

PUBLIC RECORD**Dates:** 17/11/2025 - 26/11/2025

Doctor: Dr Olusola SANUSI

GMC reference number: 7487959

Primary medical qualification: MD 2013 University of Szeged Medical and
Medicine Sciences Centre

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

Summary of outcome
Suspension, 8 months.
Review hearing directed

Tribunal:

Legally Qualified Chair	Mr Andrew Lewis
Lay Tribunal Member:	Mr Mark O'Brien
Registrant Tribunal Member:	Dr Emma Sellars

Tribunal Clerk:	Mr Michael Murphy (17 - 21/11/25) Mrs Jennifer Ireland (24 – 26/11/25) Mr Larry Millea (26/11/25)
-----------------	---

Attendance and Representation:

Doctor:	Present, not represented (17/11/2025 to 20/11/2025) Not present, not represented (21/11/2025 to 26/11/2025)
Doctor's Representative:	N/A
GMC Representative:	Mr Alan Taylor, 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 - 24/11/2025

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 Sanusi's alleged misconduct a redacted version will be published at the close of the hearing.

Background

2. Dr Sanusi qualified in Hungary in 2013. She obtained registration with the GMC on 31 March 2015 and undertook various SHO posts around the UK. In 2020 Dr Sanusi undertook roles in public health and became involved in medical writing.

3. The Allegation that has led to this hearing can be summarised as follows. The GMC wrote to Dr Sanusi, on 2 April 2024, to inform her that her licence to practise had been withdrawn, that she must not work in any role which requires her to hold a licence to practise and that if she was working in a role which required her to hold a licence to practise she must stop immediately.

4. The GMC alleged that Dr Sanusi wrote a private prescription for Patient A when she knew that her licence to practise had been withdrawn and knew that she required a licence to practise in order to prescribe. The GMC alleged that this was dishonest.

5. There is no dispute that Dr Sanusi's licence to practise was withdrawn and that the withdrawal of Dr Sanusi's licence to practice arose from her failure to revalidate. Because Dr Sanusi was first registered with the GMC on 31 March 2015, she was obliged to revalidate by 2020. However, she never revalidated and what occurred is as follows:

- a) On 12 December 2019, Dr C, of East Cheshire NHS Trust, submitted a deferral recommendation of 217 days for Dr Sanusi's revalidation. The reason given for the recommendation was '*interruption of practice*'. The GMC approved this and gave a new date of 1 November 2020 for Dr Sanusi's revalidation.
- b) On 9 June 2020, the time for Dr Sanusi's revalidation was extended, along with that of many doctors, by 12 months in response to the COVID-19 pandemic.
- c) On 1 November 2021, the GMC received another deferral recommendation for Dr Sanusi's revalidation of 120 days from the Responsible Officer at Direct Medics. The reason selected was '*appraisal activity*'. The GMC approved this and gave a new revalidation date for Dr Sanusi of 1 March 2022.
- d) On 15 March 2022, the GMC received a deferral recommendation of 136 days from the Responsible Officer at Fresh Medical Recruitment. The reasons selected were all the reasons available except '*interruption of practice*'. The GMC approved this and gave a new date for Dr Sanusi's revalidation of 15 July 2022.
- e) On 15 July 2022, the GMC received another deferral recommendation from the Responsible Officer at National Locums which was approved and a new date given of 15 November 2022. Again, the reasons selected were all the reasons available except '*interruption of practice*'.
- f) On 10 November 2022, the GMC received another deferral recommendation from responsible officer Dr D at National Locums. The reasons selected were Appraisal Activity, Colleague Feedback and Patient Feedback as the reasons for the deferral recommendation. The GMC approved this and gave a new date of 15 November 2023.

6. On 15 November 2023, the GMC received a '*non-engagement recommendation*' with regard to Dr Sanusi's revalidation from the Responsible Officer at National Locums. The GMC

approved this and Dr Sanusi was notified on 21 November 2023 and informed that she had 28 days to tell the GMC what she had been doing for the purposes of her revalidation and that if no response was received within 28 days, her licence to practise may be withdrawn. A final decision was made on 22 February 2024 to withdraw Dr Sanausi's licence to practice effective from 29 March 2024. A letter and an email were sent to Dr Sanusi on 2 April 2024, confirming that her licence to practice had been withdrawn.

The Outcome of Applications Made during the Facts Stage

7. The Tribunal heard Dr Sanusi's application, made pursuant to Rule 17(2) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), to adjourn the hearing. During the course of the application, Dr Sanusi withdrew the application. The Tribunal's full decision on the application is included at Annex A.

8. The Tribunal granted the GMC's application, made pursuant to Rule 31 of the Rules, to proceed in Dr Sanusi's absence on 13 November 2024, when Dr Sanusi did not attend the hearing. The Tribunal's full decision on the application is included at Annex B.

The Allegation and the Doctor's Response

9. The Allegation made against Dr Sanusi is as follows:

1. On 2 April 2024, the General Medical Council ('GMC') wrote to you to inform you that:
 - a. your licence to practise had been withdrawn; **To be determined**
 - b. you must not work in any role which requires you to hold a licence to practise; **To be determined**
 - c. if you were working in a role which requires you to hold a licence to practise you must stop immediately. **To be determined**
2. On 1 August 2024, you wrote a private prescription for Patient A for:
 - a. atorvastatin; **Admitted and found proved**

- b. fluticasone furoate. **Admitted and found proved**
- 3. When writing the prescription as described at paragraph 2, you knew that:
 - a. your licence to practise had been withdrawn; **To be determined**
 - b. you required a licence to practise in order to prescribe. **To be determined**
- 4. Your actions as set out in paragraph 2 were dishonest by reason of paragraph 3.
To be determined

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

The Admitted Facts

- 10. At the outset of these proceedings, Dr Sanusi made admissions to paragraphs 2(a) and 2(b) 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 paragraphs 2(a) and 2(b) of the Allegation as admitted and found proved.
- 11. Before turning to the contested matters, the Tribunal sets out the facts upon which paragraph 2 is based so that it is clear what Dr Sanusi admitted.
- 12. On 1 August 2024, a woman, known in these proceedings as Patient A took a prescription for the two medications set out above into a pharmacy. The Tribunal saw a copy of the prescription, which is an unusually informal document, handwritten on plain paper.
- 13. Dr Sanusi told the Tribunal that she had written the prescription, which was a repeat prescription, for Patient A who had been unable to register with a GP in the UK.
- 14. The pharmacist to whom the prescription was presented was concerned about the prescription and checked Dr Sanusi's registration number, which was recorded on the prescription. He discovered that Dr Sanusi was marked on the GMC website as '*registered without a licence to practise*'.

15. The pharmacist made a number of enquiries and declined to dispense the medication. Patient A was apparently distressed and left the pharmacy.

16. The pharmacist reported the matter to the GMC on 8 August 2024.

Witness Evidence

17. The Tribunal received evidence on behalf of the GMC from the following witnesses:

- Ms E, Revalidation Manager at the General Medical Council;
- Mr F, a self-employed locum pharmacist.

18. Dr Sanusi provided her own witness statement, dated 18 November 2025 and also gave oral evidence at the hearing.

Documentary Evidence

19. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to:

- Email from GMC to Dr Sanusi about revalidation, dated 13 December 2019;
- Letters from GMC to Dr Sanusi about revalidation, dated 2 November 2021, 13 April 2022, 5 August 2022 and 7 December 2022;
- Letter from GMC to Dr Sanusi about withdrawing her licence to practise, dated 21 November 2023;
- GMC decision on licence withdrawal for Dr Sanusi and letter, dated 21 February 2024;
- Letter and email from GMC to Dr Sanusi to notify her of licence to practise withdrawal, dated 2 April 2024;
- Prescription signed by Dr Sanusi, dated 1 August 2024;
- Fitness to practise referral form, dated August 2024;
- MPTS Case Management pre-hearing meeting record, dated 19 August 2025;
- MPTS Case Management first listing telephone conference, dated 2 April 2025;
- XXX;
- Dr Sanusi's report summary, dated 18 November 2025.

The Tribunal's Approach

20. In reaching its decision on facts, the Tribunal has borne in mind that the burden of proof rests on the GMC and it is for the GMC to prove the Allegation. Dr Sanusi does not need to prove anything. The standard of proof is that applicable to civil proceedings, namely the balance of probabilities, i.e., whether it is more likely than not that the events occurred.

21. The Legally Qualified Chair referred the Tribunal to the Supreme Court judgment in the case of *Ivey v Genting Casinos (UK) Limited [2017] UKSC 67*, in which Lord Hughes set out the correct test for dishonesty, which is as follows:

‘When dishonesty is in question the fact-finding tribunal must first ascertain (subjectively) the actual state of the individual’s knowledge or belief as to the facts. The reasonableness or otherwise of his belief is a matter of evidence (often in practice determinative) going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held. When once his actual state of mind as to knowledge or belief as to facts is established, the question whether his conduct was honest or dishonest is to be determined by the fact-finder by applying the (objective) standards of ordinary decent people. There is no requirement that the defendant must appreciate that what he has done is, by those standards, dishonest.’

The Tribunal’s Analysis of the Evidence and Findings

22. The Tribunal has considered each outstanding paragraph of the Allegation separately and has evaluated the evidence in order to make its findings on the facts.

Paragraphs 1(a), 1(b) and 1(c) of the Allegation

23. The Tribunal considered whether the GMC wrote to Dr Sanusi, on 2 April 2024, to inform her that her licence to practise had been withdrawn, that she must not work in any role which requires her to hold a licence to practise and that if she was working in a role which requires her to hold a licence to practise she must stop immediately.

24. The Tribunal heard the evidence of Ms E who was a revalidation manager at the General Medical Council. She confirmed that:

‘On 21 November 2023, Dr Sanusi was notified by letter and email that their responsible officer had submitted a recommendation of non-engagement and that we were considering withdrawing their licence to practise. They were informed that they

had 28 days to tell us what they had been doing for the purposes of their revalidation, and that if we didn't receive a written response from them within 28 days, we may withdraw their licence to practise.

On 21 February 2024 an Assistant Registrar made the decision to withdraw Dr Sanusi's licence for failing, without reasonable excuse, to comply with the revalidation requirements.

On 22 February 2024 we notified Dr Sanusi by letter and email of the decision to withdraw their licence. We informed them we would withdraw their licence on 29 March 2024 and from that date they must not undertake any form of medical practice within the UK, which requires them to hold a licence to practise.

On 2 April 2024 we withdrew Dr Sanusi's licence to practise. We informed them of this by letter and email. I have attached a copy of the letter to this statement.'

25. Ms E identified the letters and emails that were sent and the Tribunal saw that the postal address to which the letters were sent was the address held on the GMC register for Dr Sanusi from 20 October 2022 until 24 March 2025. The Tribunal also saw that the email address was the email address held by the GMC until October 2025.

26. Ms E acknowledged that she had neither posted the letter nor sent the email herself. Nevertheless, she identified the copies as evidence that the letter and email had both been sent.

27. In the bundle of evidence, the Tribunal was provided with copies of a letter, and an email, sent by the GMC to Dr Sanusi to notify her that her licence to practise had been withdrawn. These were both dated 2 April 2024 and both stated:

*'From 02/04/2024 you are no longer licenced to practise medicine in the UK.
We have withdrawn your licence for the reasons set out in our previous letter.*

You must not work in any role which requires you to hold a licence to practise...If you are currently working in a role which requires you to hold a licence to practise you must stop immediately.'

28. After examining both documents, the Tribunal was satisfied to the required standard of proof that both documents had been sent to Dr Sanusi at the addresses she had supplied to the GMC. The Tribunal concluded that that did amount to writing to Dr Sanusi in the terms set out in paragraph 1(a) to (c).

29. The Tribunal therefore found paragraphs 1(a), 1(b) and 1(c) of the Allegation proved.

Paragraph 3(a) of the Allegation

30. The Tribunal considered first if the GMC had discharged the burden of proving that Dr Sanusi knew her licence had been withdrawn when she wrote the private prescription for Patient A.

31. The Tribunal reminded itself of the letters and emails dated 21 November 2023, 22 February 2024 and 2 April 2024. The Tribunal observed that is a total of six documents all addressed to Dr Sanusi at either her registered postal address or the email address she had supplied to the GMC.

32. The Tribunal reminded itself that the letter and email of 21 November 2023 informed Dr Sanusi that her licence to practice was at risk; the letter and email of 22 February 2024 informed Dr Sanusi that *'We will withdraw your licence to practise on 29 March 2024.'*; the letter and email of 2 April 2024 informed Dr Sanusi that she was no longer licenced to practise. The Tribunal observed that both the last two pairs of *'letter and the email'* informed Dr Sanusi that she would not be licenced to practise after the end of March 2024.

33. The Tribunal observed that there was no evidence that any of the letters or emails have been returned to the GMC as *'undelivered'*.

34. With regard to the letter sent to Dr Sanusi's postal address the Tribunal reminded itself that the letters were sent to her registered address which she had supplied to the GMC on 20 October 2022.

35. With regard to the emails, the Tribunal observed that they were sent to the email address held on the GMC register throughout 2023 and 2024, until Dr Sanusi changed the address by telephone on 13 August 2025.

36. The Tribunal also read an email dated 24 September 2024 from the GMC to Dr Sanusi at the email address mentioned above, in which the representative of the GMC wrote:

'I'd like to send you some correspondence by email, but I'm conscious that we haven't communicated by email in the last six months.

Before I send anything across to you, please can you respond to let me know if you still use this email address, and if you are happy to receive confidential GMC correspondence to it? If you would rather receive the letter by post, or to a different email address, then please let me know in your reply.'

37. The Tribunal saw that Dr Sanusi replied from the same email address on the same day, *'Thank you for your email and correspondence. This is my correspondence email.'*

38. The Tribunal also heard evidence from Dr Sanusi, who told the Tribunal that she had not received any of the letters or emails sent on 21 November 2023, 22 February 2024 or 2 April 2024 until after she wrote the prescription on 1 August 2024.

39. Dr Sanusi told the Tribunal that she had experienced difficulties receiving post because she moved addresses and did not always arrange for her mail to be forwarded until she knew she could trust the new address. She told the Tribunal she had experienced particular difficulties during the period of the COVID-19 lockdowns in 2020.

40. The Tribunal understood that Dr Sanusi could experience difficulties at the times she was moving and during the period of the COVID-19 lockdown. Nevertheless, it could not accept that these difficulties would affect her receipt of post in 2024 at an address which had been her registered address since March 2022.

41. With regard to the emails, Dr Sanusi told the Tribunal that she has a XXX who has on occasions damaged her telephone so that she is unable to access her email account, which requires two factor identification.

42. Dr Sanusi was asked about the email exchange on 24 September 2024. In answer to questions, Dr Sanusi said that she had just recovered the use of that email address after approximately three months without the use of it. She was asked how this affected her receipt of an email in April 2024 and she replied that it must have been a longer period. Her attention was then drawn to the email from the GMC on 21 November 2023. She said she

had not received that email either because she was not receiving her emails at that time. She told the Tribunal that it must have been 10 months that she was without her emails.

43. Dr Sanusi was asked when she had first seen the letters and emails but was unable to remember. She repeated that she only became aware that her licence had been withdrawn when she checked on the GMC website on 1 August 2024, after Patient A reported to her that the medication had not been dispensed.

44. The Tribunal reminded itself that Dr Sanusi is a person of good character and it bore that in mind when assessing her evidence. Nevertheless, the Tribunal found that Dr Sanusi's evidence on a crucial part of her defence was inconsistent and changed to fit the evidence that was presented to her.

45. The Tribunal also observed that Dr Sanusi was unable to answer questions about her receipt of the letters and emails beyond repeating that she had not seen them until after 1 August 2024.

46. The Tribunal also observed that Dr Sanusi's account was not consistent with her email response in September 2024, when she said nothing about having not recently received any emails at her email address.

47. Taking all that evidence together, the Tribunal found that Dr Sanusi's evidence was inconsistent, unsatisfactory and did not assist her. On the contrary, the Tribunal concluded that Dr Sanusi was trying to construct an explanation for what she had done which was simply not credible. The Tribunal concluded that the most likely reason for that is that Dr Sanusi had seen the letters and emails telling her that her licence had been withdrawn and was exaggerating the real difficulties she had faced to try to conceal this fact.

48. Bearing all of the evidence in mind, the Tribunal was satisfied that Dr Sanusi had received the GMC correspondence telling her that her licence to practise was withdrawn when she wrote the prescription. Accordingly, it took the view that she was aware that her licence to practise had been withdrawn before she wrote the prescription.

49. The Tribunal therefore found paragraph 3(a) of the Allegation proved.

Paragraph 3(b) of the Allegation

50. The Tribunal considered whether, when writing the private prescription for Patient A, Dr Sanusi knew that she required a licence to practise in order to prescribe.

51. The Tribunal accepted the evidence of Ms E, in which she said:

‘The Medical Act sets out a number of ‘privileges of registered practitioners’. It states that if you are a doctor who does the below, then you must hold a licence to practise. Doctors who don’t hold a licence cannot exercise these privileges:

- *works in the NHS*
- *works in the naval, military or air service*
- *works in a prison*
- *writes prescriptions*
- *signs death certificates or other types of medical certificates such as cremation certificates*
- *or assesses the mental health of patients and recommends compulsory treatment’*

52. The Tribunal noted the GMC’s submission that it is a matter of common knowledge to any doctor that a licence to practise is required in order to prescribe.

53. In fairness to Dr Sanusi, the Tribunal reminded itself that the letters and emails sent to her in February and April 2024 did not tell her in precise terms that she could not write prescriptions.

54. Nevertheless, the Tribunal also noted Dr Sanusi’s evidence that she would not have written a prescription if she knew that she did not have a licence to practise.

55. Taking all that evidence together, the Tribunal was satisfied that Dr Sanusi knew she required a licence to practice in order to prescribe. Otherwise there would be no explanation for her evidence that she would not have prescribed if she had known she had no licence to practise.

56. The Tribunal therefore found paragraph 3(b) of the Allegation proved.

Paragraph 4 of the Allegation

57. In considering whether Dr Sanusi's actions were dishonest, the Tribunal considered Dr Sanusi's behaviour in accordance with the principles set out in *Ivey*.

58. The Tribunal considered the actual state of Dr Sanusi's knowledge or belief at the time of writing the prescription for Patient A. It has already determined that she knew she did not have a licence to practise and that she needed one to write a prescription.

59. The Tribunal then considered if Dr Sanusi's conduct, in writing the prescription, which would be presented to a pharmacy, would be considered dishonest by the standards of ordinary decent people.

60. The Tribunal was satisfied that when Dr Sanusi wrote the prescription she was by implication telling both the patient and the pharmacist that she was entitled to write a prescription in circumstances where the Tribunal has found she knew this was not true.

61. The Tribunal was satisfied that ordinary decent people would find that to be dishonest.

62. The Tribunal therefore found paragraph 4 of the Allegation proved.

The Tribunal's Overall Determination on the Facts

63. The Tribunal has determined the facts as follows:

1. On 2 April 2024, the General Medical Council ('GMC') wrote to you to inform you that:
 - a. your licence to practise had been withdrawn; **Determined and found proved.**
 - b. you must not work in any role which requires you to hold a licence to practise; **Determined and found proved.**
 - c. if you were working in a role which requires you to hold a licence to practise you must stop immediately. **Determined and found proved.**
2. On 1 August 2024, you wrote a private prescription for Patient A for:

- a. atorvastatin; **Admitted and found proved**
 - b. fluticasone furoate. **Admitted and found proved**
3. When writing the prescription as described at paragraph 2, you knew that:
- a. your licence to practise had been withdrawn; **Determined and found proved.**
 - b. you required a licence to practise in order to prescribe. **Determined and found proved.**
4. Your actions as set out in paragraph 2 were dishonest by reason of paragraph 3. **Determined 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**

Determination on Impairment - 25/11/2025

64. This determination was handed down in public. However, the Tribunal exercised its powers under the Rules, to sit in private when the matters under consideration were confidential.

65. 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, Dr Sanusi's fitness to practise is impaired by reason of misconduct.

Submissions

66. On behalf of the GMC, Mr Taylor submitted that Dr Sanusi's fitness to practise is impaired by reason of misconduct. He directed the Tribunal to the principles set out in Good Medical Practice (2024) ('GMP'), particularly paragraphs 4, 7(f), 81 and 82, the test set out 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* (as set out below), and the relevant caselaw on misconduct and impairment.

67. Mr Taylor submitted that Dr Sanusi's misconduct occurred in the exercise of professional practice so that it related directly to her fitness to practise. He stated that, although she did not have a licence to practise, Dr Sanusi was a registered doctor with professional responsibilities and a duty to act in accordance with GMP. He submitted that Dr Sanusi's conduct was also dishonourable, bringing disgrace upon herself and thereby prejudicing the reputation of the profession.

68. Mr Taylor submitted that Dr Sanusi's actions in dishonestly prescribing without a licence to practise amount to serious professional misconduct. He stated that the GMC licence to practise is in place for a reason, and Dr Sanusi's was removed for her failure to engage with the revalidation process, an essential process, and those who do not engage are not entitled to benefit from the privileges reserved for doctors who do hold a licence to practise and who have engaged in the relevant revalidation processes. He submitted that Dr Sanusi's actions had undermined the integrity of the regulatory system and would be regarded as deplorable by fellow practitioners. He stated that notwithstanding any personal difficulties that may have been present in her life, Dr Sanusi's actions were deliberate, and undermined public confidence in the profession and in the regulator and thereby brought the medical profession into disrepute.

69. Mr Taylor submitted that the Tribunal's duty to promote and maintain proper professional standards and public confidence in the profession would be undermined if no finding of impairment was made in the circumstances of this case. He submitted that dishonesty of this type and nature cannot easily be remediated, and in any event, there was no evidence of any remediation or insight in this case. He reminded the Tribunal that Dr Sanusi did not meaningfully engage with the GMC prior to the hearing, and she had chosen to disengage from the proceedings during the facts stage.

70. Mr Taylor submitted that Dr Sanusi's actions represent a serious departure from the standards of conduct and behaviour expected of registered medical practitioners. Further, he submitted that limbs (b), (c) and (d) of the test set out in *Grant*, were applicable in this case. In all the circumstances, he submitted that Dr Sanusi's fitness to practise should be found impaired.

The Relevant Legal Principles

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

72. In approaching the decision, the Tribunal was mindful of the two stage process to be adopted: first whether the facts found proved amounted to misconduct that was serious, and then whether the finding of that misconduct which was serious, led to a finding of impairment.

73. The Tribunal must determine whether Dr Sanusi's fitness to practise is impaired today, taking into account her 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.

74. In relation to misconduct, the Tribunal reminded itself that misconduct is not defined in section 35C of the Medical Act 1983 but that there was helpful guidance in *Roylance v GMC (No. 2) [2000] 1 AC 331* where Lord Clyde said that misconduct is:

'a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a medical practitioner in the particular circumstances. The misconduct is qualified in two respects. First, it is qualified by the word "professional" which links the misconduct to the profession of medicine. Secondly, the misconduct is qualified by the word "serious." It is not any professional misconduct which will qualify. The professional misconduct must be serious.'

75. Whilst there is no statutory definition of impairment, the Tribunal was assisted by the test set out in *Grant*. 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.'

76. Throughout its deliberations, the Tribunal had regard to all the three limbs of the statutory overarching objective, namely to:

- protect and promote the health, safety and wellbeing of the public;
- promote and maintain public confidence in the medical profession; and
- promote and maintain proper professional standards and conduct for the members of the profession.

The Tribunal's Determination on Impairment

Misconduct

77. In determining whether Dr Sanusi's fitness to practise is impaired by reason of misconduct, the Tribunal first considered whether the facts found proved amount to misconduct.

78. The Tribunal had regard to paragraphs 4, 7(f), 81 and 82 of GMP, which provide:

'4 You must follow the law, our guidance on professional standards, and other regulations relevant to your work.

...

7 In providing clinical care you must:

...

f follow our more detailed guidance on professional standards, Good practice in proposing, prescribing, providing and managing medicines and devices, if you prescribe

...

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

82 *You must always be honest about your experience, qualifications, and current role. You should introduce yourself to patients and explain your role in their care.'*

79. The Tribunal accepted that the facts found proved took place within Dr Sanusi's professional practice, because she was acting in the capacity of a doctor when she issued the prescription to Patient A. Further, the Tribunal has found that she acted dishonestly when doing so, as she knew that she did not have a licence to practise at the time. It was therefore satisfied that she had disregarded the regulatory system by issuing that prescription without a licence to practise.

80. The Tribunal was of the view that Dr Sanusi's conduct had breached GMP. It was of the view that patients and pharmacists are entitled to trust that doctors are only prescribing when entitled to do so.

81. The Tribunal observed that, although serious, this case related to a single isolated incident. There was no suggestion that her dishonest conduct formed part of a pattern of behaviour and there was no suggestion that the issuing of the prescription was for profit or gain.

82. Taking into account all of the evidence before it, the Tribunal concluded that Dr Sanusi's conduct fell so far short of the standards of conduct reasonably to be expected of a doctor that it amounted to serious misconduct.

Impairment by reason of misconduct

83. The Tribunal, having found that the facts found proved amounted to misconduct, which was serious, went on to consider whether Dr Sanusi's fitness to practise is currently impaired by reason of her misconduct.

84. In determining impairment, the Tribunal considered whether the misconduct could be remedied while noting that matters of dishonesty are difficult to remediate. It looked for

evidence of insight, remediation and the likelihood of repetition and balanced those against the three limbs of the statutory overarching objective.

85. In considering Dr Sanusi's conduct against the test as set out in *Grant*, the Tribunal concluded that Dr Sanusi had not, on the facts of this case, put a patient at risk, given there is no suggestion that the medication prescribed to Patient A was incorrect, or dangerous. However, it was satisfied that there was an element of risk to patient safety in her actions, by virtue of writing prescriptions without a licence to practise, which the Tribunal could not ignore. The Tribunal also determined that Dr Sanusi's conduct had brought the medical profession into disrepute and breached a fundamental tenet of the profession, namely, to act with honesty and integrity. Further, the Tribunal has found that Dr Sanusi had acted dishonestly.

86. Having made findings in relation to *Grant* on how Dr Sanusi acted in the past, the Tribunal moved to consider whether she is liable do so in the future by repeating her conduct. In doing so, it took into account any evidence of insight or remediation before the Tribunal.

87. With regard to insight, there was very limited evidence on which the Tribunal could rely. There was no evidence before the Tribunal of any reflection, particularly into the impact of dishonest conduct.

88. The Tribunal determined from the evidence she gave at the facts stage that Dr Sanusi had some insight into her behaviour. However, it found that her insight was limited.

89. The Tribunal noted that Dr Sanusi, who had disengaged from these proceedings before the hearing and prior to its announcement of the facts, had given oral evidence to the Tribunal at the facts stage. In that evidence, she acknowledged that it was wrong to prescribe when she did not have licence to practise. Although the Tribunal had rejected Dr Sanusi's explanation that she did not know she was not licenced at the time, it accepted that Dr Sanusi understood that her actions were wrong, and this was indicative of a limited degree of insight.

90. Nevertheless, the Tribunal was of the opinion that Dr Sanusi still lacks insight into why she acted as she did and the impact of her actions on others, particularly the impact on patients, pharmacists and the wider profession, who are entitled to expect that a doctor writing prescriptions is registered with a licence to practice.

91. The Tribunal found that there was no evidence of any remediation undertaken by Dr Sanusi.

92. The Tribunal then considered the risk of repetition. The Tribunal was satisfied that there was not a high risk that Dr Sanusi would behave dishonestly in the future, because her misconduct was a single isolated incident which the Tribunal was satisfied resulted from a momentary lapse of judgement, with no evidence indicating entrenched dishonest behaviour or deep-seated attitudinal issues.

93. However, the Tribunal could not be satisfied that Dr Sanusi has sufficient insight or has undertaken sufficient remediation to demonstrate that the risk of repetition is low. Therefore, the Tribunal concluded at this stage that the risk of repetition remained.

94. The Tribunal further considered that Dr Sanusi's proven dishonesty would damage public confidence in the profession if a finding of impairment were not made, particularly whilst the risk of repetition remains. The Tribunal was satisfied that a member of the public with full knowledge of the facts of this case would be concerned to learn of a doctor acting in the way she did. The Tribunal determined that in view of its findings of fact and serious misconduct, a finding of impaired fitness to practise was necessary to promote and maintain public confidence in the medical profession. The Tribunal was also satisfied that a finding of impaired fitness to practise was required to promote and maintain proper standards of conduct for members of the medical profession.

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

Determination on Sanction - 26/11/2025

1. 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 Sanusi's misconduct a redacted version will be published at the close of the hearing.

2. Having determined that Dr Sanusi'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.

Submissions

3. On behalf of the GMC, Mr Taylor submitted that the appropriate sanction in this case was a suspension at the upper end in length. Throughout his submissions, he referred the Tribunal to relevant paragraphs of the Sanctions Guidance (2024) ('the SG') and the Tribunal's previous determinations.

4. Mr Taylor reminded the Tribunal that the decision on sanction was one for the Tribunal exercising its judgement and that it must act proportionately weighing the interests of the public against those of Dr Sanusi. He also reminded the Tribunal that it must impose the minimum sanction necessary to protect the public interest even if that sanction would cause hardship for Dr Sanusi.

5. Mr Taylor further submitted that the Tribunal must have regard to aggravating and mitigating factors. In considering mitigating factors, Mr Taylor confirmed that Dr Sanusi had no fitness to practise history and referred to the XXX and difficult personal issues about which Dr Sanusi had given evidence to the Tribunal.

6. Mr Taylor stated that there was no evidence of remediation by Dr Sanusi, and no evidence of regret or remorse. He reminded the Tribunal of its assessment of her insight and the remaining risk of repetition. He stated that this case is made more serious because the conduct was within a professional context.

7. Mr Taylor reminded the Tribunal that it needed to consider the available sanctions in order of severity. He submitted that there were no exceptional circumstances to justify taking no action. He also submitted that conditions were inappropriate as it would not be possible to formulate workable conditions in this case. He submitted that an order of conditions was not appropriate or proportionate in a case involving dishonesty particularly in a professional context.

8. Mr Taylor submitted that a sanction of suspension at the upper end would be appropriate. He submitted that the isolated nature of the incident means that this is not dishonest conduct that is fundamentally incompatible with continued registration. He

acknowledged the Tribunal's findings in relation to the remaining risk of repetition and acknowledged there has been no repetition since August 2024. He submitted that Dr Sanusi's dishonest conduct is not so difficult to remediate that complete removal from the register is in the public interest. He submitted that a lengthy suspension would ensure Dr Sanusi would have adequate time to remediate, which is necessary given the current absence of evidence of any remediation. He submitted that the Tribunal should direct a review in this case.

9. Mr Taylor drew the Tribunal's attention to the paragraphs of the SG which relate to erasure. He stated that whilst this was serious dishonesty because it undermined the integrity of the regulatory system, erasure was not the only means of protecting the public in this case. He submitted that the identified risks could be appropriately met by a sanction of suspension, at the upper end, with a review.

The Relevant Legal Principles

10. The Tribunal reminded itself that the decision as to the appropriate sanction to impose, if any, is a matter for it alone, exercising its own judgement. In reaching its decision on sanction, the Tribunal had regard to the SG.

11. The Tribunal bore in mind that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest, although it acknowledged that any sanction imposed may have a punitive effect. It reminded itself that in deciding what sanction, if any, to impose, it should consider the sanctions available, starting with the least restrictive.

12. Throughout its deliberations, the Tribunal had regard to the overarching objective, which includes the protection of the public, the promotion and maintenance of public confidence in the profession, and the promotion and maintenance of proper professional standards and conduct for members of the profession. It applied the principle of proportionality, balancing Dr Sanusi's interests with the public interest, bearing in mind that the reputation of the profession as a whole is more important than the interests of an individual doctor.

The Tribunal's Determination on Sanction

13. The Tribunal first identified what it considered to be the aggravating and mitigating factors in this case.

Aggravating factors

14. The Tribunal took into account that Dr Sanusi has not apologised for her conduct and has not accepted that her actions were dishonest. The Tribunal also found that she had failed to be completely open and honest with the Tribunal in her oral evidence.

Mitigating factors

15. The Tribunal acknowledged that Dr Sanusi has no previous fitness to practise history and is of previous good character. There is no evidence before the Tribunal that there has been any repetition of the concerns since the incident in August 2024.

16. The Tribunal also took into account that this was a single, isolated incident in an otherwise unblemished career. Further, there was no evidence that her actions were undertaken for profit or personal gain.

17. The Tribunal acknowledged that there were personal and family stressors at the time. These included XXX, and the stress and disruption caused by relocating multiple times.

Dishonesty

18. The Tribunal had regard to paragraph 120 of the SG, which provides:

‘120 *Good medical practice states that registered doctors must be honest and trustworthy, and must make sure that their conduct justifies their patients’ trust in them and the public’s trust in the profession.’*

19. The Tribunal considered that dishonesty is always a serious matter, which can undermine confidence in the profession. In this case the dishonesty was aggravated by the fact it was undertaken in the course of her professional practise. However, the Tribunal considered it was mitigated by being an isolated incident, that was otherwise out of character and was not for profit or personal gain. Therefore, on the scale of cases involving dishonesty, the Tribunal was satisfied that it was at neither the upper nor lower end of seriousness.

20. The Tribunal balanced the aggravating and mitigating factors throughout its deliberations and went on to consider each sanction in order of ascending severity, starting with the least restrictive.

No action

21. The Tribunal first considered whether to conclude the case by taking no action. It noted that taking no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances.

22. The Tribunal was satisfied that there were no exceptional circumstances in Dr Sanusi's case which could justify it taking no action. Further the Tribunal considered that concluding the case by taking no action would be insufficient to protect the public interest and would not mark the seriousness of Dr Sanusi's dishonest conduct.

Conditions

23. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Sanusi's registration. The Tribunal had regard to paragraphs 81, and 85 of the SG, which state:

'81 Conditions might be most appropriate in cases:

a involving the doctor's health

b involving issues around the doctor's performance

c willing to respond positively to retraining, with evidence that they are committed to keeping their knowledge and skills up to date throughout their working life, improving the quality of their work and promoting patient safety

...

85 Conditions should be appropriate, proportionate, workable and measurable.'

24. The Tribunal noted that the case did not fit within the examples in paragraph 81, as a type of case where conditions may be most appropriate.

25. The Tribunal considered that no conditions could be formulated which would be appropriate, workable or measurable, particularly because Dr Sanusi is not currently working in clinical practice. Further, the Tribunal determined that the imposition of conditions would not be sufficient to mark the seriousness of Dr Sanusi's actions or to address the Tribunal's findings of impairment.

26. The Tribunal concluded that an order of conditions would not be appropriate to promote and maintain public confidence in the profession, nor to promote and maintain proper professional standards and conduct for members of the profession.

Suspension

27. The Tribunal then went on to consider whether a period of suspension would adequately protect the public, maintain public confidence in the profession and uphold proper standards for its members. In considering whether to impose a period of suspension on Dr Sanusi's registration, the Tribunal had regard to paragraphs 91 and 92 of the SG which provide:

'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).'*

28. The Tribunal also considered the SG at paragraphs 97(a), (e), (f) and (g), which it considered to be of particular relevance in this case:

‘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, eg because of previous unsuccessful attempts or a doctor’s unwillingness to engage.

f No evidence of repetition of similar behaviour since incident.

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

29. The Tribunal found at the impairment stage that Dr Sanusi had breached a number of the paragraphs of GMP. It determined that those breaches were serious enough to warrant a suspension, and that no lesser sanction would suffice.

30. The Tribunal considered that while Dr Sanusi’s misconduct was serious, it was remediable because it was the result of a single isolated incident and appears, therefore, to be out of character.

31. Given the limited evidence of insight, the Tribunal considered that there remained a risk of Dr Sanusi repeating her dishonesty. The Tribunal did not conclude that this risk was significant, due to the isolated nature of Dr Sanusi’s misconduct, Dr Sanusi’s acceptance that writing the prescription without a licence was wrong, and the fact that there was no evidence of a pattern of dishonest behaviour or deep-seated attitudinal issues. The Tribunal did consider, however, that there was more work required to demonstrate that Dr Sanusi has developed full insight and remediated her misconduct.

32. For these reasons the Tribunal concluded that a period of suspension was necessary to protect the public and the wider public interest and offered a realistic prospect that Dr Sanusi would be able to remediate.

33. In order to satisfy itself that suspension was the appropriate sanction, the Tribunal also considered whether erasure was appropriate in the circumstances of the case. Looking at the facts of the case, the Tribunal decided that this case was not one where Dr Sanusi's misconduct is '*fundamentally incompatible with continued registration*' because the Tribunal accepted that:

- Dr Sanusi's misconduct, although unacceptable, was an isolated incident;
- There is no suggestion that Dr Sanusi benefited or stood to benefit either financially or professionally;
- No harm was caused and the potential risk to the public was low; and
- Dr Sanusi has demonstrated to the Tribunal that she is capable of developing insight and therefore remediating for her actions.

34. The Tribunal concluded that erasure would not be appropriate or proportionate, nor would it be in the public interest in circumstances where Dr Sanusi's misconduct was not itself incompatible with continued registration and there was a realistic prospect that suspension would result in Dr Sanusi being able to return safely to practice.

35. In light of the above, the Tribunal determined that a period of suspension would be an appropriate and proportionate sanction when considering Dr Sanusi's interests alongside the public interest. The Tribunal took into account the impact that this sanction may have upon Dr Sanusi. However, in all the circumstances the Tribunal concluded that her interests are outweighed by the need to protect the public, promote and maintain public confidence in the profession and uphold proper standards of conduct and behaviour.

Length of Suspension

36. In determining the length of the suspension, the Tribunal had regard to paragraphs 99 to 102 of SG and the table following paragraph 102.

37. The Tribunal considered the aggravating factors in this case and acknowledged that this was a serious departure from the principles set out in GMP.

38. The Tribunal also had regard to the mitigating factors of the case in considering the length of the suspension, including Dr Sanusi's previous good character and that this was a single, isolated incident.

39. Taking all these elements into account, and in particular to mark appropriately the seriousness of the misconduct, the Tribunal was satisfied that imposing a period of eight months' suspension was appropriate and proportionate.

40. In the Tribunal's view, an eight-month suspension was sufficient to reflect the seriousness of Dr Sanusi's dishonest conduct. The Tribunal was satisfied that a period of eight months would satisfy the need to promote and maintain public confidence and to send out a clear message to the profession that this type of conduct is unacceptable, by demonstrating that Dr Sanusi's misconduct fell towards the upper end of seriousness for which suspension was appropriate.

41. This period of suspension will also give Dr Sanusi sufficient time to further develop her insight in relation to the dishonesty findings and to take action to remediate. The Tribunal was satisfied that a reasonable and well-informed member of the public or the profession would be satisfied that this was a proportionate response to Dr Sanusi's dishonest conduct.

42. Accordingly, the Tribunal determined to suspend Dr Sanusi's registration for a period of eight months.

43. The Tribunal determined to direct a review of Dr Sanusi's case. A review hearing will convene shortly before the end of the period of suspension. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Sanusi to demonstrate how she has further developed her insight, taken steps to remediate and reflected on her conduct. It therefore may assist the reviewing Tribunal if Dr Sanusi:

- Attends the review hearing and provides the material set out below;
- Evidence of any courses and other activities she has undertaken in order to demonstrate remediation of her dishonesty;
- An updated statement demonstrating her understanding of what she did wrong, why it was wrong, what steps she can take to reassure the reviewing Tribunal that it will never happen again and why it will not happen again;
- Evidence that she has maintained her clinical knowledge and skills, including any CPD;
- Evidence of paid or unpaid work;

- Testimonials; and
- Any other information that she considers will assist a future Tribunal.

Determination on Immediate Order - 26/11/2025

1. This determination was handed down in public. However, the Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration were confidential.
2. Having determined that Dr Sanusi's registration be suspended for a period of eight months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Sanusi's registration should be subject to an immediate order.

Submissions

3. On behalf of the GMC, Mr Taylor submitted that given the substantive direction for suspension of eight months that the Tribunal had made, the GMC did not seek to argue that an immediate order was necessary in this case.

The Tribunal's Determination

4. The Tribunal has taken account of the relevant paragraphs of the Sanctions Guidance (2024) ('the 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. In reaching its determination, the Tribunal considered the submissions made on behalf of the GMC and the relevant paragraphs of the SG.
6. The Tribunal considered that it had not identified a significant risk of repetition and that this was a single, out of character incident.
7. Dr Sanusi does not currently have a licence to practise and has acknowledged that this means that she is not currently able to practise or prescribe.
8. The Tribunal concluded that whilst it had found serious misconduct, this was in the middle range of seriousness and that an immediate order was not necessary to protect members of the public, or was otherwise in the public interest, or was in the best interests of Dr Sanusi.
9. In reaching its determination, the Tribunal also noted that there has been no interim order or restrictions in place on Dr Sanusi's registration since the incident and that there was no evidence of any repetition or further misconduct by Dr Sanusi.
10. This means that Dr Sanusi's registration will be suspended 28 days from the date on which written notification of this decision is deemed to have been served upon her, unless she lodges an appeal. If Dr Sanusi does lodge an appeal she will remain free to practise unrestricted until the outcome of any appeal is known.
11. There was no interim order in place.
12. That concludes this case.

ANNEX A – 24/11/2025

151. 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), where evidence or submissions related to XXX.

152. This determination will be handed down in private due to the confidential nature of matters under consideration. However, as this case concerns Dr Sanusi's alleged misconduct a redacted version will be published at the close of the hearing.

153. At the outset of proceedings, Dr Sanusi made an application to adjourn these proceedings under Rule 17(2).

Submissions

154. Dr Sanusi initially told the Tribunal that she would like time to speak to her legal representative and to complete her witness statement. She also informed the Tribunal that she had previously applied for a postponement, which was refused, and that she provided XXX evidence to the GMC, dated August 2025, to support why a postponement was necessary.

155. Dr Sanusi first applied for an adjournment due to XXX.

156. XXX

157. XXX

158. XXX

159. With regard to representation, Dr Sanusi told the Tribunal that she did not wish to be represented at this hearing but would like time to take further legal advice about writing her statement.

160. On behalf of the GMC, Mr Taylor said he believed Dr Sanusi had withdrawn her application to adjourn, an application he opposed. Nevertheless, he agreed with the proposed XXX.

The Tribunal's decision

161. The Tribunal had regard to XXX. It also had regard to the email from the GMC to Dr Sanusi, dated 21 October 2025, which stated *'The Case Manager has considered your request for a postponement application and has determined to refuse it'*.

162. In considering the evidence presented and the submissions made, the Tribunal was satisfied that Dr Sanusi had abandoned her application to adjourn and was content for the hearing to proceed if she had XXX and time to consult before submitting her statement.

163. For the avoidance of doubt, the Tribunal was satisfied that there was not sufficient evidence before it to justify adjourning this hearing.

164. Accordingly, the Tribunal decided that the hearing would proceed and it would ensure that Dr Sanusi had XXX to enable her to participate fully in the hearing.

165. The Tribunal also directed that, after the GMC evidence had been completed, it would allow Dr Sanusi until Wednesday 19 November 2025 to provide a statement of her evidence.

166. The Tribunal therefore determined to refuse Dr Sanusi's application to adjourn these proceedings.

ANNEX B – 24/11/2025

167. This determination was handed down in public. However, the Tribunal exercised its powers under Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 (the Rules), to sit in private when the matters under consideration were confidential.

168. Due to Dr Sanusi's absence from the hearing on 21 November 2025, Mr Taylor made an application to proceed in her absence.

169. The background to Dr Sanusi's absence from the hearing is as follows. Dr Sanusi attended on the first four days of the hearing up to and including Mr Taylor's submissions, shortly before the lunch adjournment.

170. The Tribunal invited Dr Sanusi to make submissions herself, and she said she had none. Nevertheless, the Tribunal invited her to consider the position over lunch and adjourned until 2pm.

171. At 1:49pm, Dr Sanusi emailed the MPTS and said '*I won't be able to continue with the MPTS case management today. I will kindly request an advocate and adjourned till tomorrow*'.

172. Mr Taylor did not oppose the application for this short adjournment and the Tribunal agreed to adjourn until Friday 21 November 2025. The MPTS sent an email to Dr Sanusi informing her that the hearing would begin again at 9:30am on 21 November 2025. It also sent her a copy of MPTS guidance for unrepresented doctors.

173. When the Tribunal reconvened on 21 November 2025, Dr Sanusi did not attend. No email was received from her explaining her absence.

Submissions

174. Mr Taylor applied to continue the hearing in Dr Sanusi's absence.

175. Mr Taylor referred the Tribunal to the case of *R v Jones [2003] 1AC1* and the *General Medical Council v Adeogba [2016] EWCA Civ 162*. He submitted that Dr Sanusi had voluntarily withdrawn from the proceedings and noted that she was given time to prepare her submissions but chose not to return to the hearing.

176. Mr Taylor stated that it would serve no purpose to adjourn proceedings as there is no reason to believe that Dr Sanusi would attend in the future. He submitted that it is in the public interest to proceed with this case in Dr Sanusi's absence and noted that Dr Sanusi was made aware in the original Notice of Hearing that the hearing can proceed in her absence.

177. Mr Taylor stated that the Tribunal had been very fair to Dr Sanusi in allowing her XXX and time to prepare her submissions, but she has chosen not to attend.

178. For these reasons, Mr Taylor submitted that the hearing should proceed in Dr Sanusi's absence.

The Tribunals Decision

179. The Tribunal was satisfied that no issue arose regarding notice of the hearing because Dr Sanusi had been present for nearly four days. The Tribunal had regard to the case of *R v Jones [2003] 1AC1* and noted that it has a discretion to proceed with the case in Dr Sanusi's absence, though this discretion is to be exercised with caution with the overall fairness of the proceedings in mind. It had regard to all the circumstances including the following:

- The nature and circumstances of Dr Sanusi's behaviour in absenting herself, in particular, whether the behaviour was voluntary and therefore waived the right to be present;
- Whether an adjournment was likely to result in Dr Sanusi attending;
- The likely length of any such adjournment;
- Whether Sanusi, although absent, wished to be represented or whether she had waived her right to be represented;
- Whether Dr Sanusi's representatives were able to receive instructions from her and the extent to which they could present a defence;
- The extent of any disadvantage to Dr Sanusi in not being able to present her account of events;
- The public interest that a hearing should take place within a reasonable time.

180. The Tribunal also had regard to the case of the *General Medical Council v Adeogba [2016] EWCA Civ 162* which states:

'First, the GMC represent the public interest in relation to standards of healthcare. It would run entirely counter to the protection, promotion and maintenance of the health and safety of the public if a practitioner could effectively frustrate the process and challenge a refusal to adjourn when that practitioner had deliberately failed to engage in the process. The consequential cost and delay to other cases is real.'

'Where there is good reason not to proceed, the case should be adjourned; where there is not, however, it is only right that it should proceed.'

181. The Tribunal bore in mind that Dr Sanusi attended the first four days of this hearing and then withdrew from proceedings during the fourth day, without providing the Tribunal with any reason.

182. The Tribunal also observed that it had granted Dr Sanusi an adjournment from the middle of the day on 20 November 2025 until the following morning. However, Dr Sanusi did not attend.

183. On the basis of the information provided, the Tribunal was satisfied that Dr Sanusi has deliberately and voluntarily waived her right to be present and represented at this hearing and is aware that the hearing can proceed in her absence.

184. The Tribunal considers that were it to adjourn today, it could have no confidence that Dr Sanusi would attend on a future date in light of her failure to attend on 21 November 2025, or even contact the Tribunal.

185. When considering any disadvantage to Dr Sanusi, the Tribunal reminded itself that Dr Sanusi has already given evidence and that she had confirmed she had no further submissions to make.

186. Accordingly, the Tribunal determined that it is in the general public interest to exercise its discretion and proceed with the case in Dr Sanusi's absence.

187. The Tribunal therefore decided to proceed in Dr Sanusi's absence.

ANNEX C – 26/11/2025

Determination on proceeding in Dr Sanusi's absence

1. This determination was handed down in public. However, the Tribunal exercised its powers under Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 (the Rules), to sit in private when the matters under consideration were confidential.

2. When the Tribunal handed down its determination at the end of the impairment stage, Mr Taylor enquired whether the Tribunal wished to send a copy of its determination to Dr Sanusi and invite her to attend before sanction was dealt with.

3. Mr. Taylor was clear that he was not inviting the Tribunal to do so and indeed his submission was that the Tribunal should proceed in Dr Sanusi's absence for the reasons it had already decided to do so.
4. Mr Taylor submitted that the law was set out in the decision of the Court of Appeal in *Sanusi v GMC [2019] EWCA Civ 1172*. He submitted that once the Tribunal had decided to proceed in a doctor's absence it did not have to reconsider the position before proceeding to sanction.
5. The Legally Qualified Chair advised that this was the correct statement of the relevant law.
6. The Tribunal reminded itself that Dr Sanusi had already asked for an adjournment from 20 November 2025 until the following day. That adjournment had been granted but Dr Sanusi had not attended the hearing on 21 November 2025. Nor had she contacted the Tribunal after the emails of 20 November 2025, set out in Annex B
7. The Tribunal concluded that, in those circumstances, there was no realistic prospect that a further adjournment would secure Dr Sanusi's attendance. The Tribunal also concluded that a further adjournment at this stage was likely to result in the hearing going "*part heard*" and it was satisfied that this was unlikely to be in Dr Sanusi's interests and was likely to have an adverse effect on the timely listing of other cases.
8. Accordingly, the Tribunal decided to proceed to the sanction stage.