

PUBLIC RECORD**Dates:** 4/11/2024- 8/11/2024, 17/02/2025 - 20/02/2025

Doctor: Dr Odunayo ODEWOLE

GMC reference number: 7568426

Primary medical qualification: MB BS 2013 University of Ibadan

Type of case	Outcome on facts	Outcome on impairment
New - Misconduct	Facts relevant to impairment found proved	Not Impaired
New - Conviction	Facts relevant to impairment found proved	Not Impaired
XXX	XXX	XXX

Summary of outcome

Conditions, 8 months.
Review hearing directed
Immediate order imposed

Tribunal:

Legally Qualified Chair	Ms Christina Moller
Lay Tribunal Member:	Mr Mark O'Brien
Registrant Tribunal Member:	Mr Mike Hayward

Tribunal Clerk:	Miss Hinna Safdar
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Attendance and Representation:

Doctor:	Present Represented from 4/11/24-8/11/24 Not represented from 17/2/25-20/2/25
Doctor's Representative (from 4-8/11/25):	Mr Mohamed Jaufurally, instructed by Callistes Solicitors
GMC Representative:	Ms Georgina Goring, instructed by GMC Legal

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 - 17/02/2025

1. This determination will be handed down in private due to the confidential nature of some issues raised. However, as this decision refers to two convictions and various allegations of misconduct, a redacted version will be published at the close of the hearing.

Background

2. Dr Odewole qualified in 2013 from the University of Ibadan in Nigeria. Dr Odewole was employed by NES Healthcare UK (NES) as a resident doctor from 11 December 2017 to 22 July 2019, and from 13 May 2022 to 6 May 2024. His role required him to provide post-operative care to NHS and private patients.

3. Dr Odewole referred himself to the GMC on 9 February 2023 using an online form. The Allegation which has led to this hearing is based on XXX statutory grounds. The GMC alleges that Dr Odewole's fitness to practise is impaired by reason of conviction, misconduct XXX. This Tribunal must first determine whether the GMC has proved any allegations against Dr Odewole.

Conviction

4. At the outset of the hearing, Dr Odewole admitted paragraphs 1 and 2 of the Allegation, relating to convictions in Boston and Cambridge, UK. On 13 December 2021, at Boston Magistrates' Court, Dr Odewole was convicted of driving without insurance on 19 June 2021 and failing to provide information to the police about the identity of the driver on 26 July 2021. On 24 January 2022, he was fined and disqualified from driving for six months. On 19 July 2022, at Cambridge Magistrates' Court, Dr Odewole was convicted of failing to provide a specimen of breath to police, driving whilst disqualified and driving without insurance on 18 July 2022. He was sentenced to 120 hours of unpaid work and disqualified from driving for 18 months.

Misconduct

5. The GMC alleges that Dr Odewole failed to notify the GMC of these convictions without delay. It is also alleged that, in 2022, he dishonestly failed to declare these convictions and made false declarations to NES.

XXX

6. XXX

The Outcome of Applications made during the Facts Stage

7. The GMC made an application under Rule 17(6) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), to amend the Allegation XXX. There was no objection to this application. The Tribunal determined that the amendments sought could be made without injustice and granted the application on 4 November 2024.

8. XXX

The Allegation and the Doctor's Response

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

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

1. On:

a. 13 December 2021, at Boston Magistrates' Court, you were convicted of:

i. an offence that on 19 June 2021 at Grantham you used a motor vehicle, namely a Mercedes, on a road, or other public place, namely St Peter's Hill when there was not in force in relation to that use such a policy of insurance or such a security in respect of third party risks as complied with the requirements of Part VI of the Road Traffic Act 1988, contrary to section 143 of the Road Traffic Act 1988 and Schedule 2 to the Road Traffic Offenders Act 1988; **Admitted found proved**

ii. an offence that on 26 July 2021 at Nettleham HQ, having been required by or on behalf of the Chief Officer of Police for Lincolnshire, failed to give information relating to the identification of the driver of a vehicle, who was alleged to have been guilty of an offence contrary to section 172(3) of the Road Traffic Act 1988 and Schedule 2 to the Road Traffic Offenders Act 1988; **Admitted and found proved**

- b. 24 January 2022, you were sentenced to:
 - i. a disqualification from holding or obtaining a driving licence for 6 months; **Admitted and found proved**
 - ii. a fine of £660. **Admitted and found proved**
- 2. On 19 July 2022, at Cambridge Magistrates' Court you were:
 - a. convicted of:
 - i. an offence that on 18 July 2022 at Huntingdon in the county of Cambridgeshire, when suspected of having driven a vehicle and having been required to provide a specimen or specimens of breath for analysis by means of a device of a type approved by the Secretary of State pursuant to section 7 of the Road Traffic Act 1988 in the course of an investigation into whether you had committed an offence under section 3A, 4, 5 or 5A thereof, failed without reasonable excuse to do so; **Admitted and found proved**
 - ii. an offence that on 18 July 2022 at Sawtry in the county of Cambridgeshire, drove a motor vehicle namely a Land Rover Range Rover on a road, namely the A1 Northbound whilst disqualified from holding or obtaining a driving licence, contrary to section 103 of the Road Traffic Act 1988; **Admitted and found proved**
 - iii. an offence that on 18 July 2022 at Sawtry in the county of Cambridgeshire, used a motor vehicle, namely a Land Rover Range Rover, on a road, or other public place, namely the A1 Northbound, when there was not in force in relation to that use such a policy of insurance or such security in respect of third party risks as complied with the requirements of Part VI of the Road Traffic Act 1988; **Admitted and found proved**
 - b. sentenced to:
 - i. a disqualification from driving for 18 months; **Admitted and found proved**
 - ii. 120 of hours unpaid work. **Admitted and found proved**

3. You failed to notify the GMC without delay that you had been convicted of the criminal offences detailed in:
 - a. paragraph 1; **To be determined**
 - b. paragraph 2. **To be determined**
4. On 8 February 2022, you completed a Registration Form ('the Form') for NES Healthcare ('NES') and you:
 - a. falsely answered 'No' to the question 'Do you have any convictions, or cautions?'; **To be determined**
 - b. falsely confirmed your agreement in the Form 'I can confirm I have read this document fully and that the information given is correct. I will notify NES Healthcare should any of the information alter'; **To be determined**
 - c. failed to declare the matter set out at paragraph 1. **To be determined**
5. You knew that:
 - a. the answers you gave in the Form as set out at paragraphs 4a and 4b were untrue; **To be determined**
 - b. you should have declared the matter set out at paragraph 1 in the Form. **To be determined**
6. Your actions as set out at:
 - a. paragraphs 4a and 4b were dishonest by reason of paragraph 5a; **To be determined**
 - b. paragraph 4c were dishonest by reason of paragraph 5b. **To be determined**
7. On or around 13 May 2022 you commenced employment with NES and during the course of your employment you failed to declare the matters set out at:
 - a. paragraph 1; **To be determined**
 - b. paragraph 2. **To be determined**

8. You knew that you were obliged to declare to NES the matters set out at:
 - a. paragraph 1; **To be determined**
 - b. paragraph 2. **To be determined**
9. Your actions as set out at:
 - a. paragraph 7a were dishonest by reason of paragraph 8a; **To be determined**
 - b. paragraph 7b were dishonest by reason of paragraph 8b. **To be determined**
10. On 20 May 2022, you signed the Terms and Conditions of Employment ('T&C') with NES and you falsely confirmed your declaration in the T&C 'I do not have any convictions spent or unspent under the Rehabilitation of Offenders Act'. **To be determined**
11. You knew that the declaration you made in the T&C as set out at paragraph 10 was untrue. **To be determined**
12. Your actions as set out at paragraph 10 were dishonest by reason of paragraph 11. **To be determined**

XXX

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

- a. conviction in respect of paragraph(s) 1 and 2; **To be determined**
- b. misconduct in respect of paragraph(s) 3 to 12; **To be determined**

XXX

The Admitted Facts

10. Dr Odewole formally admitted paragraphs 1 and 2 of the Allegation, through his legal representative Mr Jaufurally. The Tribunal announced that these paragraphs 1 and 2 of the Allegation had been found proved, under Rule 17(2) of the Rules.

The Facts to be Determined

11. The Tribunal is required to determine outstanding paragraphs 3-XXX of the Allegation, which were not admitted by Dr Odewole.

Witness Evidence

12. The Tribunal received written and oral evidence from the following witnesses for the GMC:

- Ms D, a GMC Investigation Officer;
- Dr C, Medical Director of NES.

XXX

13. XXX

14. XXX

15. Dr Odewole provided a witness statement dated 2 August 2024 and gave oral evidence to the Tribunal.

Documentary Evidence

16. The Tribunal was provided with additional documents including the following:

- Dr Odewole's NES Registration Form dated 8 February 2022,
- Dr Odewole's NES employment contract, signed 20 May 2022,
- Emails between Dr Odewole and Dr C from 7-23 February 2023,
- Dr Odewole's self-referral to the GMC dated 9 February 2023,
- Witness statements (from police) dated 19 June and 18 August 2021,
- Memorandum of entry (from court) dated 19 June 2021.
- Certificate of conviction dated 19 July 2022,
- DVLA emails dated 12 July 2023, 14 July 2023 and 17 September 2024.

Advice from Legally Qualified Chair (LQC)

17. The LQC gave advice to the Tribunal on the approach to be taken in deciding the outstanding facts in dispute. There was no comment on it and the Tribunal followed this advice.

18. The burden of proving disputed facts is on the GMC. Dr Odewole does not need to disprove anything. He is only obliged to answer the allegations against him and no others: *Roomi v GMC* [2009] EWHC 2188. The standard of proof required is the civil standard, the balance of probabilities: *Re B* [2008] UKHL 35. Where an event is inherently improbable, it may take better evidence to prove it. This goes to the quality of evidence: *Byrne v GMC* [2021] EWHC 2237. Submissions must be taken into account but are not evidence, and the Tribunal should draw its own conclusions.

19. The Tribunal should not assess a witness's credibility exclusively on their demeanour: *Dutta v GMC* [2020] EWHC 1974. It should analyse the evidence fairly and impartially, taking account of any gaps or inconsistencies, as well as explanations for apparent contradictions. It should consider all the evidence before drawing conclusions about any witness's credibility. The Tribunal may take account of conflicts in evidence between witnesses, denials or reasons why an allegation could not be true: *Khan v GMC* [2021] EWHC 374. While the Tribunal is entitled to draw logical inferences, it cannot speculate.

20. In *Ivey v Genting Casinos* [2017] UKSC 67 the Supreme Court provided that the correct test of dishonesty is that which is used in civil cases that:

- a. The Tribunal of fact must first ascertain (subjectively) the state of the individual's knowledge or belief as to the facts. The reasonableness of the belief is a matter of evidence going to whether or not he genuinely held the belief, but it is not a requirement that the belief must be reasonable; and
- b. The Tribunal of fact must then consider whether that conduct was dishonest by the (objective) standards of ordinary decent people. There is no requirement that the individual must appreciate that what they have done was, by those standards, dishonest: *Ivey* at [74].

21. The Tribunal must first ascertain Dr Odewole's actual, genuine beliefs as a matter of evidence and then ask itself whether, given those beliefs, his conduct was objectively honest or dishonest.

22. In *McLennan v GMC* [2020] CSIH 12, the panel had erred in failing to make a finding on the appellant's knowledge. It had recited, but not applied, the test in *Ivey*. It had not considered the possibility of carelessness and had not explained how ordinary decent people would have considered the appellant to be dishonest. The Tribunal must address why a doctor may have been dishonest. *McLennan* confirmed principles in *Soni v GMC* [2015] EWHC

364: before it could infer dishonesty, the Tribunal must consider whether the evidence showed possible explanations other than dishonesty, and, if so, whether it could safely conclude that those other explanations were less probable than deliberate dishonesty.

23. *Wisson v HPC* [2013] EWHC 1036 said that previous good character may be relevant where credibility is at issue. Judging the weight to be given to Dr Odewole's character and its relevance is a matter for the Tribunal.

24. Although it does not provide a defence, previous good character (prior to June 2021) may assist Dr Odewole in two ways: in relation to credibility as well as propensity. The Tribunal may take account of his previous good character when considering whether to accept his evidence as credible. Second, the fact that he had no previous adverse regulatory findings (before his admitted 2021 and 2022 convictions) may go to the likelihood of him acting as alleged by GMC.

25. The Tribunal must consider each paragraph of the Allegation separately to make individual findings of fact. However, if one part of the Allegation is found proved, the Tribunal is entitled to take account of that, when considering propensity to act as alleged in other parts of the Allegation. The Tribunal may consider the evidence in the round. However, if the Tribunal finds one paragraph or allegation proved, or not proved, it does not follow that the Tribunal will reach the same conclusion in relation to other paragraphs or allegations.

26. The Tribunal must be satisfied that each element of an allegation has been made out before finding that specific allegation proved. Ordinary words or phrases in the Allegation such as '*obliged*' or '*falsely*' should be given their natural meaning. '*Failed to*' indicates a breach of a duty.

The Tribunal's Analysis of the Evidence and Findings

27. The Tribunal considered paragraphs 3-XXX of the Allegation separately, analysing all relevant evidence to make findings of fact.

Paragraph 3

28. The GMC alleged that Dr Odewole failed to notify the GMC without delay of his convictions on 13 December 2021 and 19 July 2022. The words '*failed to*' imply that Dr Odewole had an obligation to inform the GMC of his convictions without delay and that he breached this obligation.

29. The Tribunal took account of paragraph 75 of *Good medical practice* (2013) (*GMP*) in relation to the duty to notify the GMC of any convictions:

‘75 You must tell us without delay if, anywhere in the world:

a ...

b you have been charged with or found guilty of a criminal offence

c ...’

30. Based on this mandatory provision of *GMP*, the Tribunal found as fact that Dr Odewole had a clear obligation to notify the GMC, without delay, if he were to be charged with or found guilty (convicted) of a criminal offence.

31. Dr Odewole accepted that he had been found guilty of the criminal offences set out in paragraphs 1 and 2 of the Allegation. He therefore had a duty to inform the GMC of those convictions, without delay. In cross-examination Dr Odewole said that he was aware of the requirement in *GMP* to tell the GMC without delay if he was charged with a criminal offence.

32. As *‘without delay’* was not defined in *GMP*, the Tribunal had to decide what would be reasonable in the circumstances. The uncontested evidence was that he had notified the GMC of the Cambridge offences in February 2023, over six months after being convicted in July 2022. There was no evidence that Dr Odewole had ever informed the GMC of his earlier (Boston) convictions, about which he must have known at the time of the Cambridge hearings, as he accepted in evidence.

33. The Tribunal considered a six-month delay to be unacceptable, in all the circumstances, and concluded that Dr Odewole had breached the duty to inform the GMC without delay of his convictions. The Tribunal found paragraphs 3(a) and 3(b) of the Allegation proved.

Paragraph 4

34. The Tribunal considered whether or not Dr Odewole had *‘falsely answered’* questions on his Registration Form for NES. Although his answer to the question *‘Do you have any convictions, or cautions’* was incorrect, so may be described as *‘false’*, the Tribunal had to consider whether he had *‘falsely answered’* the question. In other words, was his intention to mislead or not?

35. Dr Odewole gave evidence as to his state of mind in relation to convictions in 2021. His witness statement said that he had pleaded guilty by post in relation to his 13 December 2021 convictions, that he was not at Court (in Boston) when he was sentenced on 24 January 2022 and had not received any letter from Court informing him of his fine or disqualification.

36. In oral evidence he said that he had *not* pleaded guilty by post and that he had not read his statement (drafted by solicitors on his instructions) before hurriedly signing it at work. In cross-examination, Ms Goring, Counsel for the GMC, suggested that this change in his account was *'another example of dishonesty'*. He responded by saying: *'No, it was an error... I am not a dishonest person,'* and said that he had intended to correct the position at this hearing.

37. The Chair asked: *'Were you being dishonest when you amended your statement?'* and Dr Odewole said, *'No.'* The Tribunal considered Dr Odewole's account to be unreliable in the sense that his oral evidence contradicted his signed, written statement on this issue. However, Dr Odewole described a chaotic approach to paperwork in his evidence and the Tribunal was unable to determine whether the shift in his account stemmed from disorganisation or dishonesty.

38. Dr Odewole maintained that he had been unaware of his December 2021 convictions (Boston) until he was in court in Cambridge in July 2022. Although he had been stopped by police, he had been allowed to drive home. He was staying at different addresses overnight, according to his uncontested evidence on this point. The GMC did not (seek or) adduce evidence of a guilty plea having been recorded, or proof that Dr Odewole had received Court or other notification of his 2021 convictions or sentence. Therefore, the GMC was unable to discharge the burden on it to demonstrate Dr Odewole was aware, in February 2022, of his 2021 convictions.

39. Ms D's witness statement tended to support Dr Odewole's account of how he found out he had been convicted in his absence in 2021:

'As part of [the GMC] investigation, we looked into finding out why Dr Odewole was already disqualified from driving at the time of the offence...

On 21 June 2023, Dr Odewole was asked to provide the reason he had been disqualified from driving and the details of the police constabulary that dealt with it.

On 28 June 2023, Dr Odewole explained that the initial disqualification was due to having accumulated 12 points on his driver's licence. He stated that he didn't realise that he had been disqualified from driving and only learnt about it on 19 July 2022. Dr Odewole didn't provide any further information.'

40. The Tribunal concluded that the GMC had not discharged the burden on it to demonstrate that, on 8 February 2022, Dr Odewole had falsely answered 'No' to the question about convictions or falsely confirmed that he had given correct information or failed to declare his 2021 convictions on his Registration Form. Dr Odewole could only be expected to declare matters of which he was aware. Therefore, the Tribunal found paragraphs 4(a), (b) and (c) not proved.

Paragraph 5 and 6

41. As paragraph 4 was found not proved in its entirety, paragraphs 5 and 6 could not be proved. The Tribunal found paragraphs 5 and 6 not proved.

Paragraph 7(a)

42. As Dr Odewole's first day (shadowing) at work with NES was 13 May 2022, and his contract was signed on 20 May 2022, the Tribunal considered that Dr Odewole had started employment with NES on or around 13 May 2022. Dr C gave uncontested evidence that Dr Odewole's employment with NES continued until December 2023. It is alleged that he *'failed to'* notify NES *'during the course of his employment'* of his 2021 convictions (Boston). The GMC thus sought to establish that he had a duty to do so, which was breached.

43. Dr Odewole's employment contract provided at clause 7.2 that he *'must immediately disclose to NES any arrests, pending prosecutions or convictions... received during the course of your employment with NES.'* Dr Odewole had to disclose any convictions received from mid-May 2022 when he started work with NES but clause 7.2 did not require prior convictions to be notified directly.

44. NES may have expected previous convictions to be reflected in the XXX alluded to in clause 7.1 of his employment contract. However, this contract placed no obligation on the employee other than to cooperate with NES' inquiries with DBS and similar organisations.

45. The Tribunal considered that Dr Odewole had no duty to disclose his 2021 convictions when he was not an NES employee. Thus the GMC could not prove a breach or failure and the Tribunal found paragraph 7(a) not proved.

Paragraph 7(b)

46. The Tribunal took account of Dr Odewole's email to NES Healthcare on 7 February 2023:

*'Hello, Good afternoon.
I wish to inform NES about 2 major incidents...
1, I got a motoring conviction from the courts last year.
2, ...
I have realised that I need to inform my employer, my responsible officer, and
the GMC of these developments. Please advise what the right channel to follow is.
I am very sorry...
Thank you once again.
Joshua.'*

47. Dr Odewole attached a letter from Osler Solicitors to his email to Dr C on 8 February 2023. His solicitor informed him:

*'28 July 2022
Dear Joshua,
Re: Cambridge Magistrates Court - 19th July 2022
I write further to my attendance upon you as the Duty Solicitor on the above date,
when you pleaded guilty to offences as follows:
Failing to provide a specimen of breath.
Driving whilst disqualified. Driving with no insurance.
The sentence imposed was as follows: A Community Order of 12 months with 120
hours unpaid work. You were also disqualified from driving for 18 months'*

48. The Tribunal concluded that Dr Odewole had not failed to declare his 2022 convictions (obtained while he was employed at NES) because he had disclosed full details in emails dated 7 and 8 February 2023 when he was still working for NES. He should have declared his convictions 'immediately' to comply with clause 7.2 of his contract. However, this was not reflected in the wording of paragraph 7(b) of the Allegation.

49. The Tribunal found that Dr Odewole had not failed to declare his 2022 convictions during the course of his employment, as he had informed NES of them in February 2023. The Tribunal found paragraph 7(b) of the Allegation not proved.

Paragraph 8(a)

50. Dr Odewole's employment contract provided at clause 7.2 that he *'must immediately disclose to NES any arrests, pending prosecutions or convictions... received during the course of your employment with NES.'*

51. The scope of clause 7.2 does not cover convictions prior to the contract.

52. As Dr Odewole was not obliged to declare his 2021 convictions to NES (obtained before his contract with NES started in May 2022) the GMC could not prove that he knew he had any such obligation.

53. The Tribunal found paragraph 8(a) not proved.

Paragraph 8(b)

54. Dr Odewole's employment contract provided at clause 7.2 that he *'must immediately disclose to NES any arrests, pending prosecutions or convictions... received during the course of your employment with NES.'* Dr Odewole had a clear obligation to disclose any convictions received from mid-May 2022 when he started.

55. Dr Odewole received his Cambridge convictions while employed by NES and had a duty to notify his employer of them, as he was aware, due to signing his 2022 contract. The Tribunal therefore found paragraph 8(b) of the Allegation proved.

Paragraph 9

56. The Tribunal found paragraph 9(a) of the Allegation not proved as paragraph 8(a) of the Allegation, on which it depends, was found not proved.

57. The Tribunal found paragraph 9(b) of the Allegation not proved, as paragraph 7(b) of the Allegation, on which it depends, was found not proved.

Paragraph 10

58. The Tribunal had to consider whether Dr Odewole had *'falsely confirmed'* the declaration in his Terms and Conditions of Employment when he declared that he did *'not have any convictions spent or unspent.'* Although his declaration was incorrect, so may be described as *'false'*, the Tribunal had to consider whether he had *'falsely confirmed'*. In other words, was his intention to mislead?

59. Dr Odewole gave evidence as to his state of mind in relation to convictions in 2021 and described a chaotic approach to paperwork. The Tribunal was unable to determine whether the shift in his account, of how he found out about his 2021 convictions, stemmed from disorganisation or dishonesty. Dr Odewole changed his evidence, but maintained that he had been unaware of his December 2021 convictions (Boston) until he was in court in Cambridge in July 2022.

60. The Tribunal concluded that the GMC had not discharged the burden on it to demonstrate that, on 20 May 2022, Dr Odewole had falsely confirmed his declaration that he had no convictions in his contract with NES. Therefore the Tribunal found paragraph 10 of the Allegation not proved.

Paragraph 11 and 12

61. As the Tribunal found paragraph 10 of the Allegation not proved, paragraphs 11 and 12 could not be proved.

XXX

62. XXX

63. XXX

64. XXX

XXX

65. XXX

XXX

66. XXX

67. XXX

The Tribunal's Overall Determination on the Facts

68. The Tribunal has determined the facts as follows:

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

1. On:
 - a. 13 December 2021, at Boston Magistrates' Court, you were convicted of:
 - i. an offence that on 19 June 2021 at Grantham you used a motor vehicle, namely a Mercedes, on a road, or other public place, namely St Peter's Hill when there was not in force in relation to that use such a policy of insurance or such a security in respect of third party risks as complied with the requirements of Part VI of the Road Traffic Act 1988, contrary to section 143 of the Road Traffic Act 1988 and Schedule 2 to the Road Traffic Offenders Act 1988; **Admitted and found proved**
 - ii. an offence that on 26 July 2021 at Nettleham HQ, having been required by or on behalf of the Chief Officer of Police for Lincolnshire, failed to give information relating to the identification of the driver of a vehicle, who was alleged to have been guilty of an offence contrary to section 172(3) of the Road Traffic Act 1988 and Schedule 2 to the Road Traffic Offenders Act 1988; **Admitted and found proved**
 - b. 24 January 2022, you were sentenced to:
 - i. a disqualification from holding or obtaining a driving licence for 6 months; **Admitted and found proved**
 - ii. a fine of £660. **Admitted and found proved**
2. On 19 July 2022, at Cambridge Magistrates' Court you were:
 - a. convicted of:
 - i. an offence that on 18 July 2022 at Huntingdon in the county of Cambridgeshire, when suspected of having driven a vehicle and having been required to provide a specimen or specimens of breath for analysis by means of a device of a type approved by the Secretary of State pursuant to section 7 of the Road Traffic Act 1988 in the course of an investigation into whether you had committed an offence under section 3A, 4, 5 or 5A thereof, failed without reasonable excuse to do so; **Admitted and found proved**

- ii. an offence that on 18 July 2022 at Sawtry in the county of Cambridgeshire, drove a motor vehicle namely a Land Rover Range Rover on a road, namely the A1 Northbound whilst disqualified from holding or obtaining a driving licence, contrary to section 103 of the Road Traffic Act 1988; **Admitted and found proved**
 - iii. an offence that on 18 July 2022 at Sawtry in the county of Cambridgeshire, used a motor vehicle, namely a Land Rover Range Rover, on a road, or other public place, namely the A1 Northbound, when there was not in force in relation to that use such a policy of insurance or such security in respect of third party risks as complied with the requirements of Part VI of the Road Traffic Act 1988; **Admitted and found proved**
- b. sentenced to:
 - i. a disqualification from driving for 18 months; **Admitted and found proved**
 - ii. 120 of hours unpaid work. **Admitted and found proved**
- 3. You failed to notify the GMC without delay that you had been convicted of the criminal offences detailed in:
 - a. paragraph 1; **Determined and found proved**
 - b. paragraph 2. **Determined and found proved**
- 4. On 8 February 2022, you completed a Registration Form ('the Form') for NES Healthcare ('NES') and you:
 - a. falsely answered 'No' to the question 'Do you have any convictions, or cautions?'; **Determined and found not proved**
 - b. falsely confirmed your agreement in the Form 'I can confirm I have read this document fully and that the information given is correct. I will notify NES Healthcare should any of the information alter'; **Determined and found not proved**

- c. failed to declare the matter set out at paragraph 1. **Determined and found not proved**
- 5. You knew that:
 - a. the answers you gave in the Form as set out at paragraphs 4a and 4b were untrue; **Determined and found not proved**
 - b. you should have declared the matter set out at paragraph 1 in the Form. **Determined and found not proved**
- 6. Your actions as set out at:
 - a. paragraphs 4a and 4b were dishonest by reason of paragraph 5a; **Determined and found not proved**
 - b. paragraph 4c were dishonest by reason of paragraph 5b. **Determined and found not proved**
- 7. On or around 13 May 2022 you commenced employment with NES and during the course of your employment you failed to declare the matters set out at:
 - a. paragraph 1; **Determined and found not proved**
 - b. paragraph 2. **Determined and found not proved**
- 8. You knew that you were obliged to declare to NES the matters set out at:
 - a. paragraph 1; **Determined and found not proved**
 - b. paragraph 2. **Determined and found proved**
- 9. Your actions as set out at:
 - a. paragraph 7a were dishonest by reason of paragraph 8a; **Determined and found not proved**
 - b. paragraph 7b were dishonest by reason of paragraph 8b. **Determined and found not proved**

10. On 20 May 2022, you signed the Terms and Conditions of Employment ('T&C') with NES and you falsely confirmed your declaration in the T&C 'I do not have any convictions spent or unspent under the Rehabilitation of Offenders Act'. **Determined and found not proved**
11. You knew that the declaration you made in the T&C as set out at paragraph 10 was untrue. **Determined and found not proved**
12. Your actions as set out at paragraph 10 were dishonest by reason of paragraph 11. **Determined and found not proved**

XXX

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

- a. conviction in respect of paragraph(s) 1 and 2; **To be determined**
- b. misconduct in respect of paragraph(s) 3 to 12; **To be determined**

XXX

Determination on Impairment - 19/02/2025

69. This determination will be handed down in private due to the confidential nature of some issues raised. However, as this decision refers to the convictions obtained by Dr Odewole, a redacted version of the determination will be published at the close of the hearing.

70. The Tribunal now has to decide, in accordance with Rule 17(2)(l) of the Rules, whether or not Dr Odewole's fitness to practise is impaired by reason of conviction and/or misconduct XXX.

71. Dr Odewole is no longer represented. He gave oral evidence at this stage of proceedings and made submissions.

Evidence of Dr Odewole

72. Dr Odewole was affirmed and said that, since last November 2024, he had only done 4 or 5 shifts a week in the Emergency Department, in the same hospital as last autumn. He is

studying for the Royal College of Emergency Medicine (RCEM) examinations in May, September and December 2025. XXX.

73. XXX

74. Dr Odewole accepted that he should have informed the GMC of his convictions far sooner, regardless of his personal circumstances at the time, XXX. However, Dr Odewole said his omission was not deliberate, malicious, or an attempt to mislead. Rather, it was a result of the overwhelming situation he was facing. He emphasised that, as soon as he became aware of the requirement, he took immediate action and contacted the necessary authorities the next day. Dr Odewole said he regrets his delay but wants to move forward now.

75. Dr Odewole said that he realised ignorance of the law (or mandatory provisions of *GMP*) is '*not a defence*' adding that he had suffered a lot due to his convictions and subsequent events. Dr Odewole said that he is committed to medicine, which he finds very rewarding, and would be very sad to lose his licence. There have been no complaints and '*nothing has happened*' since July 2022. He got his driving licence back in September 2024.

Submissions on behalf of the GMC

76. Ms Goring submitted that Dr Odewole's fitness to practise is impaired on all XXX grounds alleged: conviction, misconduct XXX. Ms Goring submitted that the Tribunal should consider each of these grounds separately and reach decisions on whether Dr Odewole's fitness to practise is impaired by each separate ground, adding that if impairment is found by reason of one ground, the Tribunal should proceed to consider the other XXX.

77. Ms Goring said that the Tribunal should first determine whether the facts found proved (or admitted and found proved) amount to misconduct or not. If so, the Tribunal must determine whether Dr Odewole's fitness to practise is impaired by reason of misconduct. Ms Goring referred to relevant provisions of *Good Medical Practice (GMP) 2013*, as well as the description of misconduct in *Roylance v GMC [1999] UKPC 16* as an act or omission that falls short of what is proper in the circumstances.

78. Ms Goring referred to the Tribunal's conclusion, at the facts stage, that Dr Odewole had a clear obligation to inform his regulator of his convictions without delay. However, there was a six-month delay in doing so, which the Tribunal found to be unacceptable. Ms Goring said that this delay represented a serious departure from the standards expected of a doctor.

In addition, Dr Odewole was aware of his obligation to inform NES Healthcare of his convictions. Ms Goring submitted that this was not an isolated incident but part of a ‘*pattern*’ of behaviour involving two organisations. Ms Goring invited the Tribunal to make a finding of serious misconduct in relation to paragraph 3 of the Allegation.

79. Ms Goring submitted that Dr Odewole's fitness to practise is also impaired by reason of his (five) criminal convictions for driving offences in 2021 and 2022, spanning around one year. These included driving without insurance, failing to provide a breath sample to police, and driving whilst disqualified. Ms Goring argued that these convictions demonstrated Dr Odewole's disregard for the safety of other road users and himself, as well as a blatant disregard for the law. Dr Odewole was sentenced to a community service order requiring 120 hours of unpaid work and also disqualified from driving for 18-months.

80. Ms Goring submitted that Dr Odewole's criminal actions represent a serious departure from the standards expected of doctors, taking account of paragraph 65 of *GMP*, which provides that doctors must ensure that their conduct justifies the trust of patients and the public. Ms Goring argued that Dr Odewole's offending would undermine public confidence in the medical profession.

81. Ms Goring referred to guidance on impairment in the *Fifth Shipman Report*, cited in *Grant*, and submitted that Dr Odewole's fitness to practise is impaired by reason of conviction. In relation to the four questions in *Grant*, Ms Goring stated that the GMC concedes the risk of harm limb is not engaged, as there is no evidence that Dr Odewole has put patients at risk of harm. However, Ms Goring submitted that Dr Odewole has brought the medical profession into disrepute by committing the offences he was convicted of, as well as his (related) misconduct, because he had shown a disregard for the law and public safety, thus undermining public confidence in the profession.

82. Ms Goring submitted that Dr Odewole's failure promptly to inform the GMC of his convictions further erodes trust in the regulatory process. She also argued that Dr Odewole had breached fundamental tenets of the medical profession as he had ‘*not acted with integrity*’ in relation to his offences and his failure to inform the GMC or NES within a reasonable time of his five convictions. Ms Goring acknowledged that the dishonesty limb in *Grant* is not engaged, as the Tribunal did not find allegations of dishonesty proved.

83. XXX

84. XXX

85. Ms Goring acknowledged that Dr Odewole had made admissions in relation to his criminal convictions at the outset of the hearing. However, Ms Goring also submitted that Dr Odewole had shown little insight into the impact of his actions on public confidence and the medical profession, focusing instead on the impact of his actions on his own life, adding that there was no evidence of remediation.

86. As insight and remediation are critical in minimising risk of repetition, the Tribunal cannot be satisfied that Dr Odewole would not repeat his behaviour.

87. In conclusion, Ms Goring submitted that Dr Odewole's fitness to practise is impaired on all XXX grounds alleged: conviction, misconduct XXX. This finding is required to uphold standards and maintain public confidence in doctors.

Submissions by Dr Odewole

88. Dr Odewole acknowledged that he was convicted of the driving offences detailed in the Allegation. He regretted them and there had been no repetition.

89. XXX

90. Dr Odewole also said that he considered his failure to notify the GMC of his convictions within a reasonable time amounted to misconduct but, when asked, he did not know if it was serious misconduct or not, in a legal sense.

91. Dr Odewole told the Tribunal that he would never repeat such behaviour.

92. Dr Odewole accepted that he had made mistakes, but now recognised the importance of maintaining professional standards, following guidance and complying with the law, recognising that it is his duty to make himself aware of all relevant provisions. Dr Odewole said that he believes he is currently fit to practise medicine, as he has been doing. XXX.

The Relevant Legal Principles

93. The LQC advised the Tribunal as to the approach to be adopted. Dr Odewole and Ms Goring had no comments on it and the Tribunal accepted it.

94. The Tribunal must follow a staged process in regulatory proceedings. The word misconduct in section 35C(2)(a) of the Medical Act 1983 connotes a serious breach indicating that a doctor's fitness to practise was impaired. It is important to set the matters complained of in the context of a doctor's whole practice: *Calhaem v GMC [2007] EWHC 2606*.

Misconduct was described as a wrongful or inadequate mode of performance of professional duty in *Mallon v GMC [2007] CSIH 17*.

95. In *Remedy UK v GMC [2010] EWHC 1245* the High Court said that misconduct is of two principal kinds. First, misconduct going to fitness to practise in the exercise of professional medical practice. Second, morally culpable or otherwise disgraceful conduct, outside or within professional practice. Conduct falls into the second category if it attracts condemnation.

96. Not every case of misconduct results in a finding of impairment: *Cohen v GMC [2008] EWHC 581*. Impaired is an ordinary word in common use, not defined in the Medical Act. At the impairment stage, there is no burden or standard of proof; it is a question of judgment for the Tribunal. Impairment must be decided at the time of the hearing. To do this the Tribunal must look forward, taking account of any reparation, changes in practice, conduct or attitude since the matters found proved occurred.

97. In determining impairment, the Tribunal must consider whether (or not) the facts found by the Tribunal indicate any risk of harm, breach of a fundamental tenet of the [medical] profession or bringing it into disrepute, or likely future issues: *Grant [2011] EWHC 927* citing the *Fifth Shipman report*.

98. The need to maintain public confidence in the medical profession or declare standards of behaviour may mean that a doctor's fitness to practise is impaired by reason of certain acts of misconduct in themselves. This is because the public simply would not have confidence in them, or in the profession's standards, if the Tribunal regarded that sort of conduct as leaving fitness unimpaired; a finding can be necessary to affirm the standards expected: *Yeong v GMC [2009] EWHC 1923*.

99. XXX

100. The Tribunal took account of principles in *Grant [2011]* which provides guidance in relation to impairment, with relevant questions:

‘Do our findings in respect of the doctor’s misconduct ... show that his / her fitness to practise is impaired in the sense that he/ she:

- (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 brought 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) [dishonesty]...’*

101. XXX. The LQC advised that, in relation to insight and remediation, the Tribunal should take account of evidence and/ or submissions from Dr Odewole and the GMC and ask:

- Are the proven concerns about the doctor’s behaviour, skills, performance or health remediable?
- Have the concerns about the doctor’s behaviour, skills, performance or health been remedied?
- Are the concerns about the doctor’s behaviour, skills, performance or health highly unlikely to be repeated?

102. The Tribunal should also take account of the statutory overarching objective:

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

The Tribunal’s Determination on Impairment

103. The Tribunal decided to consider whether Dr Odewole’s fitness to practise is impaired by reason of XXX conviction and/ or misconduct, in that order.

XXX

104. XXX

105. XXX

106. XXX

107. XXX

108. XXX

109. XXX

Conviction: paragraphs 1 and 2 of the Allegation

110. The Tribunal considered whether Dr Odewole's fitness to practise is impaired by reason of conviction. It took account of documentary evidence of his convictions and Dr Odewole's admissions in relation to his driving offences in 2021 and 2022. He fully accepts that he should not have acted as he did and that he committed five criminal offences, for which he was rightly convicted and punished.

111. The Tribunal balanced Dr Odewole's relative unfamiliarity with road traffic law and procedure at relevant times, with the fact that he had been in the UK since 2017 and should have familiarised himself with the *Highway Code* and other provisions to keep road users safe.

112. However, nearly three years have elapsed since his offences and there have been no further cautions, charges or convictions. Dr Odewole has demonstrated respect for the legal process by completing his sentences and acknowledging his wrongdoing: '*Ignorance is no defence*'.

113. The Tribunal took account of Dr Odewole's oral evidence of being required to do unpaid work (community order) at the same time as having to cope with XXX and undertake his hospital duties. Taking this and the other factors above into account, the Tribunal was satisfied that the risk of repetition of this behaviour was very low.

114. In all the circumstances, the Tribunal considered that a finding of impairment is not required to uphold standards or maintain public confidence in doctors. Most people would take account of fact that Dr Odewole had been dealt with by the criminal justice system, has not reoffended since 2022 and is practising in a shortage speciality. XXX. The GMC did not submit that Dr Odewole poses a risk to the public and the Tribunal did not consider that he does. The Tribunal determined that Dr Odewole's fitness to practise is not impaired by reason of his convictions in 2021 and 2022.

Misconduct: paragraphs 3(a), 3(b) and 8

115. The Tribunal found as fact in paragraphs 31 and 32 (above) that Dr Odewole had a duty to inform the GMC of his convictions promptly but had failed to do so.

“31. Dr Odewole accepted that he had been found guilty of the criminal offences set out in paragraphs 1 and 2 of the Allegation. He therefore had a duty to inform the GMC of those convictions, without delay. In cross-examination, Dr Odewole said that he was aware of the requirement in GMP to tell the GMC without delay if he was charged with a criminal offence.”

32. As ‘without delay’ was not defined in GMP, the Tribunal had to decide what would be reasonable in the circumstances. The uncontested evidence was that he had notified the GMC of the Cambridge offences in February 2023, over six months after being convicted in July 2022. There was no evidence that Dr Odewole had ever informed the GMC of his earlier (Boston) convictions, about which he must have known at the time of the Cambridge hearings, as he accepted in evidence.”

116. The Tribunal considered paragraphs 65 of GMP was engaged in relation to paragraph 3 of the Allegation. This is because Dr Odewole did not ensure that his conduct justified his patients’ trust when he failed promptly to notify his regulator of his convictions. His actions may undermine public confidence in doctors.

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

117. The Tribunal considered whether the facts found proved in paragraphs 3(a), 3(b) and 8(b) of the Allegation amounted to misconduct, which was serious. Although found proved, the Tribunal did not consider that any culpability attaches to paragraph 8 of the Allegation, which does not allude to any breach or other failing and did not agree with the GMC that this represented a pattern of misconduct.

118. The Tribunal balanced Dr Odewole’s relative unfamiliarity with relevant provisions of *Good Medical Practice* with the fact that he was practising as a doctor in the UK and should have familiarised himself with GMP and other provisions to keep patients safe.

119. In cross-examination, Dr Odewole accepted that he was aware of the duty to inform the GMC of convictions without delay, but said '*I did not consider them [the driving offences] to be criminal*'. As he recognised, this is no defence or excuse.

120. Dr Odewole received a detailed letter from the duty solicitor following his appearance at Cambridge Magistrates' Court. It contained a comprehensive check list of the actions he had to take and the penalties for not so doing. However, it did not remind him that he should inform his regulator of his convictions. Nor did it contain any reference to his previous convictions at Boston Magistrates' Court, although Dr Odewole conceded in evidence that he had been informed of other convictions when he was at Cambridge Magistrates' Court.

121. Dr Odewole sought to explain why he failed promptly to notify the GMC of his convictions, referring to his chaotic private life and XXX. He said that it was a '*terrible time XXX*.' He acknowledged that he '*...did not take the fine print seriously*,' as he was focused on XXX and other personal matters. Without seeking to excuse it, Dr Odewole said that informing the GMC was not a '*priority*' in his mind at the time, XXX.

122. Three years have now elapsed since his regrettable omissions and there have been no further allegations or complaints. Dr Odewole has demonstrated respect for the regulatory process by participating in these proceedings, recognising some level of wrongdoing and accepting fault: '*Ignorance is no defence*'.

123. Taking account of the context, lapse of time and other circumstances above, the Tribunal determined Dr Odewole's regrettable failure promptly to inform the GMC of his convictions – paragraph 3(a) and 3(b) of the Allegation – was not sufficiently serious to amount to the statutory ground of misconduct. Therefore, the Tribunal determined that Dr Odewole's fitness to practise is not impaired by reason of misconduct.

XXX

124. XXX