continue working, that he had not been dishonest because of reassurances from the Medical Director who told him to continue working, that there was a refusal to return his passport, and that he effectively only continued to work under duress. He said this was not reflected by the email correspondence Dr Ogwueleka had with the GMC. Mr Kitching submitted that had Dr Ogwueleka told the Medical Director about his suspension, then the Medical Director was complicit. He said that it was clear that Dr Ogwueleka's decision to continue to work whilst suspended when he knew he should not, was dishonest and that paragraph 5b of the Statement of Case should be found proved. He said the original conduct which led to erasure was compounded by Dr Ogwueleka's dishonesty in respect of the application form and demonstrated that his fitness to practise continues to be impaired. He submitted that the conduct was so serious that the application for restoration should be refused. Mr Kitching submitted that the basis for that was the second and third limbs of the overarching objective.

42. Mr Kitching referred the Tribunal to the relevant paragraphs of Good Medical Practice (updated 13 December 2024) ('GMP'), which he submitted were applicable in this case, namely paragraphs 81, 82, 84, 88, 89 and 98. He submitted that there were a significant number of breaches of the standards set out in GMP and that when a doctor behaves dishonestly, they breach one of the fundamental tenets of the profession. He said that all acts of dishonesty were inherently serious, but that it was right to acknowledge some were

more serious than others and that context could affect the seriousness. Mr Kitching submitted however that the conduct which led to the conviction and erasure was extremely serious and well merited. He said that the sanction imposed on the last occasion was in response to repeated acts of dishonesty. He said that this conduct has been compounded by at least one, and the GMC submit a second, act of dishonesty, and that these were inherently serious examples of dishonesty sufficient for a finding of impairment on their own. Mr Kitching submitted that they were both individually and together aggravated by the circumstances in that they were acts of dishonesty committed in the wake of a finding of erasure for what was effectively dishonesty.

43. Mr Kitching submitted that in all of the circumstances of this case, there was a significant risk that Dr Ogwueleka would repeat his dishonesty in the future. Mr Kitching submitted that the application for restoration should therefore be refused.

#### Submissions made by Dr Ogwueleka

44. Dr Ogwueleka apologised for what he called a significant error on his part. He submitted that the initial mistake was made based on the love he has for his family and that he thought he was doing it (the index event) to prevent his wife from going to prison. He accepted that he was ignorant of the law in the UK at the time and how serious such issues could become and that he now knows that it was a very big mistake. Dr Ogwueleka said that he should have allowed his wife to deal with the issue herself and not get involved, he said that he regretted it, was remorseful and has apologised to the concerned individuals. Dr Ogwueleka submitted that he could assure the Tribunal that he would not repeat his conduct, that it was not possible. Dr Ogwueleka submitted that what made this repetitive was as soon as he got into trouble it became very difficult to get out of it. He said that he has never hurt anyone in his life, and that he was currently working with the Affinity Trust, where he was completely trusted to manage individuals who have both disabilities and vulnerabilities. He said that there had never been any concerns in respect of dishonesty in this area of work. Dr Ogwueleka begged the Tribunal to please consider the circumstances which led to these matters and said that it was just the one-off terrible mistake. Dr Ogwueleka said that if his wife had not had the car accident, it was unlikely that this would have happened.

45. Dr Ogwueleka said that he loved medical practise, that he had a lot of medical knowledge that would benefit society which he did not want to go to waste, and that he was compassionate towards his patients. Dr Ogwueleka acknowledged that it was the GMC's case

that he did not have a good professional record, but he instead invited the Tribunal to consider his references. He referred to the good reference he received from the KKGH even after he had been asked to stop working there. Dr Ogwueleka said that he has remediated his poor professional record as demonstrated through his current work with the Affinity Trust. He said that wherever he goes *they* will still refer to the original case with the GMC, and whatever he does in the future will still go back to the original case, so the original case keeps hurting and haunting him. He asked the Tribunal to give him a clean sheet and check up on him after that. Dr Ogwueleka said that the Affinity Trust had given him the opportunity to demonstrate whether he was dishonest or not and that he has shown them he was not.

46. Dr Ogwueleka said that he should not have lied, that he knew he should not have lied but that the circumstances were very difficult at the time. Dr Ogwueleka said that he regretted his actions and he should have acted differently. He said that his wife had the car accident XXX. Dr Ogwueleka said his wife was crying and he felt pressured to step in and take the punishment as she was doing her duty by XXX. He said that he was happy to accept the punishment as this was specific circumstances which he was not going to repeat.

47. Dr Ogwueleka said that the situation regarding going to Saudi Arabi and his initial application was because he was still *“in the same problem”* (from the index event).

48. Dr Ogwueleka said that he understood the impact of dishonesty to the profession, to himself and to the public. He said that the impact has affected everything he has done since these matters occurred. He said he had lost his job, his registration, that he was being seen as a liar, he lost his registration in Saudi Arabi, that it had affected his income, his family and everyone who depended on him. Dr Ogwueleka said that he did appreciate the impact of his actions. He said that he had apologised to all the individuals involved and that the owner of the damaged car had been fully compensated for the damage a long time ago. He said that he had taken steps to remediate his conduct evidenced by the trust placed in him within his current role in the healthcare sector, where trust and honesty are paramount. Dr Ogwueleka said that he had clearly demonstrated that he was not dishonest which was all this case was about. He said that Affinity Trust had not found him wanting since he started work with them. He again referred to the reference from his current manager in which the doctor said his manager repeated several times that Dr Ogwueleka was not dishonest.

49. Dr Ogwueleka acknowledged that he had given similar assurances to the 2014 Panel that his dishonest conduct would not be repeated, but said that he was still in a mess, in the same hole, at the time when he repeated his dishonesty in Saudi Arabia. He said that

everyone deserves a second chance. He said that in his current role he is given trust and responsibilities and has not been found wanting.

50. Dr Ogwueleka said that in terms of keeping his knowledge and skills up to date, he has completed a master's degree and that he also intended to apply for another masters in the future. He said that he has also attended live courses, not just online courses.

51. Dr Ogwueleka acknowledged that he did not specifically tell the GMC that he was forced to continue working when he was in Saudi Arabia as he was not specifically asked. He said we all make mistakes and that had he knew that information was going to be important, then he would have said. Dr Ogwueleka said to ask anyone who lives in Saudi Arabia, that unless they were highly connected, whoever was a sponsor, they took your passport, and you were more or less like an enslaved person and do as you are told. He reiterated that his manager did not ask him to stop when he was suspended, that he said he would deal with it. Dr Ogwueleka said that if he did not obey there were many punishments they could give including keeping someone in Saudi Arabi for a year without a job or a salary to punish you before they let you go. He said that it was not dishonest of him to work whilst suspended in Saudi Arabia as he had no choice in the matter. He said that after he was told to stop working, they did not let him leave Saudi Arabia for six months. He was without any income and his wife had to send him money. Dr Ogwueleka said that they eventually released his passport. He said that to err is human but to forgive is divine. He invited the Tribunal to forgive him, to give him a second chance to prove his conduct would not be repeated. He reminded the Tribunal that he was already working in an industry that required public trust.

### **Facts in respect of the new allegations (Statement of Case)**

52. Before determining the application for restoration, the Tribunal considered the outstanding paragraph of the new Allegation, namely paragraph 5b.

53. In reaching its decision on facts, the Tribunal has borne in mind that the burden of proof rests on the GMC and it was for the GMC to prove the Allegation. Dr Ogwueleka 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.

54. The Tribunal considered the relevant legal test for dishonesty as set out in the case of *Ivey v Genting Casinos (UK) Limited [2017] UKSC 67*, which states:

*“74. 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.”*

55. Therefore, the Tribunal had to ascertain (subjectively) the actual state of Dr Ogwueleka’s knowledge or genuinely held belief as to the facts at the material time. If this is established, the Tribunal would have to decide whether this was dishonest by (objective) standards of ordinary decent people. If this is not established, then the Allegation would not be proved.

56. Throughout its deliberations the Tribunal bore in mind that Dr Ogwueleka was not legally represented.

Paragraph 5b of the Allegation

5. Your actions as set out at:
  - b. paragraph 3 were dishonest by reason of paragraph 4.  
**Determined and found proved**
3. *Between approximately December 2020 and May 2022, you worked at the King Khalid General Hospital as an internal medicine specialist.*  
**Admitted and found proved**
4. *You knew when carrying out the actions described at paragraph 3 that:*
  - a. *your registration with the SCFHS had been suspended on 17 December 2020; Admitted and found proved*
  - b. *you had appealed the suspension on 18 September 2021 and you had been notified by a letter dated 12 October 2021 that your appeal had been rejected. Admitted and found proved*

57. The Tribunal reminded itself that it was Dr Ogwueleka's case that he admitted paragraph 5b, albeit mitigated. He said that it did happen but that it was not dishonest. Dr Ogwueleka said that he did not stop working, when he knew that he was suspended, because he was told to continue working by his Medical Director. He said that his Medical Director told him that he would "*handle it*" with the higher authority, the SCFHS. Dr Ogwueleka said that was why he continued to work. Dr Ogwueleka said when the deputy Medical Director, who was standing in whilst the Medical Director was on annual leave, told him to stop working, he stopped immediately.

58. The Tribunal considered that Dr Ogwueleka's evidence appeared to develop each time he referred to the circumstances whilst working for the SCFHS. He had not initially mentioned to the GMC anything regarding the circumstances under which he said he was working whilst in Saudi Arabia, which would have been particularly pertinent considering the repeating dishonesty, the misconduct for which he had been erased. His evidence developed into saying that he was compelled to work, that he was working under duress, similar to a slave enclave and that were he to refuse to work, he would face serious repercussions. The Tribunal was of the view that the developing nature of Dr Ogwueleka's account lacked credibility.

59. The Tribunal considered that whilst he disputed allegation 5b, fundamentally he did continue to work whilst he was suspended, and he knew that he was suspended, and that he should not work whilst suspended.

60. Dr Ogwueleka's had previously provided the GMC with alternative explanations as to why he continued to work in Saudi Arabia whilst suspended, namely that he had to do so, to enable him to support his young family, for financial reasons and that he was in a difficult situation.

61. In an email from Dr Ogwueleka to the GMC, dated 31 December 2024, he stated:

*"I informed the hospital director at the time about my issues with the SCFHS. He told me that they were working to resolve the issue.  
When they could not resolve it, I left the hospital.  
Till date, there is no official letter directly from the hospital to me regarding the termination of my contract..."*

62. Further, in his email to the GMC and the MPTS Case Management Team, dated 1 May 2025, Dr Ogwueleka stated:

*“I did not disclose my erasure in 2015 with the SCFHS.  
But I did disclose it on subsequent application which the SCFHS asked me to complete.  
The subsequent application was electronic and not on paper like the first application.  
Could you please write to the SCFHS and ask them to forward to the GMC and MPTS my electronic application in which indeed I did disclose my erasure with the GMC to the SCFHS.  
Regarding my continued work: I informed my then medical director at KKGH, Mr[B]. He said I can continue working that he was handling the case with the SCFHS.  
Please kindly note that in Saudi Arabia, there are many occasions that doctors are allowed to work without registration or pending registration with the SCFHS. This was my situation at the time with KKGH.  
When KKGH eventually informed me to stop work, I stopped work the same day I was informed.  
Till date, I have not received any paper letter or email addressed directly to me either from KKGH or SCFHS informing me to stop work. Please verify this from KKGH and SCFHS. Please ask them to show you any written evidence sent to me asking me to stop work.”*

63. Dr Ogwueleka also said that he drove approximately six hours to see the SCFHS after he was suspended, he asked them why he was suspended but did not ask if he was allowed to continue working with the permission of his Medical Director. He said in evidence that he was told by an insider at the SCFHS that the GMC had told them to suspend his registration as he had been erased in the UK.

64. The Tribunal considered that there was no documentary evidence before it to support Dr Ogwueleka’s contention that his Medical Director told him to continue working whilst suspended. However, it also noted that the GMC had made various attempts to obtain such information from the SCFHS but without success.

65. Dr Ogwueleka maintained that this all stemmed from and was a part of the index event and that his subsequent dishonest actions, on his application form to the SCFHS and then in continuing to work whilst suspended, was all part of the same thing. He said that had

the index event not occurred, then this dishonesty would not have occurred. The Tribunal was of the view that Dr Ogwueleka did not appear to be able to distinguish between his conviction and erasure borne out of the index event, and his subsequent acts of dishonesty following his erasure

66. Dr Ogwueleka said that he was backed into very difficult circumstances financially and had to support his family. He said that these circumstances would not happen again.

67. The Tribunal was concerned however, that Dr Ogwueleka was demonstrating a repeated pattern of dishonest behaviour when his circumstances had become difficult. He appeared to be focussing on the impact of the situation on his personal circumstances and not the wider picture.

68. The Tribunal considered that whilst Dr Ogwueleka spoke about understanding the impact on the profession and the public in his oral evidence and submission, there was no evidence of meaningful reflection on this, such as how his actions would be viewed by the public and damage to the reputation of the profession, or how his peers would view his conduct and how his actions could undermine proper professional standards. Dr Ogwueleka said that if he knew that he would get into trouble, then he would not have acted in that way. The Tribunal considered that Dr Ogwueleka instead should have thought that it was wrong and he should not have done it, rather than about *“getting into trouble”*.

69. The Tribunal therefore found paragraph 5b of the new Allegation proved.

### **Impairment in respect of the new Allegation**

70. The Tribunal then considered whether or not Dr Ogwueleka’s fitness to practise is currently impaired by reason of the entirety of the new Allegation which has been admitted and found proved, and determined and found proved.

71. The Tribunal reminded itself that at this stage of proceedings, there was no burden or standard of proof, and the decision of impairment was a matter for the Tribunal’s judgment alone.

72. 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 and that the misconduct was serious, and then whether the finding of that misconduct which was serious could lead to a finding of impairment.

## Misconduct

73. The Tribunal first had regard to GMP, it was satisfied that paragraphs 81, 82, 84, 89a and b, and 98 were engaged in this case:

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

*82 You must always be honest about your experience, qualifications, and current role. You should introduce yourself to patients and explain your role in their care.”*

*“84 You must be honest in financial and commercial dealings with patients, employers, insurers, indemnifiers and other organisations or individuals.”*

*“89 You must make sure any information you communicate as a medical professional is accurate, not false or misleading. This means:*

*a you must take reasonable steps to check the information is accurate*

*b you must not deliberately leave out relevant information...”*

*“98 To maintain patient safety, you must cooperate with formal inquiries, patient safety investigations, and complaints procedures. You must provide all relevant information and be open and honest.”*

74. The Tribunal was of the view that Dr Ogwueleka’s dishonest conduct was serious and repeated. It determined that his actions breached fundamental tenets of the profession and amounted to serious misconduct.

## Impairment

75. Having determined that the facts found proved amounted to serious misconduct, the Tribunal went on to consider whether, as a result of that misconduct, Dr Ogwueleka's fitness to practise is currently impaired.

76. The Tribunal considered whether Dr Ogwueleka's conduct was capable of being remediated, has been remedied, and whether the conduct was likely to be repeated. In so doing, the Tribunal considered the available evidence in respect of insight and remediation.

77. The Tribunal was mindful that dishonesty was difficult to remediate but not impossible. Dr Ogwueleka expressed regret, apology and remorse for his actions. Dr Ogwueleka also made admission as to his past conduct and the new Allegations (save for 5b with mitigation). He said evidence of his remediation was that he has been trusted in his current healthcare role, which demands trust and he has not been found wanting in over two years.

78. The Tribunal was not of the view that his trusted status and conduct in his current role was sufficient evidence to demonstrate that he had remediated his repeated pattern of dishonesty.

79. The Tribunal also noted that Dr Ogwueleka has completed a master's degree and had undertaken a number of other courses, the majority of which were online. The Tribunal noted that the courses Dr Ogwueleka had undertaken were primarily in his role with Affinity Trust and did not go towards remediation from his dishonest actions. These courses included:

- English certificate – Qualifi Level 5 Diploma in Teaching English as a Foreign Language;
- Probity and Ethics course certificate;
- Professional CSAP certificate;
- Just IT – Skills Bootcamps in Data Technician certificate;
- Disability and autism certificate;
- Enhanced Communication Skills;
- Dementia awareness certificate;
- Dysphagia Awareness certificate;
- Epilepsy Awareness certificate;
- Equality, Diversity and Inclusion certificate;
- GDPR and Effective Record Keeping for Support Workers;
- Health and Safety, Infection Control and Fire Safety;
- Medication Competency;

- Mental Capacity Act and DoLs;
- Mental Health (Bespoke content);
- Mental Health Awareness;
- Safeguarding of Vulnerable Adults.

80. Dr Ogwueleka referred the Tribunal to his reflection statement. The Tribunal considered however that his reflections did not evidence that he had focussed on the impact or the underlying reasons which resulted in him resorting to dishonest conduct when his circumstances became difficult.

81. Dr Ogwueleka told the 2014 Panel that he completed a course on probity via the Royal College of Psychiatrists which helped him to be more aware of the importance of the need for honesty and trustworthiness in the medical profession. He also said in evidence that what he had learned from his conviction and subsequent erasure was that dishonesty was bad. He apologised to the owner of the damaged car, to the GMC and the public for his actions, and he expressed regret, remorse and apologised for his behaviour. He assured the 2014 Panel that this type of conduct would not be repeated. The Tribunal noted that despite his reassurances and him completing a course on probity, Dr Ogwueleka has again repeated dishonest conduct on two further occasions as has been found proved.

82. The Tribunal was satisfied that whilst the conduct was remediable, Dr Ogwueleka has not remediated it. When considering whether the conduct was likely to be repeated, the Tribunal considered Dr Ogwueleka's insight into his actions. As previously noted, Dr Ogwueleka did not appear to be able to separate the index event from his subsequent acts of dishonesty. He saw them all as part of the same index event.

83. Dr Ogwueleka said that he would do things differently if similar circumstances were to arise. The Tribunal considered however that when put in a difficult position, Dr Ogwueleka sought the option of what was best for him personally, rather than what was the correct thing to do. He appeared, throughout his evidence, to outwardly blame others for the circumstance in which he found himself, justifying his actions, which then forced him to make bad decisions, such as he felt a duty to admit to driving because his wife had been driving unlicensed and uninsured, that he lied to the police to maintain his position, that he did not initially accept the Crown Court jury decision, that he blamed his financial situation and family circumstances of the reason why he had to lie on the application form, and that his Medical Director told him to continue working and that it was almost as though he was in a slave enclave and working under duress.

84. The Tribunal determined that Dr Ogwueleka had limited insight and that as a result, there was a risk of repetition.

85. The Tribunal then had regard to paragraph 76 of the judgment in the case of *CHRE v NMC & Paula Grant [2011] EWHC 927 (Admin)*, in which Mrs Justice Cox adopted the approach of Dame Janet Smith in her Fifth Shipman Report who said:

*“Do our findings of fact in respect of the doctor’s misconduct .... Show that his/her fitness to practise is impaired in the sense that s/he:*

- a. has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b. has in the past brought 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*
- d. has in the past acted dishonestly and/or is liable to act dishonestly in the future.”*

86. The Tribunal was of the view that limbs b, c and d of this test were engaged in this case. It determined that Dr Ogwueleka’s fitness to practise is currently impaired by reason of his misconduct, given the serious and repeated nature of it, the lack of insight, remediation and risk of repetition.

### Application for Restoration

#### **The Tribunal’s Approach**

87. The Tribunal reminded itself that its power to restore a practitioner to the Medical Register is a discretionary power to be exercised in the context of the Tribunal’s primary responsibility to act in accordance with the statutory overarching objective, to protect the public.

88. Whilst the Tribunal has borne in mind the submissions made by the parties, the decision as to whether to restore Dr Ogwueleka’s name to the Medical Register is a matter for this Tribunal exercising its own judgment.

89. Throughout its consideration of Dr Ogwueleka’s application for restoration, the Tribunal was guided by the approach laid out in the Guidance.

90. The Tribunal reminded itself that the onus is on Dr Ogwueleka to satisfy the Tribunal that he is fit to return to unrestricted practise and that the Tribunal should not seek to go behind the original Tribunal finding on facts and impairment.

91. The test to be applied by Tribunals when considering if a doctor should be restored is that set out in *GMC v Chandra [2018] EWCA Civ 1898*, namely: *“having considered the circumstances which led to erasure and the extent of remediation and insight, is the doctor now fit to practise having regard to each of the three elements of the overarching objective”*.

92. The Tribunal reminded itself that, in making its decision, it should consider the following factors:

- the circumstances that led to disciplinary erasure;
- whether the doctor has demonstrated insight into the matters that led to erasure, taken responsibility for their actions, and actively addressed the findings about their behaviour and skills including consideration of:
  - insight and remorse;
  - remediation and risk of repetition;
  - whether findings about the doctor’s behaviour have been remedied;
  - likelihood of repetition of the previous findings about the doctor’s behaviour;
- The MPT should also consider any activities the doctor has undertaken since erasure and whether these are relevant to their current fitness to practise. Examples of things which may have a bearing on the tribunal’s decision are whether:
  - the doctor has obtained employment in a field related to medicine and used it to keep up to date with developments in their specialty
  - the doctor has completed a professional or academic qualification such as a PhD, diploma or MSc in a relevant subject
- steps the doctor has taken to keep their skills and knowledge up to date; and
- the lapse of time since erasure.

93. After considering these factors, the Tribunal reminded itself it should step back and balance its findings against whether restoration meets the overarching objective. In making

its decision, the Tribunal took account of all the evidence before it, both oral and documentary, along with the submissions made.

## The Tribunal's Decision

### The circumstances that led to disciplinary erasure

94. The Tribunal reminded itself of the detailed background, as set out above, in respect of the circumstances of Dr Ogwueleka's case and those which led to his erasure from the Medical Register in July 2014. It reminded itself of the determination of the previous Panel and noted the observations and conclusions of the 2014 Panel in determining to erase Dr Ogwueleka's name from the Medical Register.

### Whether the doctor has demonstrated insight into the matters that led to erasure, taken responsibility for their actions, and actively addressed the findings about their behaviour or skills

95. The Tribunal has already set out above that it was of the view that Dr Ogwueleka has limited insight into his serious and repeated misconduct. He assured the 2014 Panel that he had learned his lesson and that there would be no repetition of anything similar in the future. He also told the 2014 Panel that he completed a course on probity via the Royal College of Psychiatrists which helped him be more aware of the importance of the need for honesty and trustworthiness in the medical profession. He also said in evidence that what he had learned from the conviction and subsequent erasure was that dishonesty was bad. He apologised to the owner of the damaged car, to the GMC and the public for his actions, and he expressed regret, remorse and apologised for his actions.

96. Dr Ogwueleka admitted and accepted his dishonesty but still sought to justify his behaviour by outwardly blaming others for his conduct and the circumstances around him. He did not take full responsibility for his actions and this demonstrates that he lacks genuine insight into the misconduct.

97. Dr Ogwueleka lied about who was driving the car, lied to the police in interview, lied on oath during the Crown Court trial, lied on his application form to the SCFHS, and continued to practise whilst his registration was suspended in Saudi Arabia. He blamed his financial circumstances, supporting his family, his Medical Director, the duress he was under to work whilst suspended, and the "*tight spot*" he was in, for him acting dishonestly.

98. The Tribunal was of the view that whilst he understood right from wrong, when the circumstances prove contrary to his own fortune, he has made decisions that are beneficial to himself. The Tribunal was not satisfied that were Dr Ogwueleka to find himself in a difficult situation again, where there may be significant personal impact, he would not be dishonest.

99. The Tribunal had before it no evidence which could support the contention that Dr Ogwueleka has actively addressed the findings regarding his behaviour.

What the doctor has done since their name was erased from the register

100. Following his erasure from the Medical Register, Dr Ogwueleka worked as an Internal Medicine Consultant at KKGH, Saudi Arabia. From May 2015 until May 2022, when he was subsequently told to stop working. Dr Ogwueleka told the Tribunal that he was unable to leave Saudi Arabia for approximately 6 months after his employment was terminated. He then had a period of unemployment until he secured a role as a support worker, with Affinity Trust, in February 2023, which remains his present employer.

The steps the doctor has taken to keep their medical knowledge and skills up to date

101. The Tribunal reminded itself that the onus was on Dr Ogwueleka to demonstrate he has kept his medical knowledge and skills up to date and was safe to resume unrestricted practice. As noted above, Dr Ogwueleka continued to work as a consultant in Internal Medicine in Saudi Arabia up until May 2022. Since then, Dr Ogwueleka has obtained a Master of Science (MSc) in Rheumatology from the University of South Wales in 2024, albeit not formally awarded.

102. Dr Ogwueleka has undertaken various courses and online courses in his role as a support worker with the Affinity Trust, as previously noted. Many of these courses relate to his role as a support worker and did not reach the standard of knowledge and skills for a medical doctor. In addition, Dr Ogwueleka undertook an in-person course, the Introductory and Foundation PROACT-SCIPr-UK Annual Refresher Course, dated 20 November 2024.

103. Dr Ogwueleka also told the Tribunal that he has downloaded that Oxford Textbook of Medicine to his kindle which he read regularly.

The lapse of time since erasure

104. The Tribunal took account of paragraph B34 of the guidance:

*“The longer the doctor has been away from clinical practice, the greater the likelihood that their knowledge and skills will have deteriorated to a degree that may place patients at risk. Tribunals should pay close regard to how the doctor has maintained their knowledge during a lengthy period away from the register.”*

105. The Tribunal noted that Dr Ogwueleka has been away from clinical practice for a period of three years.

Will restoration meet the overarching objective?

106. The Tribunal next had regard to the statutory overarching objective. In so doing, it performed a balancing exercise, weighing its findings above with its obligations under the individual limbs of the overarching objective which are:

- a. To protect, promote and maintain the health, safety and well-being of the public;
- b. To promote and maintain public confidence in the profession; and
- c. To promote and maintain proper professional standards and conduct for members of that profession.

107. The Tribunal acknowledged that there have never been any patient safety concerns raised about Dr Ogwueleka. The Tribunal therefore determined that the first limb of the overarching objective was not engaged in this case.

108. When considering public confidence in the profession, the Tribunal was satisfied that an ordinary, well-informed member of the public would be very concerned to hear that a doctor with an established pattern of repeated dishonesty was allowed to return to unrestricted practice when he has limited insight and there was a risk of repetition. It was of the view that public confidence would not be upheld if Dr Ogwueleka were permitted to be restored to the Medical Register at this point in time.

109. When considering the third limb of the overarching objective, the Tribunal considered that maintaining proper professional standards for members of the medical profession would be undermined were Dr Ogwueleka allowed to return to practise given its findings of current

impairment for the new allegations of dishonesty. The Tribunal therefore determined that restoring Dr Ogwueleka's name to the Medical Register to allow him to return to unrestricted practise would undermine proper professional standards for members of the medical profession.

## **Conclusion**

110. Having carefully considered all the evidence and specific circumstances of this case, the Tribunal was not satisfied that Dr Ogwueleka is fit to return to unrestricted practice. Accordingly, the Tribunal refused Dr Ogwueleka's application to be restored to the Medical Register.

## **Dr Ogwueleka's right to make further applications for restorations**

111. It remains open for Dr Ogwueleka to re-apply for restoration of his name to the Medical Register. If he wishes to do so, he must wait for at least 12 months from the date of this application before submitting any further application.

112. That concludes this case.