

**PUBLIC RECORD****Dates:** 23/01/2025 - 24/01/2025 & 25/02/2025

**Doctor:** Dr Chikaodinaka OKOLO

**GMC reference number:** 7405092

**Primary medical qualification:** MB BS 2007 University of Nigeria

Type of case	Outcome on impairment
Review – Misconduct	Impaired
Review – Caution	Impaired
XXX	XXX

**Summary of outcome**

Suspension, 12 months.  
Review hearing directed  
Immediate order imposed

**Tribunal:**

Legally Qualified Chair	Mrs Catherine Moxon
Lay Tribunal Member:	Mr Martyn Green
Registrant Tribunal Member:	Dr Jane Margetts
Tribunal Clerk:	Ms Angela Carney 23-24/01/2025 Ms Fiona Johnston 25/02/2025

**Attendance and Representation:**

Doctor:	Present, not represented
GMC Representative:	Ms Safeena Rashid, Advocate

**Attendance of Press / Public**

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

## Overarching Objective

Throughout the decision making process the tribunal has borne in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act) to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

## Determination on Impairment - 23/01/2025

1. This determination will be read in private. However, as this case concerns Dr Okolo's misconduct and a caution for a criminal offence, a redacted version will be published at the close of the hearing.
2. 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 Okolo's fitness to practise is impaired by reason of misconduct, XXX and a caution for a criminal offence.

## The Outcome of Applications Made during the Impairment Stage

3. The Tribunal, of its own volition, determined that all of the hearing should be in private, pursuant to Rule 41 XXX of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'). XXX Dr Okolo and the GMC had no objection to all of the hearing being held in private.
4. The Tribunal granted the GMC's application, made pursuant to Rule 34(1) of the Rules, to admit additional documentary evidence; a XXX. Dr Okolo had no objection to the GMC's application to adduce the additional evidence.

## Background

5. This Tribunal noted that Dr Okolo's case was first heard by a Tribunal in August 2019 ('the 2019 Tribunal'). It does not propose to rehearse the background to Dr Okolo's previous hearings in detail, beyond the following brief summaries.

6. Dr Okolo qualified in 2007, from the University of Nigeria. He moved to the UK in September 2011 and joined the GMC register in 2014. At the time of the events Dr Okolo was working as a Locum Doctor in Emergency Medicine at Scarborough General Hospital, until his contract was terminated in December 2016.

### The 2019 Tribunal

7. Dr Okolo's case was initially considered by the 2019 Tribunal. At that hearing Dr Okolo admitted the entirety of the Allegation ('the Allegation') and the Tribunal found proved that:

- Between 2 April 2016 and 6 December 2016, Dr Okolo self-prescribed XXX, issued prescriptions in the names of former A & E patients, issued prescriptions in the names of patients who had never attended A & E, and issued prescriptions in the names of fictitious doctors;
- His actions in relation to the above were dishonest;
- On 6 April 2018, he received a police caution at Lewisham Police Station for Possession of a Class A drug; and
- XXX

8. The 2019 Tribunal found that Dr Okolo had breached multiple principles of Good Medical Practice (2013) ('GMP'). It determined that Dr Okolo had limited insight into his dishonest conduct but there was no indication that he understood the implications for his professional standing, for the medical profession as a whole or as to the impact on the wider public. The 2019 Tribunal concluded Dr Okolo's dishonest conduct had not been remediated and that there was an ongoing risk of repetition.

9. XXX

10. The 2019 Tribunal determined that Dr Okolo's fitness to practise was impaired by reason of misconduct, a caution for a criminal offence XXX. It suspended Dr Okolo's registration for a period of 12 months and directed a review. It also imposed an immediate order of suspension.

### The July 2020 Review on Papers ('ROP')

11. The GMC and Dr Okolo agreed that his case could be reviewed on paper which was undertaken by a Legally Qualified Chair (LQC) on 30 July 2020.

12. The LQC noted that Dr Okolo had been engaging XXX with the regulatory process. She noted that Dr Okolo had provided little or no evidence by way of written reflections that his insight had developed. Further, there was no evidence of his regular attendance at appropriate services and no testimonials had been provided. The LQC determined that Dr Okolo's fitness to practise remained impaired on all XXX grounds.

13. The LQC accepted both parties' joint proposal and determined to direct a further suspension for a period of 12 months.

### The 2021 Tribunal

14. Dr Okolo's case was next due to be reviewed at an MPT hearing, which took place on 20 August 2021 ('the 2021 Tribunal'). However, Dr Okolo's application for an adjournment was granted for him to seek appropriate legal representation. The 2021 Tribunal determined to extend Dr Okolo's suspension to cover the intervening period before a newly constituted Tribunal could be convened.

### The 2022 Tribunal

15. Dr Okolo's case was next reviewed by a Tribunal ('the 2022 Tribunal') which took place between 4 and 6 January 2022.

### XXX

16. XXX

17. XXX

18. XXX

19. XXX

20. XXX

### Impairment by reason of misconduct and caution

21. The 2022 Tribunal XXX considered whether Dr Okolo's fitness to practise remained impaired by reason of his misconduct and/or his caution. It considered that Dr Okolo had made significant progress in demonstrating insight and remediation. The 2022 Tribunal had particularly noted his identification of matters which may have contributed to his actions and the fact that he had devised strategies to deal with those matters should they arise again. Further, the 2022 Tribunal considered that there had been a significant advancement in Dr Okolo's insight in relation to his previous dishonesty.

22. However, the 2022 Tribunal considered that his previous misconduct and caution were XXX and as such there remained a significant risk of repetition of the misconduct and of the actions giving rise to the caution. It determined that Dr Okolo's fitness to practise was impaired by reason of his misconduct and caution. In light of Dr Okolo's significant improvements since the previous review, the 2022 Tribunal considered that Dr Okolo should be given the opportunity to demonstrate that he could practise safely as a doctor. The 2022 Tribunal determined to impose an order of conditions for a period of 24 months and directed a review.

### The 2024 Tribunal

XXX

23. XXX

24. XXX

25. XXX

26. XXX

### Impairment by reason of misconduct and caution

27. The 2024 Tribunal noted that approximately six years has passed since Dr Okolo received his police caution for possession of Class A drugs, and approximately seven years since his misconduct at the Hospital.

28. The 2024 Tribunal noted that there was no evidence before it that Dr Okolo had repeated his misconduct, or to suggest he has had further issues with the police. It was satisfied that Dr Okolo has insight and has taken positive remedial steps.

29. However, the 2024 Tribunal noted the opinions of the 2022 Tribunal that Dr Okolo's previous misconduct and caution were XXX. The Tribunal, whilst acknowledging the positive steps Dr Okolo had taken over the five years since the 2019 Tribunal, agreed with the views of the 2022 Tribunal. It was satisfied that it was not possible to sensibly compartmentalise Dr Okolo's impairment. The 2024 Tribunal determined that Dr Okolo's fitness to practise was impaired by reason of misconduct and a caution for a criminal offence.

30. The 2024 Tribunal noted that this was a case where conditions were deemed appropriate previously, and there had been no intentional breaches or other issues identified. It was satisfied that Dr Okolo would comply with an order of conditions on his registration and had been doing so over the previous two years.

31. The 2024 Tribunal was of the view that Dr Okolo required a supportive environment XXX. It was evident to the 2024 Tribunal that Dr Okolo is a well-regarded and competent doctor who has the support of colleagues. It was clear to the 2024 Tribunal that Dr Okolo's return to practise has been successful, and that he had taken steps to maintain his knowledge and skills, while being appropriately supported XXX. It considered that conditions would allow him to continue to do this.

32. The 2024 Tribunal considered that imposing conditions on Dr Okolo's registration was the appropriate sanction required to protect 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 the profession. It determined to impose conditions for a period of 12 months to allow Dr Okolo the opportunity to demonstrate that he is committed to XXX and directed a review.

33. The 2024 Tribunal considered that it may assist the reviewing Tribunal if Dr Okolo provides:

- Report from a senior clinical colleague to update the Tribunal on Dr Okolo's progress in his clinical practice;
- Evidence of ongoing CPD, appraisals, and testimonials; and
- Anything else Dr Okolo believes will assist.

## The Evidence

34. The Tribunal has taken into account all the evidence received, both oral and documentary.

35. The Tribunal received the following documentary evidence which included but was not limited to:

- Record of Determinations 2019, 2022 and 2024
- XXX
- Email dated 1 May 2024 from Dr Okolo in response to the GMC letter of 16 April 2024
- Workplace reports from Dr C, dated 24 April 2024 and 15 October 2024
- XXX
- XXX
- XXX
- Letter from the GMC to Dr Okolo XXX, dated 2 and 15 October 2024
- Email from Dr Okolo to the GMC XXX dated 3 October 2024
- XXX
- Letter from the GMC to Dr Okolo XXX, dated 15 October 2024
- XXX
- Dr Okolo's appraisal completed 20 November 2024
- XXX
- CPD Certificates
- XXX
- XXX

XXX

36. XXX

37. XXX

38. XXX

39. XXX

40. XXX

41. XXX

42. XXX

43. XXX

44. XXX

45. XXX

46. XXX

47. XXX

48. XXX

49. XXX

50. XXX

51. XXX

52. XXX

53. XXX

54. XXX

55. XXX

56. XXX

57. XXX

**Dr Okolo's oral evidence**



58. Dr Okolo provided a statement dated October 2024 and also gave oral evidence at the hearing.

59. Dr Okolo told the Tribunal about his background since he arrived in the United Kingdom and that his family remained in Nigeria so he had no support network. XXX.

60. XXX

61. XXX

62. Dr Okolo said he accepts that his fitness to practise is impaired XXX. He also acknowledged that his misconduct and caution are XXX.

63. XXX

64. In relation to probity Dr Okolo said that many years have passed since his dishonesty. He said that the probity issue happened, and he has learned, not just in his practice as a medical doctor, but in his daily living. XXX.

65. XXX

66. In answer to questions from Ms Rashid, Dr Okolo said that he started to work at Turning Point on 27 March 2023. He said that initially he observed and took notes with a colleague which took nine months. He described the prescribing regimen. He said that he is supporting service users XXX which is beneficial.

67. Dr Okolo was asked about the two emails he sent to the GMC on 3 October 2024 regarding XXX. He said that he attended work on 3 October 2024, but it was agreed that he should stop working immediately. He said that a support plan was discussed with his Responsible Officer, Dr C and his employer. XXX.

68. XXX

69. Dr Okolo said that XXX. To manage stress Dr Okolo said that he XXX, prays and practises meditation. He said if he is stressed at work, he speaks to his line manager, and it has been agreed that he can take additional breaks. He confirmed that there have been no

concerns raised by his employers about his clinical practice. He added that his employers do a weekly audit of the doctor's performance.

70. XXX

### **Submissions**

71. On behalf of the GMC, Ms Rashid, Advocate, provided the background to the hearing. Ms Rashid submitted that Dr Okolo is currently impaired. She said that Dr Okolo himself accepted that his fitness to practise is impaired but the decision on impairment is a matter for the Tribunal. XXX. She submitted that Dr Okolo remains impaired by reason of misconduct and his caution. She reminded the Tribunal that it was XXX which led to the initial fitness to practise concerns. She stated that conditions were imposed to allow Dr Okolo the opportunity to demonstrate that he is committed to XXX.

72. XXX

73. Dr Okolo said that he accepts that he is impaired XXX. He said that the progress he has made has been significant and includes XXX, working in different volunteering roles, peer mentorship and returning to clinical practice.

74. Dr Okolo said that he has received positive testimonials and there have been no concerns about his clinical practice. XXX.

75. Dr Okolo accepted that XXX and he understands that this will show the Tribunal that there is some regression or standstill. He asked that the Tribunal considers the other positive things that he has done including two appraisals, both of which were positive. He said that he has continued to engage with in house training and completed the RCGP part 1 drug and alcohol course. Dr Okolo asked the Tribunal to look at the positive changes that he has made in his life to ensure that such repetition does not happen again.

### **The Relevant Legal Principles**

76. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. As noted above, the previous Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal is aware that it is for the doctor to satisfy it that he would be safe to return to unrestricted practice.

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

78. The Tribunal should consider what the doctor has done during the intervening period to demonstrate that his fitness to practise is not impaired. It should be considered to what extent he has demonstrated insight and remediation.

### The Tribunal's Determination on Impairment

XXX

79. XXX

80. XXX

81. XXX

82. XXX

83. XXX

84. XXX

85. XXX

86. XXX

87. XXX

88. XXX

89. XXX

90. XXX

Impairment by reason of misconduct and caution

91. The Tribunal noted that a significant period of time, approximately seven years, has passed since Dr Okolo received his police caution for possession of Class A drugs, and approximately eight years since his misconduct at the Hospital.
92. The Tribunal noted that the 2024 Tribunal was satisfied that Dr Okolo had insight and had taken positive remedial steps.
93. However, the Tribunal took into account and endorsed previous Tribunals' findings that Dr Okolo's misconduct and caution were XXX. The Tribunal was also satisfied that XXX to his caution and misconduct. The Tribunal also noted that Dr Okolo accepts that his caution and misconduct are XXX and that his fitness to practise is impaired.
94. The Tribunal therefore determined that Dr Okolo's fitness to practise is impaired by reason of misconduct and a caution for a criminal offence.

**Determination on Sanction - 25/02/2025**

95. Having determined that Dr Okolo's fitness to practise is impaired by reason of misconduct, XXX and a caution for a criminal offence, the Tribunal now has to decide in accordance with Rule 22(1)(h) of the Rules what action, if any, it should take with regard to their registration.

**The Evidence**

96. The Tribunal has taken into account the background to the case and the evidence received during the earlier stage of the hearing where relevant to reaching a decision on what action, if any, it should take with regard to Dr Okolo's registration.

**GMC submissions**

97. On behalf of the GMC, Ms Safeena Rashid, Advocate, submitted that the mitigating factors in this case include:

- Dr Okolo has been engaging with the fitness to practise process XXX;

- Up until the XXX 27 September 2024, Dr C’s workplace report was positive in its terms;
- Dr Okolo has submitted evidence of his CPD;
- Dr Okolo has remained in employment;
- No concerns have been raised with Dr Okolo’s clinical practice.

98. Ms Rashid submitted that there are more significant aggravating factors which include:

- Dr Okolo, in his evidence stating that he has not had reason to XXX while working at Turning Point. That contradicts Dr C’s workplace report dated 15th October 2024 XXX.
- On 3rd October 2024 Dr Okolo stated in an email to the GMC that XXX. This is evidence of Dr Okolo lying to the GMC XXX.
- XXX.
- XXX.

99. Ms Rashid submitted that Dr Okolo has shown no insight into XXX and rather than accepting it, he seemed to try to blame others. In particular, he blamed an acquaintance that he was with and also his supervisor being on annual leave at the time. XXX. She submitted that the Tribunal cannot be satisfied that Dr Okolo has demonstrated that he has the practical ability to deal with stressful situations XXX.

100. XXX

101. In relation to XXX, Ms Rashid submitted that it is relevant in terms of looking at his circumstances holistically and is a factor that is part of his life. XXX

102. Ms Rashid submitted that there are no exceptional circumstances here to justify taking no action.

103. In relation to conditions, Ms Rashid referred the Tribunal to paragraph 82 of the Sanctions Guidance (February 2024) (the SG), which states:

*‘82 Conditions are likely to be workable where:*

*a the doctor has insight*

*b...*

*c the tribunal is satisfied the doctor will comply with them*

d..’

104. She submitted that neither applies to Dr Okolo. Ms Rashid submitted that this Tribunal cannot be satisfied that Dr Okolo will comply with conditions.

105. Ms Rashid reminded the Tribunal that Dr Okolo has been subject to conditions since January 2022, which is three years. XXX. She reminded the Tribunal that XXX. However, the restrictions that she mentioned all relate to conditions which are already in place. XXX, those conditions are not working.

106. Ms Rashid stated that Dr Okolo’s XXX is also an important factor XXX. She submitted that there is no evidence that the Tribunal could rely on to show that Dr Okolo’s XXX are less problematic than they have been in the past.

107. XXX

108. Ms Rashid reminded the Tribunal that as someone going through the fitness to practise review process, it is for Dr Okolo to prove that he is making progress. However, by his own admissions, in relation to the circumstances of XXX, he is making careless decisions which demonstrate that that the Tribunal cannot be satisfied Dr Okolo will adhere to conditions. XXX.

109. Ms Rashid submitted that the appropriate sanction is suspension. She referred the Tribunal to paragraph 92 of the Sanctions Guidance (the SG), which states

*“92. Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration.”*

110. She submitted that Dr Okolo’s case falls into this category and as such, action must be taken to protect members of the public and maintain public confidence in the profession. Ms Rashid acknowledged that Dr Okolo has made progress in the past which demonstrates that erasure would be disproportionate, and his conduct is not fundamentally incompatible with continued registration. However, three years of conditions have not assisted Dr Okolo in XXX. She submitted if XXX continues as it has been over this past year, then the risk to patients is likely to increase.

111. Ms Rashid reminded the Tribunal that XXX said that Dr Okolo does not currently pose a risk to patients but there would be issues in relation to public confidence in the profession and promoting professional standards. XXX have indicated that with XXX Dr Okolo may pose a risk to patients in the future. Therefore, the only appropriate sanction is suspension.

#### **Dr Okolo's submissions**

112. Dr Okolo told the Tribunal that he has fully engaged with the GMC XXX.

113. Dr Okolo said that there have been no concerns regarding his clinical practice. Dr Okolo said that English is not his first language, and it was not his intention to deceive in his two emails to the GMC in October 2024.

114. Dr Okolo stated that if XXX was a condition to XXX and to maintain his job he would comply. He said that he values his job and wants to continue to work. XXX.

115. Dr Okolo said that if the Tribunal was to impose suspension it would have a drastic effect on him. He reminded the Tribunal that his previous suspension resulted in him losing his job. He said that his job is important to him and that he can be of service to people XXX. He said that suspension would be a step backwards and he did not know if he could survive a suspension again.

116. Dr Okolo said that he has gained positive strength from XXX, and he has good support networks in place.

#### **The Tribunal's Determination**

117. The decision as to the appropriate sanction to impose, if any, in this case is a matter for this Tribunal exercising its own judgement. In reaching its decision, the Tribunal has taken account of the Sanctions Guidance. It has borne in mind that the purpose of the sanctions is not to be punitive, but to protect patients and the wider public interest, although they may have a punitive effect.

118. Throughout its deliberations, the Tribunal has applied the principle of proportionality, balancing Dr Okolo's interests with the public interest. The public interest includes, amongst

other things, the protection of patients, the maintenance of public confidence in the profession, and the declaring and upholding of proper standards of conduct and behaviour.

119. The Tribunal has already given a detailed determination on impairment, and it has taken those matters into account during its deliberations on sanction.

### **Mitigating and Aggravating factors**

120. The Tribunal first considered the mitigating factors in this case. It noted that Dr Okolo has safely returned to clinical practice and has received positive feedback. XXX.

121. The Tribunal next considered the aggravating factors in this case. Dr Okolo's communications with the GMC in October 2024 regarding XXX. The Tribunal considered that Dr Okolo has a tendency to shift the blame either to other parties or circumstances and has minimised his own role. The Tribunal was of the opinion that Dr Okolo has failed to demonstrate he understands the impact XXX could have on patients and the public interest.

### **No action**

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

123. The Tribunal considered that there are no exceptional circumstances in which it might be justified in taking no action against Dr Okolo's registration. The Tribunal determined that in view of its findings on impairment, it would be neither sufficient, proportionate nor in the public interest, to conclude this case by taking no action.

### **Conditions**

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

125. The Tribunal noted that Dr Okolo has been under conditions for three years. Whilst the GMC did not consider that Dr Okolo had breached the conditions, he has failed to XXX. The Tribunal considered that matters are now escalating. XXX.



126. XXX

127. It had regard to paragraph 81 of the Sanctions Guidance which states:

*‘81 Conditions might be most appropriate in cases:*

*a) involving the doctor’s health*

*b) involving issues around the doctor’s performance*

*c) where there is evidence of shortcomings in a specific area or areas of the doctor’s practice*

*d) where a doctor lacks the necessary knowledge of English to practise medicine without direct supervision.’*

128. The Tribunal considered that this was not a case in which conditions would be either appropriate, proportionate or, indeed, workable. It reached its view on the basis of Dr Okolo’s unsuccessful attempts to work with conditions and the current escalation of the problem.

129. The Tribunal considered that conditions would be inappropriate and insufficient to meet public safety standards, promote and maintain public confidence and to maintain proper professional standards of conduct for the members of the profession. Accordingly, the Tribunal determined not to impose conditions on Dr Okolo’s registration.

## Suspension

130. The Tribunal next considered whether it would be sufficient to suspend Dr Okolo’s registration. It has borne in mind the relevant paragraphs of the SG.

*‘93 Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions’*

*97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.*

*a A serious departure from Good medical practice, but where the misconduct is not so difficult to remediate that complete removal*

*from the register is in the public interest. However, the departure is serious enough that a sanction lower than a suspension would not be sufficient to protect the public.*

XXX

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

*f No evidence of repetition of similar behaviour since incident.*

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

XXX

131. The Tribunal accepted that Dr Okolo has acknowledged some fault. It noted that Dr Okolo has made some steps to mitigate his actions, especially where XXX is concerned. However, the Tribunal found that Dr Okolo had repeatedly breached a number of the paragraphs of GMP at the level of being serious departures from the guidance.

132. The Tribunal gave significant thought to the previous unsuccessful attempts to remediate, lack of insight and risk of repeating relevant behaviour. Each of those features exist in this case. It is only because the Tribunal accept the evidence XXX that those features are XXX that the Tribunal can draw back from what would otherwise be the inevitable conclusion that a period of suspension would be inadequate and that a sanction of erasure should follow.

133. The Tribunal took into account the submissions of both parties on the suitable sanction. The Tribunal gave weight to the opinion as set out by the GMC that a suspension would be the “*only appropriate*” sanction. Although the Tribunal are not bound by the view of the GMC, in this case, the Tribunal considered the regulator’s opinion to be particularly relevant. It is likely that members of the public would be reassured that the regulator’s opinion, on all of the facts and the evidence before the Tribunal and with assess to the Sanction Guidance would take the view that this case could “*only*” be dealt with by a suspension rather than a sanction of erasure.

134. The Tribunal considered whether the most serious sanction of erasure was the more appropriate and proportionate in this case. The Tribunal considered that sanction of erasure could be justified in this case. XXX.

135. The Tribunal bore in mind the overarching objective when considering XXX

136. The Tribunal noted that there has been evidence of Dr Okolo improving and accepted that XXX, it concluded that if Dr Okolo could improve XXX, then any probity issues linked to XXX would be diminished.

137. Therefore, when considering the circumstances of Dr Okolo's case, the Tribunal decided that his conduct is not '*fundamentally incompatible with continued registration*' at this time. The probity and XXX are XXX. Therefore, the Tribunal concluded that to erase Dr Okolo's name from the medical register today would amount to too heavy a punitive effect XXX. The Tribunal noted that Dr Okolo is now willing to address the issues himself, XXX.

138. Ultimately, the Tribunal determined that erasure would not be appropriate or proportionate, nor would it be in the public interest because the least restrictive sanction ought to be imposed. A sanction of suspension will both satisfy the overarching objective and allow Dr Okolo to fulfil his promises to the Tribunal and to himself XXX.

### Length of Suspension

139. The Tribunal then considered the length of suspension to be imposed. The Tribunal considered the factors which the SG sets out,

*'100. The following factors will be relevant when determining the length of suspension:*

*a) the risk to patient safety/public protection*

*b) the seriousness of the findings and any mitigating or aggravating factors (as set out in paragraphs 24–60)*

*c) ensuring the doctor has adequate time to remediate.'*

140. The Tribunal considered the aggravating and mitigating factors in this case as set out above and acknowledged that Dr Okolo's actions represented a serious departure from the principles set out in GMP. It acknowledged that the seriousness of the findings and public confidence were the main concerns, and not patient and public protection.

141. The Tribunal wanted to make sure that Dr Okolo has adequate time to develop his insight, and further remediate. It had found that Dr Okolo was at the start of his insight and remediation journey.

142. Taking all the circumstances into account, the Tribunal therefore determined that imposing a period of 12 months' suspension was the only appropriate, fair and proportionate sanction. In the Tribunal's view this period of time would satisfy the need to promote and maintain public confidence and to send out a clear message to the profession that both the misconduct and a conviction of this nature is unacceptable. The Tribunal decided that a reasonable and well-informed member of the public or the profession would be satisfied that this was a proportionate response to Dr Okolo's behaviour. The Tribunal also decided that such a period was necessary in order to promote and maintain proper professional standards.

143. The Tribunal decided that this period of time would give Dr Okolo the time that he needs to develop his insight and remediation XXX. It should also be long enough for Dr Okolo to return to a review hearing and demonstrate how he has developed full insight into misconduct.

144. Accordingly, the Tribunal determined to suspend Dr Okolo's registration for a period of 12 months.

## Review

145. The Tribunal determined to direct a review of Dr Okolo's case. A review hearing will convene shortly before the end of the period of suspension. The Tribunal wishes to clarify that, although the GMC may wish to consider what, if any, actions it wants to take, at the review hearing the onus will be on Dr Okolo to demonstrate the progress XXX, and what remediation steps he has taken. It may assist the reviewing Tribunal if Dr Okolo provides:

- XXX
- A further reflective statement detailing what he has learnt and how he has developed his insight,
- Evidence that he has kept his knowledge and skills up to date,
- XXX
- Any recent testimonial(s) from paid and/or unpaid work,

- Any CPD Courses that he has attended to address the misconduct, and also to keep his clinical skills up to date, and
- Anything else Dr Okolo believes will assist the Tribunal in assessing whether he is fit to return to unrestricted practice.

146. The MPTS will send Dr Okolo a letter informing him of his right of appeal and when the direction and the new sanction will come into effect.

#### **Determination on Immediate Order - 25/02/2025**

147. Having determined that Dr Okolo's registration be suspended for 12 months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Okolo's registration should be subject to an immediate order.

#### **Submissions**

148. On behalf of the GMC, Ms Rashid submitted that an immediate order is necessary in this case, having regard to the Tribunal's finding on the need to protect the public and to maintain public confidence in the medical profession.

149. Dr Okolo submitted that he had no opinion as to whether an immediate order should be made.

#### **The Tribunal's Determination**

150. The Tribunal has taken into account the relevant paragraphs of The Sanctions Guidance (2024) ('SG') which state,

*'172. The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor...*

*173. An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor's special position of trust, or where immediate action must be taken to protect public confidence in the medical profession.'*

151. The Tribunal carefully considered the above paragraphs of the SG before concluding, that in light of all the circumstances of this case it is necessary, in order to uphold public confidence in the profession and proper professional standards and conduct, to direct an immediate order of suspension. The Tribunal further found that it would not be appropriate for Dr Okolo to be free to practise even with restrictions consistent with the Tribunal's determination at the sanction stage on conditions.

152. This means that Dr Okolo's registration will be suspended from today. The substantive direction, as already announced, will take effect 28 days from the date on which written notification of this decision is deemed to have been served, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

153. For the avoidance of doubt, from today Dr Okolo's registration is suspended and he is not subject to conditions on his registration because only one sanction can be in place at a time.

154. That concludes the case.

**ANNEX A – 24/01/2025**

**Consideration of adjournment**

155. The Tribunal handed down its determination on impairment and was in camera on the matter of sanction. Due to insufficient time to conclude, the Tribunal determined to adjourn today's hearing part heard.

156. The Tribunal noted that Dr Okolo's current order of conditions expires on 9 February 2025. Given its finding on impairment, the Tribunal determined under Section 35(D) sub section 5 and 12 of the Medical Act, to extend the current order of conditions on Dr Okolo's registration for a period of three months.

157. The Tribunal will reconvene initially in camera to continue its deliberations on sanction on 25 February 2025. The parties will be notified on 25 February 2025 at what time the hearing will reconvene.