

**PUBLIC RECORD****Date:** 11/04/2025

**Doctor:** Dr Kelechi OPARA

**GMC reference number:** 7616753

**Primary medical qualification:** MB BS 2015 University of Port Harcourt

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

Review - Misconduct Not Impaired

**Summary of outcome**  
Suspension revoked

**Tribunal:**

Legally Qualified Chair	Mrs Emma Gilberthorpe
Lay Tribunal Member:	Mr Rob McKeon
Registrant Tribunal Member:	Dr Jamal Zaidi

Tribunal Clerk:	Miss Hinna Safdar
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**Attendance and Representation:**

Doctor:	Present, represented
Doctor's Representative:	Mr Patrick Cassidy, Counsel, instructed by BMA Law
GMC Representative:	Ms Charlotte Rimmer, Counsel

**Attendance of Press / Public**

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

## Overarching Objective

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

## Determination on Impairment - 11/04/2025

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 Opara's fitness to practise is impaired by reason of his misconduct.

## Background

2. Dr Opara qualified in 2015 at the University of Port Harcourt, Nigeria. He came to the UK as a trainee doctor, at the time of the events Dr Opara was practising in the spinal department of Queen's Medical Centre at Nottingham University Hospitals NHS Trust ('the Trust') and was also undertaking locums shifts in the emergency department at the same hospital.

### June 2024 hearing

3. Dr Opara admitted that he dishonestly submitted a time sheet ('the time sheet') for work undertaken in the emergency department at Queen's Medical Centre between 8pm on 5 July 2022 and 6am on 6 July 2022 which was purported to be signed by Dr A, when Dr Opara did not work the shift set out in the time sheet and had dishonestly signed the time sheet purporting to be Dr A. Dr Opara admitted that he knew the information in the time sheet to be untrue and that it had not been signed by Dr A and he therefore acted dishonestly.

4. On 18 July 2022 to 19 July 2022, Dr Opara was on the rota to work a shift at the spinal department at Queen's Medical Centre ('Rota Shift 1') and was also booked to work an overlapping bank shift at the emergency department at Queen's Medical Centre ('Bank Shift 1'). Dr Opara admitted that he dishonestly submitted a time sheet to claim pay for working

Bank Shift 1, when he knew he should not work the overlapping shifts and should not have been paid for both.

5. Further, on 19 July 2022 to 20 July 2022, Dr Opara was again booked for a rota shift at the spinal department of Queen’s Medical Centre (‘Rota Shift 2’) and an overlapping bank shift at the emergency department at Queen’s Medical Centre (‘Bank Shift 2’), which was again dishonest, as he knew he could not work both shifts.

6. The initial concerns were raised with the GMC on 12 December 2022 by 360 Assurance, Dr Opara’s locum agency. This followed concerns being raised with 360 Assurance by the Trust.

7. Taking into account all of the evidence, the June 2024 Tribunal acknowledged Dr Opara’s remorse and developing insight, as evidenced by his reflections and the supportive testimony of his supervisor, Dr B, who expressed confidence in his integrity and low risk of repetition. However, the June 2024 Tribunal noted concerns that Dr Opara’s remediation focused more on his financial improvement rather than probity and integrity, and he failed to provide certificates or evidence of probity-related training or appraisals. While concluding the risk of recurrence was low but not negligible, the June 2024 Tribunal found that Dr Opara’s misconduct—defrauding the NHS and neglecting patient care—would seriously concern the public. Consequently, it determined that his fitness to practise was impaired to uphold public confidence and professional standards.

8. The June 2024 Tribunal determined that a nine-month suspension was the appropriate and proportionate sanction for Dr Opara’s serious misconduct, which involved dishonesty over a two-week period while under personal and financial strain. While acknowledging the gravity of his actions—defrauding the NHS and neglecting patient duties—the June 2024 Tribunal noted his early admissions, genuine remorse, and efforts at remediation, including financial mentorship and clinical supervision. It found that his misconduct, though serious, was an isolated lapse unlikely to recur, given his insight and lack of repetition over two years. Although dishonesty undermines public trust, the June 2024 Tribunal concluded that erasure would be disproportionate, as his behaviour was not fundamentally incompatible with continued registration. Instead, suspension was deemed necessary to uphold professional standards while allowing for rehabilitation, balancing punitive impact with public confidence. A nine-month period was deemed sufficient to reflect the seriousness of the misconduct while accounting for mitigating factors.

9. The June 2024 Tribunal determined to direct a review of Dr Opara's case. The June 2024 Tribunal emphasised that Dr Opara should demonstrate how he has continued his reflections on probity and integrity and kept his skills and knowledge up to date. Dr Opara should also provide any other information that he considered would assist.

#### Today's review hearing

#### **The Evidence**

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

11. Dr Opara provided his own witness statement and also gave oral evidence at the hearing.

12. The Tribunal received and took into account the following documents:

- Record of Determination, dated 24-26 June 2024
- Letter from the GMC to Dr Opara, dated 6 August 2024
- Letter from the GMC to Dr Opara, dated 11 December 2024
- Supporting documents provided by Clayton Williams at BMA Law on 8 and 20 January 2025
  - Written reflection, dated 25 November 2024
  - Undated written reflection
  - A Guide to the Multi-Specialty Recruitment Assessment (MSRA)
  - Template reflecting learning points from and information on *an Aspiring to excellence in emergency medicine* course completed on 5 November 2024
  - A letter dated 14 April 2024 from the parish priest at Our Lady of the Rosary and St Therese of Lisieux Catholic Church
  - *Professionalism and Professional Standards for Doctors* online course completed on 24 December 2024 (certificate)
  - *Acute Behavioural Disturbance* learning session completed on 27 September 2024 (certificate)
  - Template reflecting learning points from a *Self-management, confidence and resilience* course on 12 August 2024
  - Template reflecting learning points from a *Systems & Tips for Analytical Medical Practice - (Emergency Medicine)* course on 15 November 2024

- Template reflecting learning points from a *Managing, motivating and leading teams* course on 12 August 2024
- Template reflecting learning points from a *Thinking about ethics* course on 15 August 2024
- A *Statement of Fitness for Work* signed by Dr Opara's GP covering the period 30 December to 29 January 2025
- A CREST certificate completed on 19 November 2024 by Dr B, Emergency Department Consultant at University Hospitals Birmingham NHS Trust.
- *Ethical and professional considerations* course completed on 9 August 2024 (certificate)
- *Management and leadership* course completed on 23 December 2024 (certificate).
- *Managing, motivating and leading teams* course completed on 12 August 2024 (certificate)
- XXX
- Multi-source feedback, dated 19 October 2024
- Email confirming that Dr Opara is booked to take the MSRA exam on 9 January 2025, dated 6 January
- Correspondence confirming that Dr Opara has applied to medical specialty recruitment
- Notes, using a structured template of an ST3 educational meeting between Dr Opara and Dr B held on 15 October 2024
- A Church of Scientology Volunteer Ministers online course, *Ethics and the Conditions*, completed on 30 December 2024
- A Church of Scientology Volunteer Ministers online course, *Integrity and Honesty*, completed on 24 December 2024
- Template reflecting learning points from an *Acute behavioural disturbance* course completed on 27 September 2024
- Template reflecting learning points from an *Ectopic pregnancy – a red flag condition* course completed on 21 September 2024
- *Self-management, confidence and resilience* course completed on 12 August 2024 (certificate)
- *Systems & Tips for Analytical Medical Practice - (Emergency Medicine)* course completed on 15 November 2024 (certificate)
- Template reflecting learning points from a *Systems & Tips for Analytical Medical Practice - (Emergency Medicine)* course on 15 November 2024

- *Doctors with Probity: Healthcare Ethics and Standards* course completed on 16 December 2024 (certificate)
- Character reference provided by Dr D, Consultant in Emergency Medicine, University Hospital of Coventry and Warwickshire, dated 10 January 2025
- Character reference from Dr B, Consultant of Emergency Medicine at University Hospital Birmingham Trust, dated 12 January 2025
- Email from Clayton Williams at BMA Law to the GMC attaching a Letter from Dr C, XXX, dated 5 February 2025
- Email exchange between the GMC and Clayton Williams at BMA Law, dated 15-22 January 2025
- Email from the GMC to Clayton Williams at BMA Law, dated 10 February 2025

## Submissions

### On behalf of the GMC

13. Ms Charlotte Rimmer, Counsel, began by acknowledging the history of the case and the new material submitted by and on behalf of Dr Opara, stating that the GMC's stance on his current impairment was neutral. She referenced the June 2024 Tribunal's findings, which had deemed Dr Opara's misconduct—deliberate and sustained dishonesty across three instances in a two-week period—as serious. While he had demonstrated remorse, the June 2024 Tribunal had been concerned that his reflections were overly focused on improving his financial situation to avoid future dishonesty, rather than emphasising the intrinsic importance of honesty and probity. Additionally, the June 2024 Tribunal had noted that Dr Opara had not engaged with probity courses or discussed probity in appraisals.

14. Ms Rimmer submitted that since the June 2024 hearing, Dr Opara had provided substantial material demonstrating his developing insight and remediation, which she acknowledged as evidence of progress. However, Ms Rimmer highlighted that her primary observation was the underdevelopment of his written reflections on probity and integrity—an area previously identified as lacking. The June 2024 Tribunal had found that while Dr Opara had shown some insight, there remained scope for further development. Ms Rimmer emphasised that the onus had been on Dr Opara to demonstrate continued reflection on probity and integrity, and in the GMC's view, his updated material did not fully address this, particularly in relation to the probity courses he had undertaken.

15. Ms Rimmer submitted that Dr Opara expressed profound regret for his misconduct and outlined steps taken to prevent recurrence, such as seeking help and confiding in others. He stated that his financial management had improved and that he would not act dishonestly again, citing an example of disclosing an overpayment by his Trust. While Ms Rimmer acknowledged Dr Opara's candour and progress, she noted limitations in his focus on changed personal circumstances rather than an ingrained commitment to probity, which should endure even in times of crisis.

16. Ms Rimmer set out that Dr Opara reiterated his remorse, maintained his skills through courses and seminars (some attended at personal expense), and emphasised his willingness to make amends. Further, Dr Opara detailed his ongoing development, including volunteer work and a healthcare assistant role. He reflected that being a doctor required not just technical skill but also upholding probity, integrity, and ethics, affirming his commitment to these values.

17. Ms Rimmer concluded that while the GMC recognised Dr Opara's evident progress, remorse, and strong professional references, there remained shortcomings in the depth of his insight, particularly regarding probity. Nevertheless, given the overall evidence, the GMC maintained a neutral stance on current impairment.

#### On behalf of Dr Opara

18. Mr Patrick Cassidy, Counsel, acknowledged this Tribunal's familiarity with the case history, the June 2024 Tribunal's findings, and the serious nature of Dr Opara's misconduct. He noted that the prior Tribunal had emphasised the need for further evidence of Dr Opara's reflection on ethical and probity issues, as well as his efforts to maintain and develop his medical knowledge. Since his suspension, Mr Cassidy argued, Dr Opara had approached this task with considerable energy—passing medical exams and engaging in continuous professional development. However, the central issue for the current Tribunal was the depth and sincerity of his reflections on probity and ethics, particularly in demonstrating an understanding of the gravity of his past dishonesty.

19. Mr Cassidy submitted that, despite occasional moments where Dr Opara's explanations were unclear, his evidence overall revealed a genuine process of "transformative learning." Dr Opara had not merely recited rehearsed answers but conveyed a sincere appreciation of why he had been suspended and how the disciplinary process had—though painful—positively shaped his professional growth. This, Mr Cassidy contended, was

significant, as not all registrants emerge from suspension with such a constructive perspective. Dr Opara's acceptance of his misconduct, his participation in ethics courses, his discussions with colleagues, and his voluntary disclosure of his disciplinary history all served to reassure the Tribunal and the public that he now grasped the seriousness of his actions.

20. Highlighting Dr Opara's consistent engagement with the GMC—including three written reflections and attendance at five ethics courses—Mr Cassidy stressed that the doctor had not only met but exceeded expectations in his remediation efforts. Dr Opara's recent work as a healthcare assistant, where he actively applied the principles of *Good Medical Practice (2013)* ('GMP'), further demonstrated his commitment to integrity. While there might have been "understandable question marks" about aspects of his insight, Mr Cassidy urged the Tribunal to view the totality of his progress: the absence of further complaints, his academic achievements, and his evident remorse collectively indicated that he no longer posed a risk to the public.

21. In conclusion, Mr Cassidy submitted that Dr Opara had convincingly shown he understood the gravity of his misconduct and the importance of probity in medical practice. Given the two years and eight months since the offences—a period marked by proactive remediation and ethical development—the Tribunal could reasonably conclude that Dr Opara's risk of repetition was now no greater than that of any other doctor. Accordingly, there was no basis for continuing to find his fitness to practise impaired.

### The Relevant Legal Principles

22. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. As noted above, the June 2024 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.

23. This Tribunal must determine whether Dr Opara's fitness to practise is impaired today, taking into account Dr Opara's 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.



## The Tribunal's Determination on Impairment

### Misconduct

24. The Tribunal had regard to the evidence which the June 2024 Tribunal had indicated may assist in reviewing Dr Opara's case. The Tribunal noted that Dr Opara has provided considerable evidence, particularly in his answers during the hearing, in which he addressed all of the areas of concern in respect of his misconduct. He outlined his understanding of how and why these incidents had occurred, as well as the steps he now takes to ensure that they are not repeated. The Tribunal considered that Dr Opara has reflected, developed insight into his misconduct, and taken the appropriate steps toward remediation.

25. The Tribunal took into account the positive testimonials and feedback from colleagues, which demonstrate progress in the areas of previous concern relating to the misconduct, and that he has had transparent discussions with his colleagues. The Tribunal also considered it significant that there have been no issues at all in almost three years since the misconduct arose and, when he was sent money that was not owed to him, Dr Opara worked quickly to send it back.

26. In all the circumstances of this case, the Tribunal was satisfied that Dr Opara has remediated his misconduct and developed full insight, with the result that the risk of repetition of any misconduct is now low, as the June 2024 Tribunal indicated. This Tribunal was of the view that there was little more that Dr Opara could do to demonstrate that he was fit to return to practise without restrictions.

27. The Tribunal acknowledged that Dr Opara has been open and honest in his reflections and engagement with the review process. It recognised that the original suspension was imposed not because of an ongoing risk of repetition, but to maintain public confidence in the profession, given the seriousness of the misconduct. The June 2024 Tribunal had already concluded that Dr Opara was unlikely to repeat his dishonesty, and the Tribunal saw no evidence to contradict this.

28. The Tribunal was of the view that Dr Opara's reflections demonstrated significant development in his insight, particularly in considering the patient safety implications of his actions. His evidence demonstrated that he had adopted a broader ethical perspective, reinforcing his understanding of the importance of probity in medical practice.

29. While the Tribunal noted that stressful situations may still pose challenges for him, it was satisfied that he had taken meaningful steps to mitigate this risk. Dr Opara had demonstrated that he is now an honest doctor who deeply regrets his past misconduct and would unequivocally condemn such behaviour. His willingness to discuss his experience openly with colleagues further supported the Tribunal's view that he has fully acknowledged his failings and learned from them.

30. During the hearing, the Tribunal observed that Dr. Opara sometimes struggled to articulate his responses, possibly due to cultural or language barriers, but it did not interpret this as a lack of insight. Instead, it recognised his genuine efforts to reflect deeply on his past actions. When considering whether his dishonesty could recur, the Tribunal noted his clear shift in attitude—he previously said this may be dictated by his financial situation whereas he now firmly believes that, as a doctor, he must uphold honesty regardless of external pressures.

31. The Tribunal reiterated that the original suspension was primarily about preserving public confidence, not because Dr Opara posed an ongoing clinical risk. It emphasised that he is a competent doctor who has taken substantial steps to remediate his past misconduct. Based on the evidence before it, the Tribunal was satisfied that he is now fit to practise without restriction and will continue to be a good doctor in the future. The Tribunal found that any objective observer reviewing the evidence would conclude that Dr Opara is no longer impaired.

32. This Tribunal has therefore determined that Dr Opara's fitness to practise is no longer impaired by reason of his misconduct.

33. The Tribunal has noted that the current suspension on Dr Opara's registration is due to expire on 30 April 2025. In the light of its findings on impairment, and noting the totality of Dr Opara's evidence in terms of the progress he has made, the Tribunal revokes the order of suspension with immediate effect.

34. That concludes the case.