

PUBLIC RECORD**Dates:** 03/10/2025; 20/10/2025**Doctor:**

Dr Frederick KANYIKE

GMC reference number:

3374847

Primary medical qualification:

MB ChB 1974 Makerere University

Type of case**Outcome on impairment**Review - Deficient
professional performance

Impaired

Summary of outcomeConditions, 24 months
Review hearing directed**Tribunal:**

Legally Qualified Chair	Mr Jetinder Shergill
Lay Tribunal Member:	Dr Sarah Jeffery
Registrant Tribunal Member:	Dr Shri Babarao
Tribunal Clerk:	Ms Fiona Johnston

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Michael Rawlinson, Counsel instructed by the MDDUS
GMC Representative:	Mr John Morrison, Counsel (03/10/2025) Mr Tom Orpin-Massey, Counsel (20/10/2025)

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 - 20/10/2025

1. At this review hearing the Tribunal now 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 Kanyike's fitness to practise is impaired by reason of his deficient professional performance.

Background

2. A Medical Practitioners Tribunal hearing took place between 15 and 21 March 2023 ('the March 2023 Tribunal'). An order of conditions was imposed for 30 months, and this review hearing is tasked with considering whether Dr Kanyike is able to resume unrestricted practice or not.
3. Dr Kanyike qualified in 1974 from Makerere University in Kampala, Uganda. He has been on the General Medical Council (GMC) specialist register as a haematologist since 4 November 1996. Dr Kanyike's most recent permanent appointment was from 2009 to 2016 when he was employed as a Consultant Haematologist at Royal Preston Hospital and Chorley & South Ribble District General Hospital. He was also the head of department for a period of time during this employment. Thereafter, following his retirement in 2016, Dr Kanyike worked on a locum basis. He first practised as a Locum Consultant Haematologist at Tameside General Hospital, Ashton-Under-Lyne, and

then at Royal Alexandra Hospital ('the Hospital'), Paisley (part of NHS Greater Glasgow and Clyde) from 2018.

4. On 26 July 2018 Dr Kanyike agreed undertakings with the GMC. The undertakings included the requirement to have a workplace reporter, to have a personal development plan (PDP), and to be supervised in all of his posts by a clinical supervisor. On 29 April 2021 Dr Kanyike was invited, by the GMC, to take part in an assurance assessment (the Assessment). An assurance assessment can be directed by the GMC to provide independent assurance of a doctor's fitness to return to unrestricted practice.
5. The Assessment was conducted between 14 and 16 November 2021. The Assessment included an initial interview with Dr Kanyike to gain a greater understanding of the context of his practice, a medical record review (MRR) of 23 patient records, a number of third-party interviews (TPIs), a case-based discussion (CBD) with Dr Kanyike, objective structured clinical exam (OSCE) scenarios, a haematology reporting module, and an assessed interview with Dr Kanyike.
6. The report dated 20 December 2021, prepared following the Assessment, (the Assessment Report), stated that Dr Kanyike's performance was:
 - a. unacceptable in the area of:
 - Assessment of Patients' Condition;
 - b. acceptable in the areas of:
 - Maintaining Professional Performance,
 - Operative/Technical Skills, and
 - Working with Colleagues;
 - c. a cause for concern in the areas of:
 - Clinical Management,
 - Record Keeping, and
 - Relationships with Patients.
7. The Assessment report stated that the overall assessment for each category had been given according to the following scale:

"Unacceptable" indicates that there is evidence of repeated or persistent failure to comply with the professional standards appropriate to the work being done by the doctor, particularly where this places patients or members of the public in jeopardy (i.e. deficient professional performance). This grade should be entered if:

- you have evidence that the criteria for an acceptable level of performance are regularly not being met or
- negative criteria are being met.

Acceptable means that the evidence demonstrates that the doctor's performance is consistently above the standard described above. This grade should only be entered if:

- all, or almost all, of the criteria are satisfied in all, or almost all, of the examples gathered.

Cause for concern means that there is evidence that the doctor's performance may not be acceptable but there is not sufficient evidence to suggest deficient professional performance. The reasons for this grade, rather than 'Unacceptable', should be described. This grade should be entered if:

- there is evidence of some instances of unacceptable performance but which, in the view of the assessing team, do not amount overall to unacceptable performance."

8. It was stated in the Assessment Report that: "Dr Kanyike's practice has been found to be deficient despite him being directly supervised over three years, with no issues or concerns raised during this time". It was also stated that: "Dr Kanyike is not working at a consultant level and had not demonstrated the ability to do so without putting patients at risk". The Assessment Report recommended that Dr Kanyike is fit to practise on a limited basis but that he should not work at a level higher than a Staff Grade doctor and his practice should be directly supervised.

March 2023 Tribunal

9. The March 2023 Tribunal found that the Assessment was thorough and included a number of methods of assessment including case-based discussions, OSCEs, MRR, and

third-party interviews. The 2023 Tribunal concluded that Assessment team had assessed a fair sample of Dr Kanyike's work.

10. The 2023 Tribunal referred to the findings set out in the Assessment Report in respect of the area of 'Assessment of Patients' Condition', which the Assessment team found to be unacceptable. The 2023 Tribunal noted some positive areas of practice from the Assessment Report, it determined that, given the unacceptable categorisation, Dr Kanyike's performance in the area of Assessment of Patients' Condition was unacceptable.
11. The 2023 Tribunal had regard to the three areas which were assessed to be a 'cause for concern'. The 2023 Tribunal determined that the basis of its finding of deficient professional performance related to the 'Assessment of Patients' Condition' aspect of Dr Kanyike's work alone.
12. The 2023 Tribunal concluded that Dr Kanyike's performance fell so far short of the standards of performance reasonably to be expected of a doctor so as to amount to deficient professional performance.
13. The 2023 Tribunal considered whether the deficient professional performance was remediable. The 2023 Tribunal noted an attempt by Dr Kanyike to focus his reflections on some of the areas of concern raised by the Assessment Report. However, it determined that Dr Kanyike had not yet been able to apply the learning and reflection undertaken into practice. The 2023 Tribunal therefore determined that Dr Kanyike's fitness to practise was currently impaired by reason of deficient professional performance.
14. The 2023 Tribunal concluded that given Dr Kanyike's unremediated deficient professional performance, it was necessary to impose conditions on Dr Kanyike's registration in order to ensure patient safety and uphold the overarching objective.
15. The 2023 Tribunal determined that the length of the conditions should be 30 Months. This period would allow Dr Kanyike to undertake further remediation and demonstrate through objective evidence that he has addressed the concerns identified in this case.

16. It is appropriate to note that Dr Kanyike had not worked in a medical capacity from 28 January 2022 as the 2023 Tribunal noted. Post hearing, he had worked for a ten-week locum post between 12 June 2023 and 31 August 2023. He relinquished his licence to practise on 15 August 2024 due to personal circumstances. He now wishes to return to clinical practice.

Documentary Evidence

17. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included, but was not limited to, determinations of previous hearings, letters, various emails, a report from Dr Kanyike's workplace supervisor, CPD Supportive documentation, appraisals, testimonials and Dr Kanyike's reflective statement.

Submissions

On behalf of GMC

18. Mr John Morrison submitted that Dr Kanyike has undergone limited practical remediation. It is now two years since he has worked in a clinical setting and over one year since he relinquished his licence to practise.

19. He accepted that Dr Kanyike has sought to maintain his medical knowledge through numerous CPD courses, online training and webinars, as well as being in contact with the GMC. He submitted that the material provided demonstrates that Dr Kanyike is clearly continuing to keep his medical knowledge up to date. However, he submitted that in the area of 'unacceptable assessment of patient's condition' which was highlighted in the assessment report and by the previous Tribunal simply cannot be remediated by attendance on courses alone. He said the doctor needed to demonstrate that he can put his reflections into practice, and that Dr Kanyike had not undertaken any clinical work in the past year so had not had the opportunity to put the learning reflections undertaken into practise.

20. He submitted that the longer the doctor remains out of practice, the more difficult it may be for the doctor to remediate and this appears to be a position acknowledged by Dr Kanyike himself in his reflective statement.

21. He submitted that Dr Kanyike unfortunately has not been able to evidence the remediation required in the area of assessment of patient's condition by applying his insight, his reflections, his learnings into clinical practice to meet the expectations of the previous Tribunal.

On behalf of Dr Kanyike

22. Mr Michael Rawlinson submitted that the doctor has not had a meaningful opportunity to put into practice all of the learning, CPD and that he has developed over the last few years.

23. He accepted that Dr Kanyike's journey of remediation is not yet fully complete, but things have moved on since the original imposition of the conditions.

24. He submitted that due to the nature and scope of the conditions it leaves Dr Kanyike in a difficult position, he accepted that he was neutral on impairment and that the issue was that the conditions needed to be varied to enable Dr Kanyike to secure work and show his clinical skills.

The Relevant Legal Principles

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

26. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the doctor was currently impaired; and then to decide whether a sanction should be imposed.

27. The Tribunal accepted the advice of the Legally Qualified Chair that it must determine whether Dr Kanyike's fitness to practise is impaired today, taking into account Dr Kanyike's performance at the time of the Assessment and any relevant factors since then.

The Tribunal’s Determination on Impairment

28. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal’s judgement alone. This Tribunal is aware that there is a persuasive burden on the doctor to show that he would be safe to return to unrestricted practice.
29. The Tribunal noted that conditions were imposed on Dr Kanyike’s registration in order to:
 - a. enable him to continue practising whilst applying his insight towards remediation;
 - b. provide him with the opportunity to undertake further remediation activity;
 - c. allow him to put his learning into practice within a clinical environment; and
 - d. give him the opportunity to demonstrate, through objective evidence, that he has improved his clinical competence.
30. The last Tribunal considered that the Tribunal conducting this review would be assisted by Dr Kanyike providing:
 - Recent testimonials
 - A copy of all recent appraisals
 - Evidence of remediation in the area of *Assessment of Patients' Condition*
31. The Tribunal took into account the online courses that Dr Kanyike had undertaken and found them to be relevant to the areas of his performance that had been found to be deficient.
32. The Tribunal then went on to consider whether Dr Kanyike has remediated from his deficient professional performance (DPP). The Tribunal considered Dr Kanyike’s reflections in his reflective statement, targeted CPD courses and his personal development plan.
33. The Tribunal was satisfied that Dr Kanyike has taken positive steps towards remediation since the decision of the 2023 Tribunal. However, he has not demonstrated that he has applied his insight practically into various aspects of his DPP. That was a crucial aspect of the 2023 Tribunal’s decision. The Tribunal noted that Dr Kanyike was able to secure a clinical attachment for just under three months.

The feedback from that attachment was relatively limited but confirmed that there were ‘no safety concerns’. However, that was over two years ago. Due to personal circumstances, he relinquished his licence. There is no evidence before the Tribunal of sufficient learning within a clinical setting to move matters forward in any substantive way from the findings of the 2023 Tribunal.

34. In the Tribunal’s judgement, Dr Kanyike’s remediation remains incomplete because it has not been tested in a clinical setting. As such, he has not shown that all the matters raised in the DPP matter before the 2023 Tribunal have been addressed.
35. This Tribunal has determined that Dr Kanyike’s fitness to practise remains impaired by reason of his DPP. The Tribunal considered that this decision was necessary to protect the public, to maintain public confidence in the profession and to uphold professional standards.

Determination on Sanction - 20/10/2025

1. Having determined that Dr Kanyike’s fitness to practise is impaired by reason of deficient professional performance, the Tribunal now has to decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

The Evidence

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

Submissions

On behalf of the GMC

3. Mr Morrison submitted that the appropriate sanction in Dr Kanyike’s case is continuing the order of conditions.
4. He submitted that continuing an order of conditions would be the appropriate and purported sanction in this case when considering the public interest and to take no further action following a finding of impaired fitness to practise is only appropriate in exceptional circumstances.

5. He submitted that the conditions, would continue to enable Dr Kanyike to return to safe practice in a similar way to the position he held between June and August 2023 at the Air Cross House Hospital in Kilmarnock.
6. He submitted that for the conditions to remain in their current format as they are workable and they do act to protect the public, whilst being the least restricted possible on Dr Kanyike's practice.
7. He referred the Tribunal to Dr H's e-mail where he says that Dr Kanyike was safe and '*a bit ponderous and not surprisingly, intended to pass some decisions*'. He said that Dr H describes him '*not being agile enough to be a junior or decisive enough to be a senior and therefore could not really find the right fit for him*', It was submitted that there were no concerns raised about the conditions imposed being overly restrictive.
8. He submitted that what becomes clear is not the condition being the issue so much as Dr Kanyike's ability to practise. He submitted that the workability and suitability of the conditions are appropriate and proportionate, and balance the doctors interest.

On behalf of Dr Kanyike

9. Mr Rawlinson submitted that the conditions are modified in order to give the doctor a fighting chance, given his age and the positions he is seeking, he is having real difficulties, particularly with the supervision requirements. That in turn is causing a situation where he cannot demonstrate that he has fully remediated.
10. He submitted that a continuation of these conditions of eight or nine months rather than 12 months would give the doctor a couple of months to get his house in order in terms of applying for what he needs to apply for by way of indemnity and give him a chance to find a position.
11. He submitted that the principal problem seems to be the supervision requirement. Mr Rawlinson suggested that the requirement for supervision is removed and to leave in place effectively as a monitoring alternative.
12. He submitted that the condition for a workplace reporter should remain. He submitted that if the doctor is making poor decisions in terms of patient assessment

or anything else, that will very quickly become apparent to the regulator and to everybody else in addition to his workplace reporter.

13. He submitted that Dr Kanyike has worked three months under supervision without difficulty, without further incident and he has done absolutely everything that he can except for the practical difficulties of proving he is fit to practise. He submitted that given his very detailed reflections, detailed CPD regime, the fact he has kept his skills up to date, he has a good level of insight.
14. He submitted that because XXX. He has to relinquish his licence. However, the position has now changed, and he needs to work, to finance XXX.
15. He submitted that Dr Kanyike does not want to go back to work as a consultant or at consultant level and again that will also provide significant reassurance that he is operating safely and at a reasonable level into what is effectively going to be a phased return to unrestricted practice.
16. In terms of proportionality and in fairness to the doctor, he submitted that an extension of the conditions for eight or nine months, a removal of the supervision requirement would give Dr Kanyike the best chance to get back to clinical practice and fully remediate.
17. He submitted that this was a doctor who was making unsupervised decisions for many years until the findings of deficient professional performance against him. He submitted that it is open to the GMC in the future to ask him to submit to a further performance assessment.

The Relevant Legal Principles

18. This stage of the proceedings is governed by Rule 17(2)m of the Rules and the Tribunal's task now is to decide what sanction, if any, should be imposed upon the registration of the Doctor.
19. When considering sanction, the Tribunal must have particular regard to the statutory overarching objective:

- a. To protect, promote and maintain the health, safety and wellbeing of the public;
 - b. To promote and maintain public confidence in the medical profession; and
 - c. To promote and maintain proper professional standards and conduct for members of that profession.
20. The purpose of a sanction is not to be punitive, but to protect patients and the wider public interest, although it may have a punitive effect. If the Tribunal departs from the SG, the relevant paragraph should be referenced and reasons for departing from the SG should be set out.
21. The decision as to the appropriate sanction, if any, to impose is a matter for the Tribunal exercising its own judgment by reference to the SG. It must consider the least restrictive sanction first and then, if necessary, consider the other sanctions, having considered the parties' submissions. The Tribunal must consider its determination on impairment and take those matters into account during its deliberations on sanction.
22. The public interest, which should be at the forefront of the Tribunal's mind, includes enabling a suitable doctor to return to safe practice, but also the wider public interest of the protection of patients, the maintenance of confidence in the profession and the declaring and upholding of proper standards of conduct and behaviour.

The Tribunal's Determination on Sanction

No action

23. The Tribunal first considered whether to conclude the case by taking no action. It noted that taking no action following a finding of impaired fitness to practise is only appropriate in exceptional circumstances. The Tribunal determined that there were no exceptional circumstances in this case and that, given its finding that the deficient professional performance issues had not been satisfactorily remediated, it would not be sufficient, proportionate, or in the public interest to conclude this case by taking no action.

Conditions

24. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Kanyike's registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable and measurable. In doing so, it had regard to the following paragraphs of the SG:

'80 In many cases, the purpose of conditions is to help the doctor to ... remedy any deficiencies in their practice ... while protecting the public. In such circumstances, conditions might include requirements to work under supervision.

82 Conditions are likely to be workable where:

a the doctor has insight

b a period of retraining and/or supervision is likely to be the most appropriate way of addressing any findings

c the tribunal is satisfied the doctor will comply with them

d the doctor has the potential to respond positively to remediation, or retraining, or to their work being supervised.

84 Depending on the type of case (eg health, language, performance or misconduct), some or all of the following factors being present (this list is not exhaustive) would indicate that conditions may be appropriate:

a no evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage

25. This Tribunal noted key aspects of the 2023 Tribunal's consideration of the supervision requirements for the conditions they imposed. It noted in particular:

'26. The Tribunal was mindful that there are two ways in which to ensure that Dr Kanyike has the necessary supervision to ensure that he is able to practise safely. The first is to ensure that his work is restricted to working at a particular level. The second

way is to impose a requirement for supervision. These two types of condition can be used in conjunction, however the Tribunal was mindful of the need to carefully consider exactly what restrictions are needed and why, in order to prevent a situation where conditions are imposed which are duplicitous and which are tantamount to a suspension.'

26. The 2023 Tribunal had decided that direct supervision was not necessary. The same was decided as regards close supervision because in reality, the restriction of only allowing Dr Kanyike to work as a 'staff grade' doctor 'would not afford any additional protection to patients' because there would be a named consultant who would be ultimately responsible for each patient he had contact with. This consultant would have oversight of his work and he would be expected to discuss new and/or difficult patients with a consultant. The 2023 Tribunal decided that the minimal level of supervision was all that was required. This Tribunal noted, that this minimal level of supervision was akin to what a staff grade doctor would have in any event; and that this was appropriate in all of the circumstances of this case.
27. This Tribunal had considered the concerns raised on Dr Kanyike's behalf that the supervision requirements had limited his ability to obtain a position. However, this Tribunal was not satisfied this was the predominant cause. There were a number of factors which had arisen due to Dr Kanyike's own personal circumstances which may have limited his ability to secure clinical work as well, not least the actual conclusions of the assessment. This Tribunal was not satisfied that the conditions were tantamount to a suspension as had been submitted on Dr Kanyike's behalf. The reality is that after the last period of work, Dr Kanyike gave up his licence for personal reasons unrelated to this case. He would have been unable to practice as a result. Furthermore, it noted that Dr Kanyike had been unable to revalidate in 2024, which would have impacted on his ability to resume practice. This will also pose a fairly substantial hurdle going forward as well.
28. The Tribunal took account of the fact that Dr Kanyike's last substantive placement was on 28 January 2022. He subsequently undertook a short period of employment from June to August 2023, lasting approximately 10 weeks. However, the Tribunal was not satisfied that this limited period of work, notwithstanding the significant remediation and CPD undertaken, demonstrated that he is currently ready, or should be allowed, to return to unrestricted practice. That is particularly so as a period of more than two years have passed since he last worked in a clinical setting.

29. Whilst there have been no patient safety concerns identified by his employer in 2023, the Tribunal determined that some restriction on his practice remains necessary to ensure he is clinically competent, and that the DPP issues have been remedied. Conditions will enable Dr Kanyike to continue his remediation and to provide objective evidence that he has addressed the concerns identified in this case, in a clinical setting. It will also serve to maintain public confidence in the medical profession and uphold proper standards.
30. The Tribunal has decided to maintain the wording set out at condition 8 (also numbered condition 8 in the previous conditions). The Tribunal had raised a matter in relation to this and heard submissions from both parties on the matter but decided that it was not appropriate to remove this requirement in its reformulated conditions. The wording is part of the ‘standard conditions’ for performance cases (number C5). Despite submissions from both sides, the Tribunal decided it was not appropriate to depart from the expected standard conditions. Most of the other conditions are also ‘standard’ as part of the conditions bank and ones which the Tribunal is usually required to impose. There was no sound reason not to do so in the Tribunal’s assessment.
31. Ultimately, little has changed from the ‘clinical application’ aspect of the case as it was before the 2023 Tribunal. Some of that may be due to the conditions, but that is consequence of the findings of the 2023 Tribunal. This Tribunal cannot conclude that the previous conditions were framed too restrictively such that they were tantamount to suspension or disproportionate. There was no rational basis to substantively vary them.
32. In all the circumstances, the Tribunal determined that the appropriate and proportionate sanction is a period of conditional registration for **two years**. The Tribunal considered that this period is realistic given the various regulatory steps which Dr Kanyike is required to undertake to even secure a placement let alone demonstrate clinical application of his remediation. The Tribunal further considered that a two-year period strikes a fair balance between Dr Kanyike’s interests and the resource implications for the GMC, given that a shorter period would be unlikely to lead to a substantive change of circumstances.

33. It is open to Dr Kanyike to seek an early review.

34. The following conditions are not confidential and will be published:

1. He must personally ensure the GMC is notified of the following information within seven calendar days of the date these conditions become effective:

a the details of his current post, including:

i his job title

ii his job location

iii his responsible officer (or their nominated deputy)

b the contact details of his employer and any contracting body, including his direct line manager

c any organisation where he has practising privileges and/or admitting rights

d any training programmes he is in

2. He must personally ensure the GMC is notified:

a of any post he accepts, before starting it

b that all relevant people have been notified of his conditions, in accordance with condition 12

c if any formal disciplinary proceedings against him are started by his employer and/or contracting body, within seven calendar days of being formally notified of such proceedings

d if any of his posts, practising privileges, or admitting rights have been suspended or terminated by his employer before the agreed date within seven calendar days of being notified of the termination

- e if he applies for a post outside the UK.
3. He must allow the GMC to exchange information with any person involved in monitoring his compliance with his conditions.
4. a He must have a workplace reporter appointed by his responsible officer (or their nominated deputy).
- b He must not work until:
- i his responsible officer (or their nominated deputy) has appointed his workplace reporter
 - ii he has personally ensured that the GMC has been notified of the name and contact details of his workplace reporter.
5. a. He must design a personal development plan (PDP), with specific aims to address the deficiencies in the following area of his practice.
- Assessment of patients' condition
- b His PDP must be approved by his responsible officer (or their nominated deputy)
- c He must give the GMC a copy of his approved PDP within three months of these substantive conditions becoming effective.
- d He must give the GMC a copy of his approved PDP on request.
- e He must meet with his responsible officer (or their nominated deputy), as required, to discuss his achievements against the aims of his PDP.
- 6 a He must have an educational supervisor appointed by his responsible officer (or their nominated deputy)
- b He must not work until:

- i his responsible officer (or their nominated deputy) has appointed his educational supervisor
- ii he has personally ensured that the GMC has been notified of the name and contact details of his educational supervisor.

7 He must undertake an assessment of his performance, if requested by the GMC.

8. He must personally ensure his GMC Assessment Report, dated 20 December 2021, with the following parts redacted from the summary and recommendations section:

- At page 5 the sentence following “Dr Kanyike was working as a locum consultant at the time of this Assessment” within the Conclusions section.
- At page 7 the entire Recommendations section is shared with:
 - a his responsible officer (or their nominated deputy)
 - b the responsible officer of the following organisations:
 - i his place(s) of work, and any prospective place of work (at the time of application)
 - ii all his contracting bodies, and any prospective contracting body (prior to entering a contract)
 - iii any organisation where he has, or has applied for, practising privileges and/or admitting rights (at the time of application)
 - iv any locum agency or out of hours service he is registered with
 - v If any organisation listed at i) – iv) does not have a responsible officer, he must notify the person with responsibility for overall clinical governance within that

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organisation. If he is unable to identify the correct person, he must contact the GMC for advice before working for that organisation.

- c his immediate line manager and senior clinician (where there is one) at his place of work, at least 24 hours before starting work (for current and new posts, including locum posts)
- d his workplace reporter, educational supervisor and clinical supervisor.

9. He must get the approval of the GMC before working in a non-NHS post or setting.

10. He must only work as staff grade doctor at either tier one or two level.

11 a He must be supervised in all of his posts by a clinical supervisor, as defined in the *Glossary for undertakings and conditions*. His clinical supervisor must be appointed by his responsible officer (or their nominated deputy).

b He must not work until:

- i his responsible officer (or their nominated deputy) has appointed his clinical supervisor and approved his supervision arrangements
- ii he has personally ensured that the GMC has been notified of the name and contact details of his clinical supervisor and his supervision arrangements.

12 He must personally ensure the following persons are notified of the conditions listed at 1 to 11:

- a his responsible officer (or their nominated deputy)
- b the responsible officer of the following organisations:
 - i his place(s) of work, and any prospective place of work (at the time of application)

- ii all his contracting bodies and any prospective contracting body (prior to entering a contract)
 - iii any organisation where he has, or has applied for, practising privileges and/or admitting rights (at the time of application)
 - iv any locum agency or out of hours service he is registered with.
 - v If any of the organisations listed at (i to iv) does not have a responsible officer, he must notify the person with responsibility for overall clinical governance within that organisation. If he is unable to identify this person, he must contact the GMC for advice before working for that organisation.
- c his immediate line manager and senior clinician (where there is one) at his place of work, at least 24 hours before starting work (for current and new posts, including locum posts).

1. The Tribunal determined to direct a review of Dr Kanyike's case. A review hearing will convene shortly before the end of the period of conditional registration. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Kanyike to demonstrate how he has remediated, by applying his insight and reflections into clinical practice. It therefore may assist the reviewing Tribunal if Dr Kanyike were to provide:

- Recent testimonials
- A copy of all recent appraisals
- Evidence of remediation in the area of *Assessment of Patients' Condition*, particularly the clinical application of such remediation.

2. Dr Kanyike will also be able to provide any other information that he considers will assist.