PUBLIC RECORD

Dates: 24/02/2025 - 28/02/2025

Doctor: Dr Eno UMOTONG

GMC reference number: 7455772

Primary medical qualification: MB BS 2014 Imperial College London

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

Summary of outcome
Suspension, 8 months.

Tribunal:

Lay Tribunal Member (Chair)	Mr Graham White
Lay Tribunal Member:	Mrs Ann Bishop
Registrant Tribunal Member:	Dr Harriet Leyland

Tribunal Clerk:	Miss Maria Khan

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Ms Laura Stephenson, Counsel, instructed by the MPS
GMC Representative:	Ms Anam Khan, 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 and Impairment - 26/02/2025

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

Background

2. Dr Umotong qualified in 2014 from Imperial College London and undertook foundation training with Birmingham and Solihull MHFT and Coventry and Warwickshire MHFT.

2. At the time of the events as set out in the Allegation, Dr Umotong was practising in a locum capacity with the Blackpool Victoria Hospital ('the Hospital'), having been employed there since 2019.

3. The allegation that has led to Dr Umotong's hearing can be summarised as follows. On 31 December 2022, she was stopped by a police officer on suspicion of driving in excess of the speed limit and failing to stop at a red traffic light, and, when questioned, she dishonestly gave false information.

4. On 28 February 2023 at Blackpool Magistrates' Court, in relation to the above incident, Dr Umotong was convicted of driving a motor vehicle while disqualified from holding or obtaining a driving licence, driving at a speed above the legal speed limit, failing to conform to a red traffic light, driving without the requisite insurance and obstructing a Police Officer in the execution of their duty. She was sentenced to a community order with a requirement to comply with any rehabilitation activities required, fined £1600 and disqualified for holding or obtaining a driving licence for 10 months.

Further Background

5. On 13 February 2022, Dr Umotong's vehicle was captured by a speed camera doing 58mph in a 50mph zone. Dr Umotong was unaware of this at the time and also unaware that a notice in respect of this matter had been sent to a previous address. As a consequence, Dr Umotong failed to respond to the notice within the deadline provided and in her absence, was disqualified from driving.

6. After finding out about the disqualification in October 2022 through correspondence with the DVLA, Dr Umotong made a statutory declaration in Preston Magistrates Court on 11 January 2023 to the effect that she had not been aware of, or in receipt of, the notice pertaining to the speeding in February 2022. As a consequence, the disqualification period was lifted.

7. At the time of the events which are the subject of this hearing, Dr Umotong was pregnant with her first child. She had initially requested, and been granted, leave from work for 31 December 2022. However, due to staff shortages at the Hospital, Dr Umotong agreed to work on that day.

8. PC A was on duty on the M55 westbound that day. PC A was parked on the hard shoulder when her attention was drawn to a black Mini Cooper travelling above the speed limit of 70mph. PC A followed the vehicle as it exited the motorway and observed the vehicle travel at excess speed along Preston New Road, Blackpool. At the traffic light signal with the junction of Mythop Road, the vehicle made no attempt to stop and was driven through a red light. Once through this junction, PC A caused the vehicle to stop.

9. Dr Umotong was the driver of the vehicle. After being cautioned by PC A, Dr Umotong explained that she was in a rush as she was travelling to Blackpool Victoria hospital to visit a sick relative. Dr Umotong gave her details as Ms B XXX with a date of birth of XXX, but when PC A struggled to locate any such individual on a driver's licence check, Dr Umotong then stated her date of birth was XXX. Whilst purporting to be Ms B, Dr Umotong said that the vehicle belonged to [Ms B], whom she was staying with in Preston. Upon carrying out an insurance check, PC A informed Dr Umotong that only [Ms B) was insured to drive the vehicle. Dr Umotong, whilst still purporting to be XXX Ms B, said that she was covered to drive the vehicle through her own insurance policy but could not provide the vehicle registration number as it was a new car. Dr Umotong also said that as she had recently moved home, she struggled to remember her full postal address. She claimed to have left her ID at home as she had left in a hurry.

10. PC A was unable to confirm that Ms B had a valid insurance policy in place, so reported Ms B for excess speed, contravention of a red traffic light and driving with no insurance.

11. At the beginning of January 2023, Dr Umotong left a message with PC A's control room asking PC A to make contact with her in relation to her insurance which culminated in a series of text messages exchanged. Within those messages, Dr Umotong, whilst still purporting to be Ms B, asked PC A if the matter could be resolved without court proceedings

if she was able to obtain a letter from her insurance company confirming there was a valid policy of insurance in place at the time.

12. PC A was suspicious and upon further checks discovered that Eno Umotong who she thought was XXX of the person she had been dealing with, was a disqualified driver, with the disqualification starting on 13 October 2022 and expiring on 12 April 2023 (six month period of disqualification) and that Eno was employed as a doctor at Blackpool Victoria Hospital. PC A managed to locate a photograph of Eno and it became apparent to her that the person she had stopped was Eno, not Ms B, XXX.

13. On 19 January 2023, Dr Umotong was again stopped by PC A on Preston New Road, Blackpool. On this occasion, PC A informed the doctor that she did not believe her to be Ms B, but believed her to be Eno, a disqualified driver. The doctor said she had a full driving licence and appeared shocked before eventually confirming that she was Eno. By this time Dr Umotong's original disqualification had been lifted as a result of her attendance at Preston Magistrates' court on 11 January 2023. She was therefore no longer a disqualified driver. Dr Umotong accepted that she had obstructed PC A by giving her false details the first time she was stopped and agreed to a contemporaneous roadside interview.

14. During the interview, Dr Umotong confirmed being the driver of the vehicle on 31 December 2022 and that at the time, she knew she was a disqualified driver and aware that she should not have been using her vehicle on the road. When asked why she gave PC A [Ms B's] details, Dr Umotong said that she had not been thinking clearly and was concerned about lots of things including the health of her unborn baby if she was put in prison. Dr Umotong further confirmed that she had subsequently contacted PC A still pretending to be [Ms B] and said that was a mistake.

15. PC A reported Dr Umotong for the traffic offences as well as for obstructing a constable in the execution of their duty.

16. On 28 February 2023, Dr Umotong was convicted of the following offences:

- Exceeding a 30mph speed limit, by travelling at 49 mph
- Failing to comply with a red-light traffic signal
- Driving whilst disqualified – in respect of which the doctor was sentenced to a 12month community order with a Rehabilitation Activity Requirement up to 15 days, a fine of £800, payment of a victim surcharge of £114 and costs of £85
- Obstructing a PC in the execution of their duty - £800 fine
- Driving without a policy of insurance covering third-party risks in force – No separate penalty.

17. The concerns were raised with the GMC on Wednesday 1 March 2023 via a self-referral email from Dr Umotong.

The Allegation and the Doctor's Response

18. The Allegation made against Dr Umotong is as follows:

1. On 31 December 2022, you were driving a motor vehicle on a public road and were stopped by a police officer, on suspicion of driving at speeds exceeding the legal speed limit and failing to comply with a red-light traffic signal.
Admitted and found proved

2. When you were spoken to by the police officer, you provided incorrect information, in that you:

a. gave an incorrect name;
Admitted and found proved

b. gave an incorrect date of birth;
Admitted and found proved

c. stated you were attending Blackpool Victoria Hospital to visit a sick relative, when in fact you were attending work;
Admitted and found proved

d. stated you were not the vehicle's registered keeper and;
Admitted and found proved

e. stated that you were covered to drive the vehicle by virtue of your own insurance policy that was in force.
Admitted and found proved

3. When you provided the information to the police officer as set out at paragraph 2, you knew:

a. you were the registered keeper of the vehicle;
Admitted and found proved

b. you were disqualified from driving between 13 October 2022 and 12 April 2023 and;
Admitted and found proved

c. there was no policy of insurance in force to cover you to drive the vehicle.
Admitted and found proved

4. Your actions as described in paragraph 2 were dishonest by reason of paragraph 3.
Admitted and found proved

5. On 28 February 2023 at Blackpool Magistrates' Court, you were convicted, that on 31 December 2022 you:

a. drove a motor vehicle while disqualified from holding or obtaining a driving licence;
Admitted and found proved

b. drove at a speed exceeding the legal speed limit of 30 miles per hour;
Admitted and found proved

c. failed to comply with the indication given by a traffic sign, namely, a red-light traffic signal;
Admitted and found proved

d. used a motor vehicle where there was no policy of insurance of such a security in respect of third-party risks in force;
Admitted and found proved

e. obstructed the police officer in the execution of their duty.
Admitted and found proved

6. On 28 February 2023 at Blackpool Magistrates' Court you were:

a. made subject of a community order to comply with any rehabilitation activities required;
Admitted and found proved

b. fined £800;
Admitted and found proved

c. disqualified for holding or obtaining a driving licence for 10 months.
Admitted and found proved

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

a. misconduct in respect of paragraphs 2-4; and, To be determined

b. conviction in respect of paragraphs 5 and 6. To be determined

The Admitted Facts

19. At the outset of these proceedings, through her counsel, Ms Laura Stephenson, Dr Umotong made admissions to all the paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the Rules. In accordance with Rule 17(2)(e) of

the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

Determination on Impairment

20. The Tribunal went on to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out above, Dr Umotong's fitness to practise is impaired by reason of misconduct, and a conviction for a criminal offence.

Witness Evidence

21. The Tribunal had received evidence on behalf of the GMC in the form of a witness statement dated 2 September 2024, with exhibits, from PC A, Road Policing Officer at Lancashire Constabulary ('the Police'). PC A was not called to give oral evidence.

22. Dr Umotong provided her own witness statement dated 24 February 2025 and also gave oral evidence at the hearing.

Documentary Evidence

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

GMC Evidence

- PC A's signed police witness statement, dated 3 February 2023;
- Text message exchange between PC A and Dr Umotong, dated 9-10 January 2023;
- Record of Dr Umotong's police interview, dated 19 January 2023;
- Self-referral from Dr Umotong, dated 1 March 2023;
- Memorandum of Court Entry – Blackpool Magistrates Court, dated 28 February 2023;
- Email to ID Medical enclosing s35a request for information, dated 27 June 2024;
- Email from ID Medical confirming Dr Umotong's locum shifts, dated 19 July 2024.

Dr Umotong's Evidence

- Reflections on the events, dated May 2024;
- Further reflections on the events and on the seven-part course, *'Ethics and Ethical Standards for Doctors',* dated 22 August 2024 – 6 January 2025;
- Certificates of completion for the following courses:
    - *'Building Resilience and Avoiding Burnout - Revision Webcast',* dated December 2023;
    - *'Ethics and Ethical Standards for Doctors',* dated 28 November 2024;
    - *'Disclosure of audit results (DoAR) and duty of candour (DoC) in cervical screening',* dated31 October 2024;

- *'IAM RoadSmart Advanced Driver Qualification',* dated 19 January 2025;
- Feedback including colleague and patient questionnaires, feedback on a trauma case, a *'thank you'* note from a patient and a *'Caring and Compassionate kudos'* message of appreciation from a member of staff treated by Dr Umotong in hospital, various dates from January 2020 – January 2023;
- 13 testimonials from friends and colleagues.

Submissions

On behalf of the GMC

24. On behalf of the GMC, Ms Anam Khan, counsel, first referred the Tribunal to the case law relevant to misconduct that she submitted was pertinent in this case. This included *Nandi* v *General Medical Council* [2004] EWHC 2317 and *Aston v General Medical Council* [2013] EWHC 943 (Admin).

25. Ms Khan submitted that Dr Umotong told PC A a series of lies when she was stopped on 31 December 2022. These included giving PC A [Ms B's] name and date of birth, purporting to be Ms B, advising that she was borrowing [Ms B's] car that she was insured to drive and that the purpose of her journey was to visit a sick relative. Ms Khan submitted that Dr Umotong lied in order to evade punishment for the offence of driving while disqualified and that, by lying about her identity, she sought to undermine due legal and regulatory processes.

26. Ms Khan submitted there could be no doubt that the facts admitted and found proved amounted to misconduct and that this was a case where the misconduct related to dishonesty.

27. On the matter of impairment, Ms Khan submitted that Dr Umotong's misconduct and conviction taken together were so egregious that her fitness to practise must be impaired. Dr Umotong's actions had brought the profession into disrepute and a member of the public would be shocked to learn that a doctor told a series of lies to a police officer with the intention of covering up the commission of the offence of driving whilst disqualified. Ms Khan further submitted that the convictions did not represent conduct befitting a doctor and there is little doubt that Dr Umotong had, through her convictions, brought the profession into disrepute.

28. Ms Khan referred the Tribunal to paragraphs 1 and 65 of *Good medical practice(2013 version)*('GMP') which she submitted were engaged in this case. She submitted that Dr Umotong, by reason of her dishonesty, had breached fundamental tenets of the profession.

29. Ms Khan submitted that the GMC position was that although Dr Umotong had shown remorse and insight and had taken clear steps to remediate, remediation remained incomplete. This is because:

i. dishonesty is particularly difficult to remediate;

ii. only a short period of time had elapsed since the date on which the doctor committed offences and lied to PC A;

iii. an even shorter period of time had elapsed since the doctor's convictions (28 February 2023) and end of her sentence (27 February 2024) such that one cannot be satisfied that the conduct shall not be repeated;

iv. the doctor did not reflect on what she had done over the days between 31 December 2022 and 19 January 2023 despite having had respite from her stressors and having had the opportunity to inform others about what happened and seek advice, the doctor's reflections have coincided with the GMC investigation;

v. the doctor had enough insight at the time of committing the offences to be able to recognise that her conduct was not befitting a doctor, hence her decision to conceal the nature of her work from PC A;

vi. it is therefore difficult to gauge whether the doctor's insight and remorse are genuine, given the doctor's acceptance that she understood the need to demonstrate remediation in these proceedings;

vii. the doctor describes the commission of the offences as 'reckless', whereas such a description is inadequate and fails to recognise the extent of the doctor's culpability during the commission of the offence/s. The doctor accepts the decision to drive whilst disqualified was made days before the shift, the doctor accepts lying to PC A was done to evade punishment. The doctor's actions were not reckless, they were deliberate;

viii. the doctor suggests that members of the public could view her situation with compassion, but this falls short of appreciating the impact of her actions on the profession as a whole.

ix. the contention that there is no current impairment is reminiscent of a lack of insight into the need to maintain public confidence in the professional as a whole and uphold proper professional standards.

30. However, Ms Khan added, even if the Tribunal were to find sufficient remediation, the GMC's position was that this is a case of such gravity (convictions and dishonesty) that the Tribunal should conclude that the doctor's fitness to practise is impaired regardless of whether the doctor's shortcomings have been remedied or are unlikely to be repeated. When the overarching concern to promote the public interest is applied, maintaining confidence in the practitioner and medical profession and the need to uphold proper professional standards necessitates a finding of impairment.

31. In conclusion, Ms Khan submitted that a finding of impairment would satisfy the need for there to be a firm declaration of professional standards so as to promote public confidence in the doctor and the profession generally. This was a case which called for the doctor's conduct to be marked, so that the public and the rest of the profession recognise that convictions and dishonesty are taken seriously. The efforts made by the doctor to gain insight, and improve attitudes towards dishonest conduct in order to reduce the risk of recurrence of such misconduct in the future was of far less significance than in other cases.

On behalf of Dr Umotong

32. On behalf of Dr Umotong, Ms Stephenson submitted that it was not disputed that Dr Umotong's actions under paragraphs 2-4 of the Allegation amounted to misconduct. Dr Umotong also accepted her conviction set out in paragraphs 5-6 of the Allegation. However, Dr Umotong did not accept that her fitness to practise is currently impaired by reason of her misconduct and conviction.

33. In the light of Dr Umotong's acceptance of misconduct, Ms Stephenson made further submissions on the matter of impairment only.

34. Ms Stephenson referred the Tribunal to case law relevant to impairment, including: *Grant; Cohen v General Medical Council* [2008] EWHC 581 (Admin); *PSA v General Medical Council and Uppal* [2015] EWHC 1304 (Admin) and; *PSA v GMC and Hilton* [2019] EWHC 1638 (Admin).

35. Ms Stephenson submitted that Dr Umotong had demonstrated her insight in a number of ways:

i. a sincere expression of apology and regret for her actions;

ii. full acceptance of wrongdoing in her police interview on 19 January 2023;

iii. self-referral to the GMC;

iv. detailed written reflections made in May 2024 which address in detail the impact on patients, the public and the profession;

v. completion of an Ethics course and accompanying further written reflections over a period in late 2024;

vi. engagement with the GMC and MPTS throughout these proceedings, including answering all questions asked of her in evidence.

36. Ms Stephenson submitted that the risk of Dr Umotong repeating the admitted misconduct and conviction was very low. Her insight and remediation reduced this risk. Dr

Umotong had learned a salutary lesson from the criminal proceedings, conviction and the GMC process and put in place coping strategies and support networks, as well as being open about challenges with these networks. Dr Umotong's dishonest behaviour had been confined to an isolated incident and was out of character, as attested to by the testimonials provided to the Tribunal. Ms Stephenson also referred to the passage of time since the index events and that there had been no recurrence of the misconduct or conviction.

37. Ms Stephenson submitted that the Tribunal would wish to carefully consider the public interest and the need to protect and uphold the reputation of the profession. A fully informed and reasonable member of the public would understand that Dr Umotong made bad decisions but has accepted her wrongdoing and remediated over the course of two years. It was relevant to the public interest that Dr Umotong has been properly punished by the criminal courts and has faced the rigour of the GMC process and been held accountable in this hearing. A finding of misconduct was itself significant in the promotion of the public interest.

38. Ms Stephenson concluded by submitting that the Tribunal could find that in all the circumstances of the case the public interest did not require a finding of impairment and there was no need to bring a sanction against Dr Umotong. That was the fair and proper finding in light of Dr Umotong's remediation, insight and remorse and the low likelihood of repetition.

The Relevant Legal Principles

39. Pursuant to Rule 17(2)(l) of the current Fitness to Practise Rules, the Tribunal must now consider whether, on the basis of the facts found proved, Dr Umotong's fitness to practice is currently impaired. The facts found proved by admission are set out in particulars 1, 2, 3, 4, 5 and 6 of the Allegation.

40. Misconduct is one of the six factors under S.35C 2 of the Medical Act 1983 upon which a person's fitness to practise may be found impaired. One of the other factors is a conviction for a criminal offence. The process of deliberation by the Tribunal will involve two distinct stages. First, the Tribunal should consider and decide whether or not the facts found proved under particulars 2, 3 and 4 or any of them amount to misconduct on Dr Umotong's part. Whether or not there was misconduct is a matter entirely for the Tribunal's own judgment and no burden or standard of proof applies. The second stage is to determine whether, as a consequence of any misconduct found proved and/or the conviction, Dr Umotong's fitness to practise is currently impaired.

Misconduct

41. Dealing first therefore with misconduct, misconduct was defined in the leading case of *Roylance v GMC (no2)* [2000] 1 AC 311 as 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 practitioner in the particular circumstances. The misconduct must be serious. In the case of *Nandi v GMC* in 2004, Mr Justice Collins adopted the observation of Lord Clyde in the 1999 case of *Rylands v GMC* that professional conduct is *'a falling short by omission or commission of the standards of conduct expected among medical practitioners and such falling short must be serious'*. The adjective *"serious"* must be given its proper weight.

42. There are two principal kinds of misconduct. *(Remedy UK Ltd v GMC* [2010] EWHC 1245 (Admin)). The first may involve sufficiently serious misconduct in the exercise of professional practice. That is not the position in this case. The second may involve conduct of a morally culpable or otherwise disgraceful kind which may occur outside the course of professional practice itself, but which brings disgrace upon the doctor and thereby prejudices the reputation of the profession.

43. Dr Umotong would have been expected to adhere to the GMC *Good medical practice* guidance applicable at the time of the respective events in question, namely that published on 25 April 2013. This includes at Paragraph 1 being *"honest and trustworthy and acting with integrity and within the law"* and at Paragraph 65 *"You must make sure that your conduct justifies your patient's trust in you and the public's trust in the profession".*

44. By way of summary, in order to make a finding of misconduct, The Tribunal must determine that the facts found proved constitute a serious departure from the standards of conduct expected of a medical practitioner. If the Tribunal concludes that there was no misconduct on the part of Dr Umotong, her fitness to practise cannot be found impaired on that ground.

Impairment

45. The second stage involves consideration of impairment when the Tribunal must consider whether, as a consequence of any misconduct found on the part of Dr Umotong and of the conviction, Dr Umotong's fitness to practise is currently impaired. The word *"impairment"* is an ordinary word in common usage and is not defined in The Medical Act.

46. There is no burden or standard of proof. It is a question of judgment by the Tribunal. Impairment may be based on historical matters or a continuing state of affairs but it is to be judged as at the present time. To do this, the Tribunal must look forward, taking account of any reparation, changes in practice, behaviour or attitude since the matters found proved actually occurred. Personal mitigation is less relevant at this stage but efforts to accept and correct remediable errors should be taken into account.

47. The Tribunal should have at the forefront of its mind the overarching objective set out in S1(A) & (B) of the Medical Act 1983. This is (a) to promote and maintain the health, safety and well-being of the public (b) to maintain public confidence in the profession and (c) to promote and maintain proper professional standards and conduct for members of the

profession. It should consider that objective as a whole without giving excessive weight to any one limb.

48. In considering the issue of impairment, the Tribunal should consider Dr Umotong's misconduct and conviction in the light of all relevant factors known to it. That includes the way in which she has behaved in the past and any evidence of remediation.

49. The Tribunal should consider whether there is a need to protect individual patients and/or other professionals. It should consider whether there is a need to maintain public confidence in the medical profession as a whole and the declaring and upholding of proper standards of conduct and behaviour within that profession. As stated by Mr Justice Silber in *Cohen v the GMC* in 2008, a significant consideration at the impairment stage is (i) whether the misconduct is easily remediable, (ii) whether it has been remedied and (iii) whether there is a risk of such behaviour being repeated in the future. Is it highly unlikely to be repeated? Mr Justice Silber went on to say that there will be some cases which are of such gravity or nature that a Panel would be entitled to conclude that the practitioner's fitness to practise is impaired regardless of whether the shortcomings had been remedied or not likely to be repeated. Such cases might include matters of dishonesty.

50. In the case of *Cheatle v General Medical Council* [2009] EWHC 645 (Admin), Mr Justice Cranston said that the issue is whether the misconduct, (and we should include conviction) in the context of the doctor's behaviour both before the misconduct (and conviction) and up to the present time, is such as to mean that his or her fitness to practise is impaired. A tribunal could conclude that, looking forward, a doctor's fitness to practise is not impaired, despite that misconduct. Mr Justice Cranston went on to say, however, that the doctor's conduct may be so egregious that looking forward a tribunal is persuaded that the doctor is simply not fit to practise medicine without restrictions or maybe not at all.

51. As stated by Mrs Justice Cox in the case of *CRHE v NMC & Grant* [2011] EWHC 297 Admin, when considering whether fitness to practise is impaired, the level of insight shown by a practitioner is central to a proper determination of that issue. By reference to the Shipman Inquiry Fifth Report, questions for determining whether a practitioner's fitness to practise is impaired could be summarised as follows: *'Do our findings of fact in respect of the doctor's misconduct, show that his 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 or is liable in the future to bring the medical profession into disrepute; and/or

c. Has in the past breached or is liable to breach in the future 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.'

As part of her judgement Mrs Justice Cox also said:

"It is essential, when deciding whether fitness to practise is impaired by misconduct or deficient professional performance, not to lose sight of the fundamental considerations, namely the need to protect the public and the need to declare and uphold proper standards of conduct and behaviour so as to maintain public confidence in the profession."

"In determining whether a practitioner's fitness to practise is impaired by reason of misconduct or deficient professional performance, the panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances".

52. In the case of *GMC v Nwachuku* [2017] EWHC 2085, in finding the Tribunal to have been wrong to conclude that the doctor's fitness to practise was not impaired, Mrs Justice O'Farrell endorsed what was said in *PSA v HCPC & Ghaffar* [2014] EWHC 2723, that it would be an unusual case where dishonesty was not found to impair fitness to practise. However, the case of *PSA v GMC & Uppal* in 2015, is a reminder that not every act of dishonesty will result in a finding of impairment. In her judgment, Mrs Justice Lang confirmed that the Panel had been correct to assess whether the Doctor was currently impaired, by taking account not only the nature of the misconduct but also her conduct since it occurred. In the context of an isolated lapse in an otherwise unblemished career, her apology, insight, remediation and an extremely low risk of repetition were all relevant factors.

53. In Dr Umotong's case, it is not in dispute that she persisted in the dishonesty shown in her initial explanation to the police officer and she only admitted the truth when stopped and further questioned on 19 January 2023.

54. Each case will turn on its own facts with an individual assessment being made. Misconduct involving dishonesty is not the only element in Dr Umotong's case. There are other factors to be taken into account, namely the conviction for five offences, the facts underlying them and the sentence imposed.

55. As far as insight is concerned, the case of *Hyder v GMC* [2024] EWHC 2945 (Admin) suggests that it is necessary for insight to be particular rather than general and to be of practical application as well as theoretical; and that relevant insight has to be with reference to the particular actions involved and the particular misconduct of the registrant whose conduct is in question.

The Tribunal's Determination on Impairment

56. The Tribunal took into account the documentary and oral evidence presented before it, as well as the submissions from both parties.

Misconduct

57. In determining whether Dr Umotong's fitness to practise is impaired by reason of misconduct in respect of paragraphs 2-4 of the Allegation, the Tribunal first considered whether the facts admitted and found proved amount to misconduct.

58. The Tribunal took into account that Dr Umotong had made admissions to the paragraphs in full and also had conceded misconduct in respect of these.

59. The Tribunal was mindful that the dishonest statements Dr Umotong provided to PC A formed part of a single incident that took place on 31 December 2022. However, this was a wide-ranging string of lies that encompassed five pieces of incorrect information and in itself was a criminal offence.

60. The Tribunal had particular regard to paragraphs 1 and 65 of GMP:

> *1 Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.*
>
> *65 You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.*

61. The Tribunal had regard to the context and extent of Dr Umotong's dishonesty. She had chosen to lie to a police officer and in doing so, had also broken the law. The Tribunal determined that Dr Umotong, in providing information she knew was not true in the course of the interview with PC A, had breached these paragraphs of GMP.

62. The Tribunal took into account that dishonesty is at the top end of the gravity of misconduct and concluded that Dr Umotong's dishonest statements to PC A could not be viewed as anything other than misconduct which was serious.

Impairment

63. The Tribunal having determined that in respect of paragraphs 2-4 the facts admitted and found proved amounted to serious misconduct went on to consider whether, as a result of that misconduct and the conviction, Dr Umotong's fitness to practise is currently impaired. The misconduct was inextricably linked with the traffic offences including obstructing a police officer involving deception.

64. In determining whether a finding of impairment was necessary, the Tribunal considered whether Dr Umotong's conduct could be remedied, bearing in mind that matters of dishonesty are difficult to remedy. It considered the evidence in respect of Dr Umotong's insight and remediation, and the risk of repetition, and balanced that against the three limbs of the statutory overarching objective.

65. The Tribunal formed the view that the traffic offences taken together were particularly serious. Dr Umotong had been driving while both disqualified and uninsured, and had driven through a red light at a speed considerably exceeding the limit. The Tribunal took into account that people rely on red lights to cross roads safely and that Dr Umotong's actions had the potential to cause an accident. It also had regard to the fact that Dr Umotong made a deliberate decision to drive that day and, notwithstanding her health condition and difficult train conditions, had not needed to do so.

66. The Tribunal had regard to the remediation bundle provided by Dr Umotong. It was of the view that Dr Umotong had addressed her conduct by way of her reflections and the extensive work she had done to remediate her behaviour. She had provided significant reflections on both aspects of this case, namely her dishonesty and the traffic offences. From a practical perspective, Dr Umotong had completed a relevant advanced driving course, studied the Highway Code and attended an ethics course, reflecting deeply on her learnings from these.

67. Dr Umotong provided detailed insight into the impact of her actions on other road users and pedestrians from a safety and trust aspect. She expressed her shame and remorse and also reflected upon the impact on patients and colleagues, as well as exploring potential triggers that led to the dishonesty and conviction. Dr Umotong further articulated her learnings from this and explained why she would not behave in this way again.

68. The Tribunal also took into consideration Dr Umotong's oral evidence in which she told the Tribunal how she would handle difficult situations in the future and be more open about these situations, rather that keep things to herself.

69. The Tribunal was satisfied that in terms of insight and remediation, Dr Umotong had done as much as she could. Looking at the risk of repetition, the Tribunal accepted that the misconduct was confined to the one series of lies. However, it was clear that Dr Umotong had lied so as to evade responsibility for her criminal actions. Additionally, Dr Umotong had maintained the pretence of being [Ms B] for an additional 19 days. With regard to the conviction, the Tribunal noted that this was not the first time that Dr Umotong had been caught speeding. Additionally, at the material time Dr Umotong knew she was disqualified from driving and had still chosen to drive that day.

70. The Tribunal concluded that by going through this disciplinary process with her regulator, coupled with the level of insight and remediation Dr Umotong demonstrated to the Tribunal, the risk of repetition was low but could not said to be very low.

71. In considering whether Dr Umotong's fitness to practise is currently impaired, the Tribunal balanced its assessment of her insight, her remediation and the risk of repetition against each limb of the statutory overarching objective, namely the health, safety and wellbeing of the public, maintaining public confidence in the profession and maintaining proper professional standards and conduct for members of the profession.

72. The Tribunal reminded itself that whilst a finding of impairment does not necessarily follow a finding of dishonesty, it would nevertheless be an unusual case where dishonesty was not found to impair a registrant's fitness to practise. The Tribunal was also mindful of its findings that Dr Umotong's actions breached a fundamental tenet of the profession and represented a significant departure from the standards expected of doctors as set out in GMP. This had an adverse effect on the reputation of the profession.

73. Essentially, in light of the gravity of the conviction and its finding of serious misconduct, the Tribunal concluded that Dr Umotong's fitness to practise is currently impaired. It was not acceptable to break the law and then be dishonest. In considering the public interest, the Tribunal was satisfied that a member of the public, knowing the facts of this case would be extremely concerned to learn of a doctor acting in this way. The Tribunal was also satisfied that public confidence in the profession, the regulator and the disciplinary process would be undermined if a finding of impairment was not made. In relation to the need to promote and maintain proper professional standards and conduct for members of the profession, the Tribunal concluded in addition that this would be undermined if a finding of impairment was not made. It determined that the second and third limbs of the overarching objective were engaged

74. Accordingly, the Tribunal determined that Dr Umotong's fitness to practise is currently impaired by reason of her misconduct and conviction.

Determination on Sanction - 28/02/2025

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

76. Having determined that Dr Umotong's fitness to practise is impaired by reason of misconduct and conviction, the Tribunal now has to decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

The Evidence

77. The Tribunal took into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

78. A Health Report on Dr Umotong, dated 26 January 2024, was provided as evidence on behalf of Dr Umotong for this stage of the proceedings.

Submissions

On behalf of the GMC

79. On behalf of the GMC, Ms Khan submitted that a sanction of suspension and nothing less was the only way to meet the statutory overarching objective in this case. Dr Umotong had breached paragraphs 1 and 65 of GMP. She had been convicted of four driving related offences and one of offence of obstructing a police officer.

80. Ms Khan submitted that the misconduct in this case was the *"series of lies"* Dr Umotong told PC A in order to evade responsibility for her criminal conduct, particularly the offence of driving while disqualified.

81. Ms Khan said that the fact Dr Umotong was sentenced to a long community order marked the seriousness of the events. She reminded the Tribunal that, while any sanction imposed must be appropriate and proportionate, the reputation of the profession as a whole is more important than the interests of any individual doctor. She invited the Tribunal to impose a period of suspension to maintain that reputation.

82. Ms Khan then took the Tribunal through the aggravating features of the case. Dr Umotong had made a deliberate decision to drive while disqualified. This was a premeditated decision made in advance. By driving at 19mph over the speed limit and speeding through a red light, Dr Umotong's actions had put other road users at risk. She had chosen to speed despite having a previous conviction for speeding and then told lies to evade responsibility for her criminal misconduct.

83. Ms Khan submitted that although Dr Umotong's pretence of being [Ms B] constituted a single act of dishonesty, it continued for 18/19 days. Dr Umotong only revealed her identity when confronted by PC A that she was not who she purported to be. Dr Umotong's criminal conduct and misconduct breached fundamental tenets of the profession to act with honesty and integrity within the law.

84. Ms Khan acknowledged there were some mitigating factors in this case. These included health difficulties Dr Umotong was facing at the time and that she had made full admissions on 19 January 2023 during the roadside interview. Since then she had taken steps to remediate and was of previous good character.

85. Ms Khan reminded the Tribunal that although it was not the purpose of sanctions to punish a doctor a second time for the offences they were found guilty of, the Tribunal's role was to consider the effect of the conduct on public confidence in the profession. Ms Khan invited the Tribunal to bear in mind the seriousness of the convictions and misconduct in this

case and impose a sanction proportionate to maintain public confidence in the profession and maintaining professional standards.

86. Ms Khan submitted there were no exceptional circumstances in this case to warrant no action being taken. Turning to the sanction of conditions, Ms Khan submitted that usually these are imposed in cases where there are health issues or deficiencies in clinical performance. Dishonesty and the convictions could not be remedied by way of conditions. Given the nature of the misconduct and the convictions, conditions would not meet the overarching objective and therefore were neither appropriate nor proportionate.

87. Ms Khan submitted that suspension has a deterrent effect and sends a signal to the doctor, the public and the profession about what is regarded as behaviour unbefitting of a registered doctor. Ms Khan submitted that due to the remediation and mitigation advanced, this was not a case where the doctor's actions were fundamentally incompatible with continued registration. Therefore, a sanction of erasure would be disproportionate. However, the actions were serious enough that any sanction lower than a suspension would not be enough to maintain public confidence in the profession.

88. Ms Khan concluded by submitting that a period of suspension would properly mark the seriousness and nature of the convictions and misconduct and appropriately protect the public interest and uphold and maintain proper professional standards. Suspension would send a clear message to the public, the medical profession and Dr Umotong that convictions and dishonesty were not acceptable. Ms Khan invited the Tribunal to impose a review hearing, submitting this would be appropriate given the Tribunal's findings that while the risk of repetition was low but not very low.

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

89. On behalf of Dr Umotong, Ms Stephenson submitted that no action should be taken in this case. She referred the Tribunal to the paragraphs in the Sanctions Guidance (February 2024) ('the SG') that set out when such a course would be appropriate.

90. Ms Stephenson submitted that there were a set of circumstances in this case which, when taken cumulatively, indicated that no action needed to be taken. She reminded the Tribunal that the SG was non-statutory guidance and the relevance and application of it would always depend on the precise circumstances of a case. In this instance, the circumstance were:

- The Tribunal was satisfied that in terms of insight and remediation, Dr Umotong had done all she could. She had sincerely apologised and remediated her wrongdoing;
- The Tribunal had determined that only the second and third limbs of the overarching objective were engaged and Dr Umotong was not impaired by reason of patient safety or wellbeing. This was significant as it fed into the perception the public may have if there was no order made in the light of patient safety concerns. There had

been no lies to colleagues or employers. Because Dr Umotong's conduct did not relate to her practice, it was less portable;

- Dr Umotong has already been punished and taught a salutary lesson through the criminal and regulatory proceedings. This fed into the public interest. Dr Umotong had accepted her guilt in the roadside interview and Criminal Court, and had accepted all the facts before this Tribunal;
- Any other sanction might have a professional impact on Dr Umotong, who was now a trainee, and there was a chance that her training number could be withdrawn;
- The impact of loss of work. Dr Umotong was the sole carer for her son and responsible for supporting them both;
- Dr Umotong's health.

91. Ms Stephenson reminded the Tribunal that the purpose of sanction was not to punish but to mark the conduct and send a message to the public. This function was served by the Tribunal's finding of impairment, which was a powerful mark of the regulator's disapproval. Notwithstanding the level of Dr Umotong's remediation, that finding had still been made.

92. Ms Stephenson concluded by submitting that in all the circumstances of this case, it was neither necessary nor proportionate to go further than that by imposing a period of suspension.

The Relevant Legal Principles

93. The decision as to the appropriate sanction to impose, if any, is a matter for the Tribunal exercising its own judgement.

94. The Tribunal must bear in mind that the purpose for imposing a sanction is to protect the public and its purpose is not to punish, although it may have a punitive effect. In reaching its decision, the Tribunal will take account of the SG, considering the least restrictive sanction first before moving on to consider the other available sanctions in ascending order of severity.

95. The Tribunal should take into account any aggravating and mitigating features and weigh them appropriately against the nature of the facts found proved and the central aim of sanctions; to protect the public, which includes the wider public interest.

96. The Tribunal should consider proportionality, weighing the public interest against the interests of Dr Umotong.

The Tribunal's Determination on Sanction

97. Before considering what action, if any, to take in respect of Dr Umotong's registration, the Tribunal considered the aggravating and mitigating factors in this case.

<u>Aggravating factors</u>

98. The Tribunal identified the following aggravating factors:

i. Dr Umotong's decision to drive on 31 December 2022 had been deliberate and pre-meditated.
ii. Dr Umotong's driving at speed through a red light had put other road users and pedestrians at risk;
iii. Despite her previous convictions for speeding, Dr Umotong had not learned her lesson;
iv. The dishonesty was sustained and continued for 19 days;
v. Dr Umotong revealed her true identity only when confronted with the truth by PC A.

Mitigating factors

99. The Tribunal identified the following mitigating factors:

i. Dr Umotong had taken significant steps to remediate her actions;
ii. In terms of insight and remediation, Dr Umotong had done as much as she could;
iii. Dr Umotong had been open and honest since the events and demonstrated ongoing compliance with the criminal and regulatory proceedings. She had made full admissions in court and also during this hearing. This had been a salutary lesson for her;
iv. Dr Umotong's health;
v. Two years have elapsed since the misconduct and convictions;
vi. The testimonials provided were all positive and attested to Dr Umotong's character.

No action

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

101. The Tribunal concluded that even if taken cumulatively, the circumstances outlined by Ms Stephenson did not constitute exceptional circumstances. The Tribunal did not accept Ms Stephenson's submission that as patient safety and wellbeing was not engaged in this case, no action should be taken, as the purpose of sanctions was also to protect the public confidence in the profession and to maintain proper professional standards.

102. Bearing in mind the gravity of the matters and Dr Umotong's clear intent to evade responsibility for her criminal actions, the Tribunal determined that taking no action would not meet the requirements of the overarching objective.

Conditions

103. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Umotong's registration. It took account of 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*** *where there is evidence of shortcomings in a specific area or areas of the doctor's practice*
>
> ***d*** *where a doctor lacks the necessary knowledge of English to practise medicine without direct supervision.*
>
> ***85*** *Conditions should be appropriate, proportionate, workable and measurable*

104. The Tribunal noted that neither party had proposed the imposition of a period of conditional registration as an appropriate measure. It concluded that no relevant, practical or enforceable conditions could be formulated in this case. Additionally, the Tribunal determined that a period of conditional registration would be inadequate to reflect the gravity of the misconduct, fulfil the statutory overarching objective, serve the public interest, or uphold and maintain public confidence in the profession.

Suspension

105. The Tribunal took into account paragraphs 91, 92, 93 and 97 of the SG when considering whether a period of suspension would be the appropriate and proportionate sanction in this case:

> ***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).

93 Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions.

97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.

a A serious breach of Good medical practice, but where the doctor's misconduct is not fundamentally incompatible with their continued registration, therefore complete removal from the medical register would not be in the public interest. However, the breach is serious enough that any sanction lower than a suspension would not be sufficient to protect the public or maintain confidence in doctors.

b to d (not relevant)

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.

106. The Tribunal also took into account paragraphs 120, 124 and 128 of the SG which relate to dishonesty:

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.

124 Although it may not result in direct harm to patients, dishonesty related to matters outside the doctor's clinical responsibility (eg providing false statements or fraudulent claims for monies) is particularly serious. This is because it can undermine the trust the public place in the medical profession. Health authorities should be able to trust the integrity of doctors, and where a doctor undermines that trust there is a risk to public confidence in the profession. Evidence of clinical competence cannot mitigate serious and/or persistent dishonesty.

128 Dishonesty, if persistent and/or covered up, is likely to result in erasure.

107. The Tribunal accepted that the purpose of these proceedings was not to punish Dr Umotong for a second time.

108. The Tribunal took into account that although Dr Umotong did not present a risk to patient safety, it was necessary in circumstances of this case, where there had been blatant disregard for the law and persistent dishonesty, to consider whether erasure was necessary to maintain public confidence in the profession. Dr Umotong's actions involved serious offences involving dishonesty where she tried to cover up her identity. The Tribunal considered that to be a serious departure from principles set out in GMP.

109. The Tribunal was of the view that despite there being no dishonesty with patients or colleagues in this case, dishonesty of any kind could undermine public confidence in the profession. The Tribunal also reminded itself that dishonesty did not inevitably mean that erasure was the only appropriate or proportionate sanction. The Tribunal took into account paragraph 108 SG which states:

> ***108*** *Erasure may be appropriate even where the doctor does not present a risk to patient safety, but where this action is necessary to maintain public confidence in the profession.*
> *For example, if a doctor has shown a blatant disregard for the safeguards designed to protect members of the public and maintain high standards within the profession that is incompatible with continued registration*
> *as a doctor.*

110. In reaching its determination, the Tribunal carefully considered the SG, relevant case law guidance, submissions from Counsel for the GMC and Dr Umotong, as well as the aggravating and mitigating factors. It concluded that that Dr Umotong's conduct, while serious, did not reach the threshold of being fundamentally incompatible with continued registration. The Tribunal decided that a sanction of suspension was appropriate and proportionate, striking a balance between Dr Umotong's interests and the need to maintain public confidence in the profession, uphold professional standards, and would convey a clear message to the profession that such conduct was not befitting for a registered doctor.

Length of suspension

111. The Tribunal took into account that the interests of the profession outweigh the individual interests of a doctor. It also bore in mind paragraphs 99 and 100 of the SG:

> ***99*** *The length of the suspension may be up to 12 months and is a matter for the tribunal's discretion, depending on the seriousness of the particular case.*
>
> ***100*** *The following factors will be relevant when determining the length of suspension:*
>
> ***a*** *the risk to patient safety/public protection*

b the seriousness of the findings and any mitigating or aggravating factors

c ensuring the doctor has adequate time to remediate.

112. The Tribunal was aware that the suspension needed to mark the seriousness of Dr Umotong's behaviour, which was repeated and deliberate, with a view to evade responsibility for breaking the law, while balancing this with the extent of Dr Umotong's efforts to remedy this behaviour. The Tribunal determined that a period of suspension of eight months would be sufficient to meet the requirements of the overarching objective.

113. The Tribunal therefore decided to direct that Dr Umotong's registration be suspended for a period of eight months.

Review

114. The Tribunal took into account its findings that Dr Umotong had provided an acceptable level of insight and remediation and there was nothing more she could do. In light of this and the low risk of repetition, the Tribunal was of the view that the duration of the suspension met the need to protect public interest and sent out a signal to the public, the profession and the doctor without the need for a review.

Determination on Immediate Order - 28/02/2025

115. Having determined to impose a period of suspension of eight months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Umotong's registration should be subject to an immediate order.

Submissions

116. On behalf of the GMC, Ms Khan submitted that an immediate order was not required. Dr Umotong has been working since the misconduct and convictions and no immediate risk to the public had been identified.

117. On behalf of Dr Umotong, Ms Stephenson submitted that no risk, as set out at paragraph 172 of the SG, existed at a level that would justify imposing an immediate order and there were no patient risks or clinical concerns. There was no interim order in place and the time between now and the commencement of the substantive suspension would allow Dr Umotong to make personal and professional arrangements. An immediate order was neither proportionate or necessary.

118. In reaching its decision, the Tribunal exercised its own discretion. It took into account the submissions from both parties as well as the facts of this case and its findings at the previous stages of this hearing. It had regard to the following paragraphs of the SG:

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.

119. The Tribunal considered that an immediate order was not necessary as there were no risks to patient safety. It did not consider immediate action to be required to protect public confidence in the medical profession.

120. Accordingly, the Tribunal determined that an immediate order was not necessary in this case.

121. This means that Dr Umotong's registration will be suspended 28 days from the date on which written notification of this decision is deemed to have been served, unless she lodges an appeal. If Dr Umotong does lodge an appeal, she will remain free to practise unrestricted until the outcome of any appeal is known.

122. There is no interim order to revoke.

123. That concludes this case.