

PUBLIC RECORD**Date:** 15/01/2026**Doctor:** Dr Sekela MWAMBINGU**GMC reference number:** 7014077**Primary medical qualification:** MB ChB 2008 The University of Warwick**Type of case**

Review - Misconduct

Outcome on impairment

Impaired

Summary of outcome

Conditions, 12 months

Review hearing directed

Tribunal:

Legally Qualified Chair	Mrs Becky Miller
Registrant Tribunal Member:	Dr Eilish Gilvarry
Registrant Tribunal Member:	Dr Shehleen Khan
Tribunal Clerk:	Miss Maria Khan

Attendance and Representation:

Doctor:	Present, not represented
GMC Representative:	Mr Lee Bronze, Counsel

Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held partly in public and partly 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 - 15/01/2026

1. Parts of this hearing were heard in private in accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 ('the Rules'). This determination will be handed down in private due to the confidential nature of matters heard as evidence. However, as this case concerns Dr Mwambingu's misconduct, 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 Rules, whether Mwambingu's fitness to practise remains impaired by reason of misconduct.

Background

3. Dr Mwambingu qualified in Medicine in 2008 from the University of Warwick. She qualified as a general practitioner ('GP') in 2013 and started working as a GP at the Bromfield Medical Centre ('the Practice') in Mold, Flintshire. The Practice had been opened in 1990 by [Mr T], who worked there as a GP. Shortly after Dr Mwambingu started at the Practice, [Mr T] had to step back due to ill-health and she was left as the sole practitioner. The concerns which were referred to the GMC relating to Dr Mwambingu were raised during her time as sole practitioner at the Practice between 2016 and 2020.

The 2023 Tribunal

4. Dr Mwambingu's case was first considered by a Medical Practitioner's Tribunal in June 2023. Dr Mwambingu was present but not legally represented at the hearing.
5. The allegations can be summarised into the following categories: inappropriate prescribing; prescription forms; electronic systems/records; clinical concerns; and payment claims (dishonesty).
6. The facts found proved at Dr Mwambingu's hearing were that between July 2016 and February 2019, Dr Mwambingu inappropriately issued prescriptions to four patients (Patient A, B, C and D) with whom she had a close personal relationship; between May 2017 to May 2019, Dr Mwambingu pre-signed prescription forms allowing prescriptions to be issued in her absence by staff who were not authorised to issue prescriptions; between May 2017 and June 2019, Dr Mwambingu failed to ensure timely referrals of patients for Patient E, F, G, H

and I; between May 2017 and June 2019, Dr Mwambingu failed to have an appropriate system in place to address patient concerns about missed and delayed referrals; and on one or more occasion between May 2018 and May 2019 she failed to generate a clinical record for a patient consultation.

7. It was also found that in 2019 Dr Mwambingu made payment claims as a medical practitioner suspended from the medical performers list, where she dishonestly failed to provide details of payments from alternative work.

8. The 2023 Tribunal found that these matters amounted to misconduct which was serious and determined that Dr Mwambingu's fitness to practise was at that time impaired by reason of misconduct.

9. After taking into account all the circumstances of this case, the Tribunal determined that a period of conditional registration for 12 months was the appropriate sanction and proportionate length in this case. Dr Mwambingu would have sufficient time to address the issues identified, whilst also adequately addressing the seriousness of the misconduct.

10. The Tribunal also directed a review hearing.

July 2024 Tribunal

11. A first review hearing was scheduled for 12 July 2024. On day one of the hearing, Dr Mwambingu made an application for adjournment under Rule 29(2) of the Rules for one month XXX.

12. The Tribunal concluded that it was fair to adjourn the hearing. The Tribunal determined that the hearing should not be relisted any earlier than two months from the date of the July 2024 hearing, to allow Dr Mwambingu sufficient time XXX and prepare for the reconvened hearing.

13. The current order of conditions imposed on Dr Mwambingu's registration was due to expire on 3 August 2024. Due to the hearing being adjourned until after the date on which the conditions would otherwise expire, the Tribunal directed under section 35D (12)(c) of the Medical Act 1983 to extend the current order of conditions on Dr Mwambingu's registration, for a period of six months. It determined that such an extension was necessary and proportionate in the circumstances and would allow for any delay in the hearing being relisted.

November 2024 Tribunal

14. A first review hearing was held on 19 November 2024.

15. The Tribunal considered whether Dr Mwambingu had developed insight and undertaken remediation. It noted that Dr Mwambingu had reflected on her misconduct, was

candid with supervisors, and recognised the impact of personal, XXX and work-related pressures on her practice. The Tribunal accepted that Dr Mwambingu had shown insight, remorse and XXX, and had complied with her conditions and undertaken relevant CPD.

16. However, the Tribunal found there was insufficient independent evidence to demonstrate that Dr Mwambingu could practise safely for a sustained period without recurrence of issues, particularly missed referrals and poor record keeping. While supervisory reports raised no concerns about her clinical competence and noted she was well regarded, they continued to document administrative failings, including missed referrals, delayed investigations, incomplete records and delays in completing documentation. Although some improvements were noted, these issues persisted despite increased support.

17. The Tribunal concluded that there had been no sustained period free from these concerns since the previous review, and it could not be satisfied that the misconduct would not be repeated if Dr Mwambingu returned to unrestricted practice. The Tribunal considered a finding of impairment was necessary to protect the public, maintain confidence in the profession and uphold professional standards. The Tribunal, therefore, determined that Dr Mwambingu's fitness to practise remained impaired.

18. The Tribunal took into account that it had not been provided with any evidence to suggest that the current conditions were not workable, appropriate or proportionate to manage the risks identified by the Tribunal. In the circumstances, therefore, the Tribunal determined to extend the current order of conditions on Dr Mwambingu's registration for a further period of 12 months. The Tribunal considered that a period of 12 months conditional registration would support Dr Mwambingu in completing her remediation, reduce the risk of repetition and avoid any harm to patients or the doctor, caused by any such repetition.

19. The Tribunal also directed a review and listed the following evidence Dr Mwambingu could provide for the next reviewing Tribunal:

- A further reflective statement;
- An up-to-date report from her mentor and/or supervisor;
- A Personal Development Plan;
- Evidence of further insight and remediation;
- Evidence of how she has kept her knowledge and skills up to date.
- Dr Mwambingu would also be able to provide any other information that she considered would assist.

Today's Review Hearing

20. This is the second review of Dr Mwambingu's case.

The Evidence

21. The Tribunal has taken into account all the evidence received, both oral and documentary.
22. The Tribunal also received documentation which included but was not limited to:
- Record of Determinations of the 2023 and 2024 hearings;
 - Workplace and clinical supervision report from Dr A dated 23 December 2024;
 - Email exchanges between the GMC and Dr Mwambingu, relating to Dr Mwambingu's conditions and potential work role, dated 15-16 January 2025;
 - Email from Dr Mwambingu to the GMC advising she is not currently employed, dated 26 February 2025;
 - Email from Dr Mwambingu to the GMC with a further update advising not currently working and that a meeting with NHS England has been arranged; dated 1 April 2025;
 - Email exchanges between Dr Mwambingu and the GMC relating to a potential work role, dated 27 May - 5 June 2025;
 - Email from Mr B, Professional Standards Officer, NHS England – North West to the GMC dated 11 June 2025 attaching
 - Email exchange between Mr B and Dr Mwambingu dated 15 April - 6 June 2025, relating to Dr Mwambingu removing herself from the National GP Performers List;
 - Testimonial from Ms C, Managing Director of DD Clinical and Dr Mwambingu's current employer, dated 14 January 2026;
 - Email from Dr Mwambingu to the GMC confirming she has not worked as a GP or within the NHS since August 2024, dated 15 December 2025.
23. Dr Mwambingu did not provide a written witness statement or any of the evidence requested by the November 2024 Tribunal.

Submissions

24. On behalf of the GMC, Mr Lee Bronze, Counsel, submitted that it did not appear to be Dr Mwambingu's position that she is no longer impaired.
25. Mr Bronze submitted that at the November 2024 Tribunal, conditions were imposed, and although that Tribunal took full account of the improvements the doctor had made, there were still concerns over her record keeping. Mr Bronze submitted that there was no evidence before this Tribunal to suggest those concerns had abated, particularly given the lack of NHS or general practice work since then.
26. Mr Bronze submitted that Dr Mwambingu had responded in part today, verbally setting out the November 2024 Tribunal's findings. While she had worked on some transferable skills, that was only part of the overall picture of being a GP, and Dr Mwambingu had not been able to develop a practice as a GP.
27. Mr Bronze concluded his submissions by telling the Tribunal that Dr Mwambingu, therefore, had not fully responded to the November 2024 Tribunal's findings, and that

impairment was still evident within the doctor's practice. While it was a decision for the Tribunal alone, there had not been a shifting of the evidential burden from what the Tribunal had heard today.

28. Dr Mwambingu submitted that she understood that her fitness to practise is still impaired.

29. Dr Mwambingu told the Tribunal that her last day working for the NHS was 22 May 2024, XXX

30. Dr Mwambingu told the Tribunal that she handed in her notice at the then current practice in August 2024 as XXX and there were ongoing stresses, and for patient safety and XXX it was the best decision. She later communicated with NHS England regarding reviews, which she found stressful, and with discussion she removed herself from the NHS Performers List in June 2025. XXX

31. Dr Mwambingu submitted that by December 2025 her XXX and wished to maintain clinical skills. She wished to discuss reapplying to the NHS GP performers list with supervised sessions. XXX. She understood concerns regarding impairment, had no workplace reports since the November 2024 Tribunal, but wished to return to work with support and supervision.

32. Dr Mwambingu submitted that she worked as an aesthetics practitioner XXX, had been qualified since 2016, and worked in a CQC regulated clinic with no client complaints. Dr Mwambingu submitted that she undertook regular ongoing training related to aesthetics and participated in CQC audits which included ensuring proficient record keeping. Dr Mwambingu recognised that further remediation was limited due to personal matters.

33. In response to questions from the Tribunal, Dr Mwambingu said that the original situation involved running a single handed GP practice with significant pressure, XXX, which led to prescribing for XXX, a mistake she did not intend to repeat. She did not intend to be a single handed GP again, safeguards were in place, she did not prescribe in her current role within aesthetics, and her workplace was aware of the conditions.

The Relevant Legal Principles

34. In reaching its decision the Tribunal should take into account the three parts of public protection, which include: protecting and promoting the health, safety and wellbeing of the public; promoting and maintaining public confidence in the profession; and promoting and maintaining proper professional standards and conduct.

35. The Tribunal reminded itself that there is no burden or standard of proof at this stage of the proceedings and the decision of impairment is a matter for the Tribunal's judgement alone. As noted above, the November 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 she would be safe to return to unrestricted practise.

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

37. The Tribunal must determine whether the doctor has demonstrated insight, and if so, to what extent. The Tribunal must also determine whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of current impairment were not made.

38. The Tribunal will need to consider whether the doctor has shown the following:

- a they fully appreciate the gravity of the offence
- b they have not reoffended
- c they have maintained their skills and knowledge
- d patients will not be placed at risk by resumption of unrestricted practice

The Tribunal's Determination on Impairment

Misconduct

39. At all times, the Tribunal had regard to *Guidance for MPTS Tribunals (Section three: MPT Hearings > Part B > Stage 2: Impairment > Steps 2(a) to (e)* ('the MPT Guidance').

40. The Tribunal used the following questions set out below to help inform its assessment of whether Dr Mwambingu poses any current and ongoing risk to public protection requiring restrictive action in response, and if so, what level of risk (low, medium or high).

Is there a legal basis for considering impairment?

41. The Tribunal confirmed that there was a legal basis for considering whether Dr Mwambingu's fitness to practise is impaired, namely misconduct.

What was the last assessment of current and ongoing risk to public protection resulting in Dr Mwambingu's fitness to practise being found impaired?

42. The Tribunal took into account the November 2024 Tribunal's assessment that Dr Mwambingu had developed insight and undertaken remediation. She had complied with her conditions and undertaken relevant CPD. However, concerns remained about recurrence of the identified issues and administrative failings continued, despite support. The November

2024 Tribunal determined that there remained a current and ongoing risk to public protection.

What has happened since the last assessment of risk and what impact does this have?

43. The Tribunal had regard to Dr Mwambingu's submissions: she stated that her life XXX were in a better place, showing some insight into these areas. XXX. The Tribunal also took into consideration that Dr Mwambingu said she had completed CPD and remedial work, but again, no evidence was provided. The Tribunal considered that Dr Mwambingu appeared credible, she presented herself well but objective evidence was lacking.

44. The Tribunal considered Dr Mwambingu's description of her transferable skills in her current customer-facing work, but again she had provided no evidence apart from a testimonial from her employer. The Tribunal formed the view that insight was developing, particularly around referrals and documentation, with some movement but this not yet sufficient. Dr Mwambingu was currently working in aesthetics, which was not general practice and could not be used as evidence.

How has the doctor responded to the November 2024 Tribunal's findings?

45. Dr Mwambingu acknowledged the findings of the November 2024 Tribunal and that she has not been in a position to provide any further evidence to show that she does not remain impaired. Dr Mwambingu has been open regarding her situation since the last Tribunal and that she has not worked in a GP role since May 2024. Dr Mwambingu recognises that she has been unable to demonstrate or provide the evidence required to prove that her practise is no longer impaired.

46. It is to Dr Mwambingu's credit that she recognised that patient safety required her to step back from clinical practice and concentrate on her own personal XXX matters.

Has the risk to public protection requiring restrictive action in response changed and if so, how?

47. The Tribunal considered Dr Mwambingu's compelling evidence relating to CPD work, XXX, and her aspirations to rejoin the Performers List. It took into account that her insight has further developed, especially into XXX issues. However, since the November 2024 Tribunal, Dr Mwambingu had not worked as a GP or within the NHS, and therefore was unable to provide any evidence to show how she has addressed the concerns raised. Therefore, the level of risk to public protection remained the same.

48. This Tribunal has therefore determined that Dr Mwambingu's fitness to practise remains impaired by reason of misconduct.

Determination on Sanction - 15/01/2026

49. Parts of this hearing were heard in private in accordance with Rule 41 of the Rules. This determination will be handed down in private due to the confidential nature of matters heard as evidence. However, as this case concerns Dr Mwambingu's misconduct a redacted version will be published at the close of the hearing.

50. Having determined that Dr Mwambingu's fitness to practise remains impaired by reason of misconduct 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 Dr Mwambingu's registration.

The Evidence

51. 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 Mwambingu's registration.

Submissions

52. On behalf of the GMC, Mr Bronze submitted that the appropriate sanction in this case was one of conditional registration. Dr Mwambingu may face difficulties in securing a salaried GP position with supervision going forwards. However, there was no evidence to suggest that conditions were unworkable. She had previously complied with such conditions and the Tribunal had heard that she was now beginning to regain further stability.

53. Mr Bronze submitted that conditions were likely to be workable. Dr Mwambingu had shown insight into her previous issues and had expressed a willingness to comply, which the Tribunal has accepted. Retraining and supervision may be beneficial, and there was nothing to suggest she would fail to follow the conditions imposed.

54. Mr Bronze told the Tribunal that conditions would provide a clear opportunity for Dr Mwambingu to safely return to GP work. While external support for supervision or placement was not available from the GMC, this did not prevent the Tribunal from imposing workable conditions. Without conditions, there remained a risk of repeating past misconduct. Given Dr Mwambingu's misconduct conditions were both appropriate and necessary to protect patients and support her safe return to practice.

55. Dr Mwambingu submitted a request that any sanction imposed be fair and proportionate. Whilst she has not been able to provide evidence for everything requested following the last Tribunal, her current work demonstrated trustworthiness, integrity, and adherence to ethical principles, as reflected in her testimonial. There had been no evidence of risk to the public in this role, which reflected her progress in improving XXX and professional conduct.

56. Dr Mwambingu submitted that taking time away from general practice had allowed her to address personal issues affecting her work. She sought advice from XXX and followed

guidance to take a career break. Dr Mwambingu asked the Tribunal to consider the lapse of time since the incidents in question, including matters from 2019, as well as her completion of an approved NHS course in prescribing in 2020 and ongoing good record-keeping. Prescribing to family members had occurred over six years ago, and Dr Mwambingu fully acknowledged it was wrong.

57. Dr Mwambingu told the Tribunal she has not held a general practice or NHS role since August 2024, though she has worked in aesthetics in a flexible, self-employed capacity while managing personal stress, XXX, and other significant life events, XXX. She submitted that her preference would be for a period of undertakings but acknowledged that she had not discussed this with the GMC beforehand. She said this would allow her to demonstrate competency, regain confidence, and safely return to practice, reflecting the improvements XXX over the past years.

58. In summary, Dr Mwambingu submitted that she was ready to resume practice with renewed energy, focus, and engagement in CPD. She asked the Tribunal to consider the context of her career break and personal challenges when deciding on sanctions and to apply a fair and proportionate approach, whether through conditions, warnings, or retraining.

The Relevant Legal Principles

59. The Tribunal's decision as to the appropriate sanction, if any, is a matter for the Tribunal's own independent judgment.

60. In reaching its decision the Tribunal should take into account the three parts of public protection, which include: protecting and promoting the health, safety and wellbeing of the public; promoting and maintaining public confidence in the profession; and promoting and maintaining proper professional standards and conduct.

61. In making its determination the Tribunal should consider the least restrictive sanction first, before moving on to consider the other available sanctions in ascending order of severity. The Tribunal should also consider proportionality by weighing the public interest against the interests of the doctor.

The Tribunal's Determination

No action

62. In reaching its decision as to the appropriate sanction, if any, to impose on Dr Mwambingu's registration, the Tribunal first considered whether to conclude the case by revoking the current order and taking no action. Taking into account the nature of the concerns in this case, and that there were no exceptional circumstances to justify taking no action, the Tribunal determined that taking no action would be inappropriate and not in the interests of either Dr Mwambingu or the public.

Conditions

63. The Tribunal had regard to Dr Mwambingu's level of insight and that she has complied with conditions in the past. It took into account her submissions in which she clearly demonstrated that she was willing to work under supervision and comply with any conditions imposed today. The Tribunal recognised that Dr Mwambingu had progressed in her understanding of the impact of her personal circumstances on her clinical practise and has taken a lot of action herself, taking into account her personal XXX difficulties.

64. Bearing this in mind and taking into account the *Guidance for MPTS Tribunals*, the Tribunal concluded that a period of conditional registration was the least restrictive sanction, and conditions could be formulated that were appropriate, measurable, workable and proportionate.

65. The Tribunal was of the view that the previous condition 7 was too restrictive, in that Dr Mwambingu was only permitted to work as a salaried GP. It concluded that Dr Mwambingu would have more opportunity to find a suitable role if she were permitted to work in locum roles and this was a more proportionate condition.

66. The Tribunal therefore determined to impose the following conditions upon Dr Mwambingu's registration:

1. She must personally ensure that the GMC is notified of the following information within seven calendar days of the date these conditions become effective:
 - a. the details of her current post, including:
 - i. her job title
 - ii. her job location
 - iii. her responsible officer (or their nominated deputy)
 - b. the contact details of her employer and any contracting body including her direct line manager
 - c. any organisation where she has practising privileges and/or admitting rights
 - d. any training programmes she is in
 - e. the organisation on whose medical performers list she is included

- f. the contact details of any locum agency or out of hours service she is registered with.
- 2. She must personally ensure the GMC is notified:
 - a. of any post she accepts, before starting it
 - b. that all relevant people have been notified of her conditions, in accordance with condition 9
 - c. if any formal disciplinary proceedings against her are started by her employer and/or contracting body, within seven calendar days of being formally notified of such proceedings
 - d. if any of her posts, practising privileges or admitting rights have been suspended or terminated by her employer before the agreed date within seven calendar days of being notified of the termination
 - e. if she applies for a post outside the UK.
- 3. She must allow the GMC to exchange information with her employer and/or any contracting body for which she provides medical services.
- 4.
 - a. She must have a workplace reporter appointed by her responsible officer (or their nominated deputy).
 - b. She must not work until:
 - i. her responsible officer (or their nominated deputy) has appointed her workplace reporter
 - ii. She has personally ensured that the GMC has been notified of the name and contact details of her workplace reporter.
- 5. She must get the approval of the GMC before working in a non-NHS post or setting.
- 6. She must only work in a group practice setting where there is a minimum of two GP partners or employed GPs (excluding herself). The GPs must be partners or permanently employed GPs who are on the GP register (this excludes locum staff).
- 7. She must not work in any locum post or fixed term contract of less than three months duration.

8.
 - a. She must be supervised in all of her posts by a clinical supervisor, as defined in the *Glossary for undertakings and conditions*. Her clinical supervisor must be appointed by her responsible officer (or their nominated deputy).
 - b. She must not work until:
 - i. her responsible officer (or their nominated deputy) has appointed her clinical supervisor and approved her supervision arrangements
 - ii. she has personally ensured that the GMC has been notified of these arrangements.
 - c. She must provide a report from her clinical supervisor in advance of or at her next review hearing.
9. She must personally ensure the following persons are notified of the conditions listed at 1 to 8:
 - a. her responsible officer (or their nominated deputy)
 - b. the responsible officer of the following organisations:
 - i. her place(s) of work, and any prospective place of work (at the time of application)
 - ii. all her contracting bodies and any prospective contracting body (prior to entering a contract)
 - iii. any organisation where she 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 she is registered with.
 - v. If any of the organisations listed at i to iii does not have a responsible officer, she must notify the person with responsibility for overall clinical governance within that organisation. If she is unable to identify this person, she must contact the GMC for advice before working for that organisation.
 - c. the responsible officer for the medical performers list on which she is included or seeking inclusion (at the time of application)
 - d. her immediate line manager and senior clinician (where there is one) at her place of work, at least 24 hours before starting work (for current and new posts).

Length of conditional registration

67. The Tribunal determined that the length of the order should be 12 months. The Tribunal was of the view that this period of time would allow Dr Mwambingu time to return to the National Performers List and find a suitable role. Once established in a role, Dr Mwambingu could then implement the conditions and work towards demonstrating that she has adequately addressed the concerns identified in this case. This length of conditional registration would also serve to reassure the public and uphold the reputation of the profession.

Review Hearing

68. The Tribunal determined to direct a review of Dr Mwambingu'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 Mwambingu to demonstrate how she has further developed her insight into any remaining concerns. It may assist the reviewing Tribunal if Dr Mwambingu could also provide evidence of continuing CPD, and reports from her workplace reporter. Dr Mwambingu will also be able to provide any other information that she considers will assist.

69. The Tribunal has directed to impose conditions on Dr Mwambingu's registration for a period of 12 months. The MPTS will send Dr Mwambingu a letter informing her of her right of appeal and when the direction and the new sanction will come into effect. The current order of conditions will remain in place during the appeal period.