PUBLIC RECORD

Dates: 20/08/2025 - 26/08/2025

Doctor:	Dr Anthony ODUME
GMC reference number:	5194359
Primary medical qualification:	MB BS 1988 University of Benin

Type of case	Outcome on facts	Outcome on impairment
New - Misconduct	Facts relevant to impairment found proved	Impaired

Summary of outcome
Suspension, 6 weeks.

Tribunal:

Legally Qualified Chair	Mrs Sarah Hamilton
Lay Tribunal Member:	Ms Jo Palmiero
Registrant Tribunal Member:	Dr Ranjana Rani

Tribunal Clerk:	Larry Millea

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Gavin Irwin, Counsel, instructed by the Medical Protection Society
GMC Representative:	Ms Harriet Tighe, 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 Facts & Impairment - 22/08/2025

1. This determination will be handed down in private. However, as this case concerns Dr Odume's misconduct a redacted version will be published at the close of the hearing.

Background

2. Dr Odume qualified in 1988 from the University of Benin, Nigeria. He registered to practice in the UK in 2001, became a Consultant in 2016 and obtained a masters degree (MSc) in Psychiatry Practice (University of Hertfordshire) in 2010. He is an Approved Clinician (under section 12(2) of the Mental Health Act 1983) in both England and Wales, and an approved medical practitioner under the Mental Health (Scotland) Act 2003. At the time of the events Dr Odume was practising as a locum Consultant Psychiatrist at the Newtown Hospital, Wales, ('the Hospital') with the Fan Gorau Community Mental Health Team ('CMHT').

3. The allegation that has led to Dr Odume's hearing can be summarised as that, in or around January 2021, Powys Teaching Health Board ('PTHB') agreed that Dr Odume did not need to work beyond 13:00 on a Friday if he had already completed his contracted weekly hours of 40 hours by that time. It is also alleged that, on more than one occasion between November 2021 and January 2022, Dr Odume failed to complete his contracted weekly hours and claimed payment from PTHB for more hours than he had worked. It is further alleged that Dr Odume's actions in doing so were dishonest.

4. The initial concerns were raised with the GMC on 16 August 2022 by PTHB via an online referral form. The referral to the GMC was further to a local investigation by the Counter Fraud team for PTHB, which concluded in April 2022, following a colleague raising concerns on 6 January 2022 about Dr Odume's non-attendance at the Hospital on Fridays.

The Allegation and the Doctor's Response

5. The Allegation made against Dr Odume is as follows:

That being registered under the Medical Act 1983 (as amended):

1. In or around January 2021, your line manager at Powys Teaching Health Board ('PTHB'), Dr A, agreed that you did not have to work beyond 13:00 on a Friday, if by then you had completed your contracted weekly hours ('the Agreement'). Admitted and found proved

2. Between 1 November 2021 and 21 January 2022, on one or more occasion, you:

    a. failed to complete your contracted weekly hours, as set out in Schedule 1; Admitted and found proved

    b. claimed payment from PTHB for more hours than you had worked, as set out in Schedule 1; Admitted and found proved

    c. breached the Agreement, in that you:

        i. left work before 13:00 as set out at entries 1-6 and 9-12 of Schedule 2; Admitted and found proved

        ii. failed to attend work at all, as set out at entries 7 and 8 of Schedule 2. Admitted and found proved

3. You knew when taking the actions/failing to act as described at:

    a. paragraph 2a, that you had failed to work your contracted hours; Admitted and found proved

b. paragraph 2b, that you had worked fewer hours than you had claimed; Admitted and found proved

c. paragraph 2c, that you were acting in breach of the Agreement. Admitted and found proved

4. Your actions as described at:

a. paragraph 2a were dishonest by reason of paragraph 3a; Admitted and found proved

b. paragraph 2b were dishonest by reason of paragraph 3b; Admitted and found proved

c. paragraph 2c were dishonest by reason of paragraph 3c. Admitted and found proved

And that by reason of the matters set out above your fitness to practise is impaired because of your misconduct. To be determined

The Admitted Facts

6. At the outset of these proceedings, through his counsel, Mr Irwin, Dr Odume made admissions to the entirety of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'). In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

IMPAIRMENT

7. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out above, Dr Odume's fitness to practise is impaired by reason of misconduct.

Witness Evidence

8. The Tribunal received evidence on behalf of the GMC in the form of witness statements from:

- Ms A, CMHT Leader, dated 25 March 2024;
- Dr B, Consultant Psychiatrist for PTHB, dated 18 March 2024 and a supplementary statement dated 9 April 2025;
- Ms D, Medical Secretary at PTHB, dated 30 May 2024;
- Mr C, Head of Counter Fraud Services with NHS Counter Fraud for Swansea Bay University Health Board, dated 19 March 2024;
- Ms E, Mental Health Act Administrator ('MHAA') for PTHB, dated 29 April 2025.

These witnesses' evidence was accepted and they were not called to give oral evidence.

9. Dr Odume provided his own witness statement, dated 17 July 2025, and also gave oral evidence at the impairment stage.

10. The Tribunal also received in support of Dr Odume seven testimonials from colleagues and one testimonial from a friend, who is also a practitioner, all of which it has read.

11. The Tribunal had regard to the documentary evidence provided by the parties, which included but was not limited to: Dr Odume's written reflections (undated); details of Continuous Professional Development ('CPD') activities undertaken by Dr Odume; various correspondence and documents relating to the local investigation including the Investigation Outcome Report dated April 2022; and Dr Odume's timesheets for the relevant period.

Submissions

On behalf of the GMC

12. On behalf of the GMC, Ms Tighe, counsel, submitted that Dr Odume's misconduct marks a significant departure from the standards set out in *Good Medical Practice (2013)* ('GMP'). She submitted that what makes this serious misconduct is that it involved financial dishonesty against the NHS, breached the trust that the public and employers place in its doctors and that the dishonesty was persistent, occurring over a three-month period between November 2021 and January 2022.

13. Ms Tighe submitted that in respect of impairment, limbs (b), (c) and (d) of the test set out in *CHRE v NMC and Paula Grant [2011] EWHC 297 Admin* (set out below) are engaged in this case, namely that Dr Odume:

b. Has in the past and/or is liable in the future to bring the medical profession into disrepute; and/or

c. Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or

d. Has in the past acted dishonestly and/or is liable to act dishonestly in the future.

14. Ms Tighe submitted that it has taken Dr Odume some time to accept that his actions were dishonest, that his efforts at remediation were carried out in close proximity to this hearing and that no efforts to remediate his misconduct were carried out before. She submitted that the Tribunal may conclude, based on Dr Odume's written reflections, that he has an understanding of the impact his dishonest actions had upon the profession and public confidence in the profession.

15. Ms Tighe submitted that Dr Odume is developing insight into his misconduct, but that during his oral evidence he did not fully acknowledge how such a deficit of hours worked was built up and the extent of the deficit. She submitted that in light of the recent admission to the dishonesty and the developing insight, there remains a risk of repetition of the misconduct.

16. Ms Tighe submitted that the testimonials provided on behalf of Dr Odume speak highly of him, but do not include reference to Dr Odume discussing the misconduct with the authors and therefore the Tribunal may conclude that the testimonials are of limited assistance when addressing the questions of insight and remorse.

17. Ms Tighe submitted that the second and third limbs of the overarching limb are engaged in this case and would be undermined if a finding of impairment was not made. She submitted that a finding of impairment was necessary in order to maintain public confidence in the profession and to uphold professional standards on the basis that Dr Odume had seriously breached fundamental tenets of the profession in the past, and had acted dishonestly.

<u>On behalf of Dr Odume</u>

18. On behalf of Dr Odume, Mr Irwin submitted that Dr Odume accepts that the facts found proved against him, on his own admission, amount to misconduct, but that his fitness to practise is not currently impaired.

19. Mr Irwin submitted that Dr Odume is a man of good character with no regulatory findings against him in his approximately 40 years of practice, and that the testimonials provided by a broad range of health care professionals demonstrate the high regard in which he is held, adding that those references were confirmed in light of the knowledge that Dr Odume had admitted dishonest conduct.

20. Mr Irwin submitted that Dr Odume maintains that it was never his intention to 'defraud', but rather he fell into bad habits that are, in part, explained by his personal circumstances at the time. However, he accepts that he acted dishonestly and has not sought to excuse or justify his misconduct. He submitted that Dr Odume's admitted misconduct did not commence as soon as he took up his position and he had been working at PTHB for 10 months before he began to work fewer hours than required. Mr Irwin submitted that Dr Odume had been working more hours than required or had been claimed during that 10-month period, and that his misconduct took place more than three years ago.

21. Mr Irwin submitted that Dr Odume was not required to be present on the premises at any given time and that whilst this does not excuse him working fewer hours than required or claimed, there is not any evidence that any individual's care was compromised. He also submitted that during the relevant period, there were instances where Dr Odume worked excess hours, demonstrating a lack of planning or sophistication to his course of conduct.

22. Mr Irwin submitted that Dr Odume has previously worked far from home but that no such misconduct occurred during those long periods, that the misconduct is not part of a pattern of engrained behaviour and has not been repeated, and that it is inherently unlikely that any such misconduct would be repeated.

23. Mr Irwin submitted that dishonesty cannot lead inevitably or inexorably to a finding of impairment, otherwise there would be no possibility of remediation. He submitted that Dr Odume has engaged in bespoke training to address his misconduct including with a leading remedial ethicist who has described Dr Odume's positive engagement and enthusiastic participation in their one-to-one, face-to-face ethics training. He submitted that Dr Odume has explained his late adoption of assistance in relation to exploring remedial ethics (in the summer of 2025), as he was unaware that such a thing was possible and was not directed towards it during appraisals between 2022 and 2025.

24. Mr Irwin submitted that even had Dr Odume been aware of such ethical remediation training before this time, his ability to engage with it was compromised for a significant period owing to his personal circumstances. However, he has now engaged enthusiastically and is committed to continuing to read and reflect on his conduct. He submitted that Dr Odume has described the sense of shame he feels as a result of his misconduct, which is a powerful driver for positive future conduct, and that in light of all the relevant considerations, the risk of repetition can only properly be described as 'slim to nil'.

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 of 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 facts as found proved amounted to misconduct and that the misconduct was serious, and then whether the finding of that misconduct which was serious could lead to a finding of impairment.

27. The Tribunal must determine whether Dr Odume's fitness to practise is impaired today, taking into account Dr Odume'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.

28. The LQC further referred the Tribunal to the principle set out in *Cheatle v GMC [2009] EWHC 645 (Admin)*: *'The doctor's misconduct at a particular time may be so egregious that, looking forward, a panel is persuaded that the doctor is simply not fit to practise medicine without restrictions, or maybe at all. On the other hand, the doctor's misconduct may be such that, seen within the context of an otherwise unblemished record, a Fitness to Practise Panel could conclude that, looking forward, his or her fitness to practise is not impaired, despite the misconduct.'*

29. The Tribunal was mindful of the case of *Cohen v GMC (2008) EWHC 581* in which the Court held that the task of the panel, in considering impairment, is to take account of the practitioner's misconduct and then consider it in light of all the other relevant factors known to them. The Court stated that it will be highly relevant in determining if fitness to practise is impaired to consider:

- whether the practitioner's misconduct is easily remediable;
- whether the misconduct has been remedied; and
- whether the misconduct is likely to be repeated.

30. The LQC reminded the Tribunal that whilst there is no statutory definition of impairment, the Tribunal is assisted by the guidance provided by Dame Janet Smith in the Fifth Shipman Report, as adopted by the High Court in *CHRE v NMC and Paula Grant [2011] EWHC 297 Admin*. The Tribunal noted that any of the following features are likely to be present when a doctor's fitness to practise is found to be impaired:

a. 'Has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or
b. Has in the past and/or is liable in the future to bring the medical profession into disrepute; and/or
c. Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or
d. Has in the past acted dishonestly and/or is liable to act dishonestly in the future.'

The Tribunal's Determination on Impairment

Misconduct

31. In reaching its decision as to whether Dr Odume's actions amounted to misconduct, the Tribunal noted that he accepted in his written statement that they did, as reiterated in the submissions made by Mr Irwin on his behalf.

32. The Tribunal considered that Dr Odume had deliberately and knowingly engaged in a dishonest course of conduct, which persisted for a period of nearly three months. This course of conduct included Dr Odume leaving earlier than agreed on Fridays and not completing the contractual hours required of him, and not attending at all on two Fridays.

33. In reaching its decision, the Tribunal acknowledged that there had been agreement between Dr Odume and his line manager that he did not have to work beyond 13:00 on a Friday, if by then he had completed his contracted weekly hours. It also noted the evidence that Dr Odume had previously worked excess hours, attending earlier than scheduled, for which he did not claim and which appeared to be a consideration that factored into the

agreement with his line manager that some flexibility could be applied to his working pattern. The Tribunal also accepted that Dr Odume was not required to be on the premises at all times during his scheduled hours.

34. However, Dr Odume's actions went beyond the level of flexibility agreed with his line manager for Fridays and resulted in him dishonestly claiming for hours which he did not work and failing to either attend or work remotely on numerous occasions. The Tribunal noted his explanation that due to travel issues and a desire to reach home by XXX he would leave earlier than agreed or before completing his agreed hours, or not work on several Fridays at all. It concluded that Dr Odume had chosen to put his personal life before his employment obligations and clinical responsibilities without discussing this with his line manager. Whilst Dr Odume may have felt that he had reasons to do so, his actions were entirely inappropriate. When he accepted the role, he knew what the working hours and location would be.

35. The Tribunal considered Dr Odume's explanation that he had failed to sign out of the premises on the fire register (which was at the back of the premises) on Fridays due to exiting via reception, where he had parked his car. He told the Tribunal that he was in a rush to leave and therefore did not want to be delayed by going to sign out. The Tribunal was not convinced by this explanation. Dr Odume knew that the fire register was an important record, which he accepted he should have signed each day.

36. The Tribunal determined that Dr Odume made a deliberate choice to work less hours than contracted. He failed to inform his line manager of the change of his job plan for Friday and dishonestly claimed for hours he had not worked. It concluded that his actions were serious departures from the behaviour expected of registered practitioners and were clearly serious enough to amount to misconduct.

37. The Tribunal therefore concluded that Dr Odume's conduct fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct.

Impairment

38. The Tribunal, having found that the facts found proved amounted to misconduct, went on to consider whether, as a result of that misconduct, Dr Odume's fitness to practise is currently impaired.

39. The Tribunal was of the view that whilst dishonesty is considered difficult to remediate, Dr Odume's misconduct was nonetheless capable of remediation. Owing to the persistent nature of his conduct and that he was knowingly acting dishonestly, the Tribunal concluded that Dr Odume's misconduct could not be classed as at the 'lower end' of the spectrum of dishonesty. However, it concluded that it was also not at the 'upper end' of the spectrum, as it related to a single course of conduct over a finite period and did not appear to have demonstrated any level of sophisticated planning or form part of a broader pattern of dishonest behaviour.

40. The Tribunal then went on to consider whether Dr Odume had developed insight into, and remediated his misconduct.

41. In doing so it noted the CPD undertaken by Dr Odume, specifically the following courses:

- Professionalism and Professional Standards for Doctors, online course completed 24 July 2025;
- Course on medical ethics, a one-to-one course conducted in person on 15 August 2024, hosted by Mr F, PhD, Instructor in Medical Ethics.

42. The Tribunal noted that in addition to the certificates of completion for both courses, Mr F also produced a letter in relation to the course, which included:

> *"In preparation for the ethics training, I have read the GMC's allegations of wrongdoing (contained in the letter of 14th November 2024, running to 30 pages) and a witness statement from Dr Odume, dated 17th July 2025. The course was bespoke and based on the ethical issues arising from Dr Odume's particular case, particularly on issues of honesty, probity and accurate time-keeping.*
>
> *On Friday 15th August 2025, from approximately 10.15am to 4.45pm, I delivered a one-to-one training course on ethics (in person, in central London), covering the following topics:*
>
> 1) *Oaths and duties of a doctor (with a focus on the central importance of trust, honesty, and probity for doctors), looking at the Hippocratic Oath, the Declaration of Geneva, and selected parts of the GMC guidance;*

2) *Four principles of medical ethics for doctors (respect for autonomy, beneficence, non-maleficence and justice), including how the principles might apply to situations akin to those in the GMC's allegations;*

3) *Truth-telling and honesty in medical practice, with consideration of 22 honesty-based clinical and non-clinical scenarios (based on actual cases);*

4) *In each case, and where appropriate, the topics listed above were explained and discussed with particular reference to Dr Odume's circumstances.*

Dr Odume was engaged throughout the course and participated enthusiastically in the exercises and discussions."

43. The Tribunal was of the opinion that these courses were relevant to the specific concerns identified in this case, namely probity and ethics, and demonstrated that Dr Odume has engaged and developed insight.

44. In his written reflections, Dr Odume states: *"My action did not support teamwork and was not an action that can maintain public confidence in the health care system and the medical profession"* and then goes on to apply principles of ethical analysis to his own behaviour and the impact of his actions on the profession, colleagues and patients. The Tribunal was satisfied that this formal remediation demonstrates that Dr Odume understands and can apply the relevant ethical considerations to his own practice and his previous dishonest behaviour.

45. The Tribunal considered the submissions made by both parties in respect of the timeliness of this CPD and Dr Odume's development of insight. Ms Tighe submitted that Dr Odume's efforts at remediation were carried out in close proximity to this hearing and that no efforts to remediate his misconduct were carried out before, whereas Mr Irwin submitted that Dr Odume was not aware of such courses until recently, and was not directed towards them during appraisals between 2022 and 2025. Mr Irwin also submitted that Dr Odume's personal circumstances would have compromised his ability to engage with such remediation, XXX.

46. During his oral evidence, Dr Odume explained how he has changed his timekeeping practice to prevent any recurrence, including the use of an app and ensuring his employers or managers are informed of and agree to the correct hours and schedule that he works.

47. The Tribunal also considered the evidence from the local Trust investigation, which demonstrated that Dr Odume had accepted his wrongdoing, that he was dishonest and had expressed remorse and apologised from the outset and as soon as he was challenged about it (April 2022). He had also acknowledged the impact of his actions and reimbursed the overpayments which he had dishonestly claimed.

48. Whilst the ethics-specific courses and CPD may have only taken place shortly before this hearing, the documentary evidence supported that Dr Odume had demonstrated the timely development and application of insight. When considered in light of his written statement, written reflections and oral evidence, the Tribunal was satisfied that Dr Odume had applied this insight to his practice to minimise the risk of repetition and to ensure that he is transparent with his employers and accurately completes timesheets from the outset of the fraud investigation. He told the Tribunal that he now records the actual times worked on a Friday on the timesheet which is submitted to the locum agency, to reflect that he leaves at 13:00.

49. In light of the insight and remediation demonstrated by Dr Odume, the Tribunal was of the opinion that the risk of repetition in this case was low. It considered that Dr Odume was genuinely ashamed and embarrassed, as he stated, and that this genuine remorse, taken with his insight and remediation, reduced the risk of any repetition. Further, there was no evidence of any such behaviour before or since these events.

50. The Tribunal also bore in mind the supportive testimonials provided on Dr Odume's behalf. All the authors were aware of Dr Odume's ongoing GMC proceedings and that Dr Odume had admitted to misconduct and dishonesty, but the Tribunal attached particular weight to the three testimonials from colleagues who had worked with Dr Odume since his misconduct.

51. Dr G, Locum Consultant Liaison Psychiatrist at Hampshire and Isle of Wight Healthcare NHS Foundation Trust, who worked with Dr Odume between January and April 2023, stated:

> *"During the four-month period we worked together at Elmleigh, I consistently observed Dr Odume to be punctual, dependable, and professional in his conduct.*

Throughout this period, I had no concerns regarding his character or dedication to his responsibilities, nor were any concerns brought to my attention by other members of the team. He demonstrated a conscientious approach to his duties, and, in my experience, he showed no indication of any intent to mislead or act dishonestly toward me or any of our colleagues."

52. Mr I, Nurse Approved Clinician, worked with Dr Odume for five weeks from May to June 2025 at Avon and Wiltshire Mental Health Partnership NHS Trust. He confirmed that:

"In the time I worked with Dr Odume I had no concerns over his personal and professional integrity and probity. I found him to be a supportive colleague, always willing to share his experience and knowledge and to offer supervision to colleagues, myself included."

53. Finally, Dr H, Consultant Psychiatrist at Southern Health NHS Foundation Trust, who worked with Dr Odume between January and September 2022, stated:

"To the best of my knowledge Dr Odume is an honest, and a highly professional clinician who was well respected by his patients and colleagues when he worked for us. I was not aware of any probity related issues during his time with our NHS trust. I was made very aware by Dr Odume's when he started work with us of his intentions for early start to work every day of the week and, also his early finish on a Friday afternoon as he had a long commute to drive back home, an arrangement I understand he had apparently legally agreed with the NHS trust as part of his legal working contract. I personally never had any problems with this arrangement, as it did not in any way compromise patient care when I used to cover for him on this Friday afternoon, whilst, equally I was also made aware by our team that they have always witnessed Dr Odume being in office as the first person to enter at very early hours in the morning, even as early as 7.30am to ensure he always completed his work, commitments and his weekly contracted hours to compensate for his Friday early finish."

54. In considering the public interest, the Tribunal was mindful that honesty is a fundamental tenet of the medical profession, and Dr Odume's dishonesty had breached this tenet and fell far short of the standards expected of a doctor, as set out in GMP. It considered the following paragraphs of GMP to be particularly applicable in this case:

1 Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.

65 You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.

71 You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading.

a You must take reasonable steps to check the information is correct.

b You must not deliberately leave out relevant information.

77 You must be honest in financial and commercial dealings with patients, employers, insurers and other organisations or individuals.

55. The Tribunal was of the opinion that Dr Odume's misconduct and breach of the standards expected served to undermine public confidence in the profession and bring the profession into disrepute.

56. The Tribunal accepted the evidence that Dr Odume was not required to be present at the Hospital throughout his working hours, with some of his practice occurring offsite, and that there was no evidence that patients had been put at risk of harm or had their care compromised. However, the Tribunal was of the opinion that his failure to attend work when he was supposed to, had the potential to compromise patient care and detrimentally impact the duties of the Hospital.

57. The Tribunal therefore concluded that limbs (b), (c) and (d) in the test set out in Grant (above) were applicable in that Dr Odume's misconduct has brought the medical profession into disrepute, breached one of the fundamental tenets of the medical profession and was dishonest. However, given its finding that the risk of repetition was low, it was not of the opinion that he was liable to repeat this in the future.

58. On this basis, the Tribunal concluded that whilst Dr Odume may have developed his insight such that the risk of repetition was low, a finding of current impairment was necessary in order to mark the seriousness of his departures from the standards expected. It was satisfied that such a finding was necessary in order to uphold the second and third limbs of the statutory overarching objective, namely 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.

59. The Tribunal has therefore determined that Dr Odume's fitness to practise is impaired by reason of misconduct.

Determination on Sanction - 26/08/2025

1. Having determined that Dr Odume's fitness to practise is impaired by reason of misconduct, 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.

3. Dr Odume also gave further oral evidence at this stage of proceedings.

4. Mr Irwin questioned Dr Odume about the various financial responsibilities and commitments he currently has, including XXX.

5. The Tribunal heard from Dr Odume that he contributes towards XXX. Dr Odume stated that he does not have any savings which he could use to continue this support were he to be suspended and unable to earn. He is in debt due to his personal circumstances and there has been a recent reduction in his hourly locum rate. He stated that as a result, the children and young adults he supports in their education would face difficulties were he to be suspended as he would be unable to provide them with this financial support.

Submissions

<u>On behalf of the GMC</u>

6. On behalf of the GMC, Ms Tighe submitted that the appropriate sanction in this case was that of suspension.

7. Ms Tighe submitted that the following could be considered mitigating factors: there are no previous findings of impairment against Dr Odume; and the lapse of time since the incident occurred.

8. Ms Tighe submitted that there were no exceptional circumstances in this case which would justify taking no action and the public interest would not be met by taking no further action. She submitted that conditions of practice would not be appropriate in this case and would not be proportionate given the serious, dishonest nature of the misconduct found.

9. Ms Tighes submitted that Dr Odume's misconduct amounts to a serious breach of *Good Medical Practice (2013)* ('GMP') as determined by the Tribunal at the impairment stage, but that it was not contended that Dr Odume's misconduct was fundamentally incompatible with continued registration, and so the sanction of erasure was neither appropriate nor proportionate.

10. Ms Tighe submitted that Dr Odume has engaged with the GMC investigation and this MPT hearing and there is no evidence that remediation would be unsuccessful in this case, and so the *Sanctions Guidance (February 2024) ('SG')* indicates that a period of suspension would be appropriate and proportionate in the circumstances. She submitted that a period of suspension was necessary in order to meet the overarching objective in order 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.

11. Ms Tighe submitted that any suspension should be at the upper end in terms of its duration but that a review hearing would not be necessary in this case given the Tribunal's findings on insight, remediation and risk of repetition at the impairment stage.

<u>On behalf of Dr Odume</u>

12. On behalf of Dr Odume, Mr Irwin submitted that the Tribunal's findings of misconduct and impairment are a punishment in themselves and together 'are a stain on Dr Odume's character' which is not going to go away. Therefore, a punitive sanction does not necessarily need to follow.

13. Mr Irwin submitted that a number of mitigating factors are present in this case, including: Dr Odume has insight into his misconduct; there has been meaningful and embedded remediation; that Dr Odume has been adhering to the principles set out in GMP; that personal and professional matters were operative at the time of the misconduct; and the lapse of time since the events. Mr Irwin submitted that in considering insight, remediation and the low risk of repetition, the Tribunal should consider its findings at paragraphs 48 and 49 of its impairment determination.

14. Mr Irwin submitted that, given all the remediation that has taken place to date, the relatively short period in which this misconduct took place, the fact that it is now so distant in the past and all the other positive facts that were set out in his impairment submissions, the Tribunal may consider that these amount to exceptional circumstances and determine to take no action. He submitted that there would be no harm in taking no further action, principally because of his first submission that the stain on Dr Odume's character in relation to his misconduct and impairment does not go away and sends a clear signal to other members of the profession and the public.

15. Mr Irwin submitted that this was not a case where conditions of practice would be appropriate and that conditions would not be workable, especially when factoring in that Dr Odume practises as a locum doctor.

16. Mr Irwin submitted that if the Tribunal determines that there are not exceptional circumstances sufficient to take no further action, a very short suspension, even for a month, would mark the seriousness of the misconduct found. He submitted that to be suspended even for a short period, in addition to the finding of misconduct and impairment, would send a very clear signal both to the public and to the profession that this sort of behaviour simply will not be tolerated.

17. Mr Irwin submitted that a very short suspension would avoid the unintended consequences of disrupting the education of so many young people who Dr Odume financially supports and that whilst Dr Odume understands that he has no one to blame but himself for this, others need not suffer too. He requested that the Tribunal bear in mind Dr Odume's financial commitments and those others who may suffer as a consequence of a longer suspension when determining any length of suspension.

18. Mr Irwin submitted that in light of the insight, remediation and low risk of repetition a review hearing was not necessary and that the sanction of erasure simply does not arise in this case, and was not being sought by the GMC.

Legal Advice

19. The Tribunal's decision as to the appropriate sanction to impose on Dr Odume's registration, if any, is a matter for the Tribunal exercising its independent judgment. In reaching its decision, the Tribunal should take account of the SG and the overarching objective.

20. In reaching its decision, the Tribunal should have regard to the principle of proportionality, balancing Dr Odume's interests with those of the public. Throughout its deliberations the Tribunal should bear in mind that the purpose of sanctions is not to punish doctors, although they may have a punitive effect. The Tribunal was reminded of the case of *Bolton v The Law Society [1993] EWCA Civ 32 (06 December 1993)*, in which Sir Thomas Bingham stated, "*in cases of significant professional dishonesty, mitigation has a necessarily limited role"* and *'The reputation of the profession is more important than the fortunes of any individual member. Membership of a profession brings many benefits, but that is a part of the price.'*

21. The Tribunal must also bear in mind that in deciding what, if any, sanction to impose, it should consider all the sanctions available, starting with the least restrictive and consider each sanction in ascending order until the overarching objective is met.

Tribunal's Determination on Sanction

Aggravating & Mitigating Factors

22. In reaching its decision, the Tribunal first considered the aggravating and mitigating factors present in this case.

23. The Tribunal considered the following features to be aggravating factors:

- Dr Odume's misconduct involved dishonesty;
- His dishonesty was persistent over the course of three months;
- Dr Odume put his personal commitments above his professional responsibilities;

- Dr Odume demonstrated a lack of transparency in both changing his work schedule and job plan for Fridays without discussing or seeking permission from his line manager, and in his failure to sign the fire register when leaving on Fridays.
- Dr Odume's misconduct resulted in financial gain.

24. The Tribunal considered the following to be mitigating factors:

- Dr Odume has developed insight into his misconduct;
- The remediation undertaken in terms of CPD and that Dr Odume has paid the money he overclaimed back;
- The Tribunal has identified that there is a low risk of repetition;
- Dr Odume's early admission to his Trust and then the GMC, and that he has co-operated throughout these proceedings;
- Dr Odume has displayed remorse and apologised;
- Dr Odume is of previously good character and has no previous fitness to practise findings against him;
- The lapse of time since the events with no repetition or further concerns since (three and a half years).

No action

25. In reaching its decision as to the appropriate sanction, if any, to impose in this case, the Tribunal first considered whether to take no action.

26. The Tribunal considered that there were no exceptional circumstances in this case which could justify it taking no action.

27. Given the serious findings against Dr Odume, the Tribunal determined that to take no action would be neither appropriate nor proportionate and would fail to uphold the second and third limbs of the statutory overarching objective.

Conditions

28. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Odume's registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable and measurable.

29. The Tribunal concluded that there were no workable conditions that could be formulated to address Dr Odume's behaviour, and that a period of conditional registration would fail to mark the seriousness of its findings, uphold the statutory overarching objective or maintain public confidence.

Suspension

30. The Tribunal then went on to consider whether to suspend Dr Odume's registration. In doing so, it bore in mind the following paragraphs of the SG:

> ***91*** *Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor. Suspension from the medical register also has a punitive effect, in that it prevents the doctor from practising (and therefore from earning a living as a doctor) during the suspension, although this is not its intention.*
>
> ***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 (ie for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession).*

31. The Tribunal concluded that the above paragraphs of the SG were applicable in this case and indicated that a period of suspension was the appropriate and proportionate sanction in the circumstances. The Tribunal was satisfied that whilst serious, Dr Odume's misconduct fell short of being fundamentally incompatible with continued registration, noting that the GMC was not seeking erasure. The Tribunal also considered that the above paragraphs indicated that a period of suspension would be sufficient to uphold the second and third limbs of the overarching objective in that it would mark the seriousness of Dr Odume's misconduct and send a signal to the public and the profession that this kind of conduct will not be tolerated.

32. The Tribunal considered that the following paragraphs of the SG were also engaged:

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.

…

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

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

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

33. The Tribunal reminded itself of its finding at the impairment stage that Dr Odume had developed insight, remediated and that there was a low risk of repetition.

34. In reaching its decision on sanction, the Tribunal took account of the evidence of Dr Odume and the submissions made on his behalf in relation to the effect of any suspension on his family and various dependents. However, it was mindful that whilst sanctions are not intended to be punitive they may have a punitive effect, and that the reputation of the profession is more important than the fortunes of any individual member, as set out in *Bolton*, above.

35. The Tribunal was also mindful of paragraph 21 of the SG, which states:

21 However, once the tribunal has determined that a certain sanction is necessary to protect the public (and is therefore the minimum action required to do so), that sanction must be imposed, even where this may lead to difficulties for a doctor. This is necessary to meet the legal duty to protect the public.

36. The misconduct in this case was, owing to its dishonest nature, serious. The Tribunal considered that it was therefore necessary to adequately mark this seriousness with a period of suspension, and that any lesser sanction would fail to uphold the second and third limbs of the overarching objective. In reaching this decision the Tribunal took account of paragraphs 124 and 125 of the SG, which state:

> ***124*** *Although it may not result in direct harm to patients, dishonesty related to matters outside the doctor's clinical responsibility (e.g. providing false statements or fraudulent claims for monies) is particularly serious. This is because it can undermine the trust the public place in the medical profession. Health authorities should be able to trust the integrity of doctors, and where a doctor undermines that trust there is a risk to public confidence in the profession. Evidence of clinical competence cannot mitigate serious and/or persistent dishonesty.*
>
> ***125*** *Examples of dishonesty in professional practice could include:*
>
> ***a*** *defrauding an employer*
>
> ***b*** *falsifying or improperly amending patient records*
>
> ***c*** *submitting or providing false references*
>
> ***d*** *inaccurate or misleading information on a CV*
>
> ***e*** *failing to take reasonable steps to make sure that statements made in formal documents are accurate.*

37. In determining the proportionate length of suspension to impose, the Tribunal took into account that the findings of misconduct and impairment did contribute to marking the seriousness of Dr Odume's dishonesty, will remain on his record, and will have had a salutary effect on him. It also noted that his employment contract at the time of the events had been terminated and he had lost his job.

38. The Tribunal noted that Dr Odume has continued to work as a locum consultant in the NHS since these events with no further issues, and was of the opinion that it is in the public interest to keep competent doctors in practice. It took this consideration into account when determining the minimum period of suspension that would satisfactorily uphold the

overarching objective and reminded itself of its finding that there was no risk to the public or patient safety or concerns in relation to Dr Odume's clinical practice.

39. The Tribunal concluded that a period of six weeks' suspension was the lowest duration which would satisfy a member of the public in possession of the facts of the case and maintain public confidence. Whilst it had found that Dr Odume has developed and applied insight and remediation such that there is a low risk of repetition, the Tribunal determined that any lesser period would not satisfactorily mark the seriousness or send the correct signal to the public or members of the profession.

40. The Tribunal was satisfied that a period of six weeks would not be unnecessarily punitive to either Dr Odume or his financial dependents, and was sufficient to promote and maintain public confidence in the medical profession, and promote and maintain proper professional standards and conduct for members of that profession.

41. The Tribunal therefore determined to suspend Dr Odume's registration for a period of six weeks.

42. The Tribunal concluded that a review hearing would not be necessary in light of its findings that Dr Odume has developed adequate insight into his behaviour, satisfactorily remediated and that there was a low risk of repetition.

Determination on Immediate Order - 26/08/2025

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

Submissions

2. On behalf of the GMC, Ms Tighe submitted that an immediate order was not necessary or appropriate in the circumstances of the case, particularly given that there was no identified risk to patients or public safety, and that the Tribunal had no concerns regarding Dr Odume's clinical practice.

3. On behalf of Dr Odume, Mr Irwin submitted that an immediate order was not necessary. He submitted that, in addition to the submissions made on behalf of the GMC, if

no immediate order were imposed this would allow Dr Odume to arrange an orderly withdrawal from his current locum post.

The Tribunal's Determination

4. The Tribunal has taken account of the relevant paragraphs of the Sanctions Guidance (February 2024) ('SG'), in particular paragraphs 172, 173 and 178 as set out below:

> *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. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order.*
>
> *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.*
>
> *178 Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect.*

5. The Tribunal considered that given its findings that there was no risk to patient safety and that the risk of repetition was low, an immediate order was not necessary in the circumstances of this case.

6. In summary, the Tribunal was of the opinion that there were no factors which would require the imposition of an immediate order.

7. This means that Dr Odume's registration will be suspended 28 days from the date on which written notification of this decision is deemed to have been served, unless he lodges

an appeal. If Dr Odume does lodge an appeal he will remain free to practise unrestricted until the outcome of any appeal is known.

8. That concludes this case.

Schedule 1

W/c	Timesheet Date	Contracted Hours	Hours claimed	Hours worked	Weekly deficit	Cumulative deficit

01/11/21	08/11/21	40	40	34:20	5:40	5:40
08/11/21	15/11/21	40	40	36:21	3:39	9:19
15/11/21	22/11/21	40	40	43:53	+3:53	5:26
22/11/21	26/11/21	40	40	35:28	4:32	9:58
29/11/21	06/12/21	40	40	35:26	4:34	14:32
06/12/21	13/12/21	40	40	35:22	4:38	19:10
13/12/21	20/12/21	40	40	30:45	9:15	28:25
20/12/21	29/12/21	40	40	33:04	6:56	35:21
27/12/22	04/01/22	24	24	19:56	4:04	39:25
03/01/22	10/01/22	32	32	26:56	5:04	44:29
10/01/22	17/01/22	40	40	34:27	5:33	50:02
17/01/22	24/01/22	40	40	33:01	6:59	57:01

+ indicates hours worked in excess of hours claimed

Schedule 2

	Date	**Latest departure time**
1	05/11/21	10:27
2	12/11/21	09:46
3	19/11/21	10:18
4	26/11/21	10:16
5	03/12/21	09:18
6	10/12/21	10:16
7	17/12/21	††
8	24/12/21	††
9	31/12/21	10:35
10	07/01/22	10:28
11	14/01/22	09:16
12	21/01/22	09:15

†† did not work at all