PUBLIC RECORD

Dates: 23/05/2025 and 07/06/2025

Doctor:	Dr Olusegun OLUJIDE
GMC reference number:	4357610
Primary medical qualification:	MB BS 1987 University of Ibadan

Type of case

Review - Misconduct

Outcome on impairment

Not Impaired

Summary of outcome

Suspension to expire

Tribunal:

Legally Qualified Chair	Mrs Remi Alabi
Lay Tribunal Member:	Mr Matthew Fiander
Registrant Tribunal Member:	Dr James Lucas

Tribunal Clerk:	Ms Maria Khan – 23/05/2025 Mr John Poole - 07/06/2025

Attendance and Representation:

Doctor:	Present, not represented
GMC Representative:	Ms Harriet Dixon, Counsel

Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held partly in public and partly in private.

Overarching Objective

Throughout the decision-making process the tribunal has borne in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act) to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Impairment - 07/06/2025

1. This is a review hearing. The Tribunal has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') whether Dr Olujide's fitness to practise remains impaired by reason of misconduct.

2. In accordance with Rule 41XXX of the Rules, the parts of the hearing that related to XXX were heard in private.

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

Background

4. Dr Olujide qualified as a doctor in 1987 from the University of Ibadan. Dr Olujide came to the UK in September 1991 and has been practicing Obstetrics and Gynaecology since August 1992. He completed his training as a Specialist Registrar at Royal Bournemouth Hospital, Bournemouth in March 2006. At the time of the events which led to his case being brought before a Medical Practitioner's Tribunal, Dr Olujide was employed at the Royal Hampshire County Hospital at Winchester ('the Hospital') as a Consultant Obstetrics and Gynaecologist.

5. On 6 August 2020, while performing a caesarean section on a patient ('Patient A'), Dr Olujide inappropriately operated on Patient A in that he attempted to sterilise her without consent and when there was no clinical justification for doing so. Further, he failed to communicate to colleagues that he intended to perform a sterilisation on Patient A, failed to communicate to Patient A and her partner before he left the operating theatre that a sterilisation procedure had been completed and failed to provide Patient A with appropriate follow-up advice.

The 2024 Hearing

6. The first MPT hearing to consider Dr Olujide's Fitness to Practice commenced on 6 February 2023 and concluded on 2 May 2024 ('the 2024 Tribunal').

7. At the hearing, Dr Olujide admitted the entirety of the Allegation and the Tribunal announced the facts alleged as admitted and found proved. The 2024 Tribunal found that all Dr Olujide's misconduct, save for paragraph 1(b)(i) of the Allegation (that Dr Olujide left the operating theatre, without informing anyone of the procedure he had completed) amounted to serious misconduct. In considering whether Dr Olujide's fitness to practise was impaired, the 2024 Tribunal considered Dr Olujide's insight and remediation to be limited, noting that Dr Olujide could not explain why he did what he did other than to simply describe his actions as a series of clinical errors. The 2024 Tribunal found that Dr Olujide's actions were not clinical errors but deliberate acts. The 2024 Tribunal noted that Dr Olujide made some glaring omissions when asked about the clinical errors and that it was difficult, if not impossible, to reflect upon his actions if he could not explain why they were done. The 2024 Tribunal found that there was an absence of meaningful reflection.

8. The 2024 Tribunal determined that the appropriate sanction in this case was a period of suspension for twelve months. The 2024 Tribunal considered that this period would enable Dr Olujide to develop more than the basic insight into the serious concerns found in this case. It directed a review hearing noting that the onus will be on Dr Olujide to demonstrate how he has remediated and developed insight. Most importantly, it suggested that a reviewing tribunal would be helped by Dr Olujide comprehensively explaining why he did what he did.

Today's Review Hearing

9. This is the first review hearing of Dr Olujide's case.

The Evidence

10. The Tribunal has taken into account all of the evidence received, both documentary and oral and had regard to the 2024 Tribunal Record of Determinations.

Documentary Evidence

11. The Tribunal received documentary evidence which included, but not limited to, the following:

- The 2024 Tribunal Record of Determinations dated 2 May 2024;
- Dr Olujide's email of 13 February 2025 in which he provided information about courses he had completed by way of remediation and efforts to keep his medical knowledge up to date;
- Dr Olujide's written submissions dated 12 February 2025 detailing his reflections on the 2024 Tribunal's findings and the concerns raised about his level of insight and remediation;
- Dr Olujide's written lessons learnt document, dated 12 February 2025, relating to various courses he had attended;
- Dr Olujide's written lessons learnt document dated 12 February 2025 relating to Articles read;

- Various CPD certificates of courses undertaken by Dr Olujide;
- A Workplace Report dated 16 May 2025 provided by Dr B, Consultant Obstetrician and Gynaecologist at Leicester University Hospital, where Dr Olujide undertook a clinical attachment, as an observer, from 6 – 21 May 2025;
- An addenda dated 16 May 2025, in which Dr Olujide provided further reflections, and evidence of remediation.

Dr Olujide's opening comments

12. Dr Olujide stated that he had carefully reviewed the previous Tribunal's determinations, along with the GMC's and his own submissions from that hearing. He confirmed that he had complied fully with the terms of his suspension since June 2024.

13. Dr Olujide stated that he had given a lot of thought to the events leading to the incident operation on 6 August 2020. He described himself as immensely embarrassed to find himself in these circumstances, given an otherwise unblemished record since graduating from Medical School in 1987.

Evidence

14. Dr Olujide initially stated that he did not wish to give oral evidence.

15. However, once Dr Olujide had completed his comments to the GMC's opening background, Ms Dixon on behalf of the GMC pursuant to Rule 22(1)(c)(ii) requested to cross examine Dr Olujide on the documentary evidence he had provided. The Tribunal noted that Dr Olujide was unrepresented.

16. The LQC advised that, it was first a matter for Dr Olujide to decide if he wanted to give sworn evidence, bearing in mind that in doing so he may be cross-examined by the GMC and asked questions by the Tribunal.

17. Dr Olujide decided to give sworn evidence and was duly sworn.

Dr Olujide's oral cross examination.

18. Dr Olujide stated that he experienced significant tiredness and burnout around 6 August 2020 XXX He said he did not seek treatment for burnout but felt obliged to keep working despite his tiredness.

19. XXX. He said he would handle a similar situation differently if allowed back into practice. XXX. He said he manages stress through self-mastery and awareness, and that time away from work has helped him better understand his body, mind and emotions.

20. He said he overstretched himself at the time of the incident to cover for others. He said he now recognises when he is tired, can ask for rest, request help, and say no. He said

the main cause of his actions on 6 August 2020 was stress from overwork, which he would not repeat. He said he maintained his limits during 18 months at Medway and from January to May 2024 at Luton and Dunstable. He said he will now only take on work within his capacity.

21. He said he is a private person but has taken steps to be more open. He said his work involves long hours, but he now expresses when he is tired. He said that, for example, following the incident, after night shifts, he would recognise and communicate his limits when asked to continue to work into the next morning. He said he recognises his capacity and knows he may not perform at his best when tired.

22. He said a traumatic incident in 1990, where he witnessed a patient's death during childbirth, had a lasting impact on his professional mindset. He said it shaped his focus on patient safety, risk prevention, and collaborative care, viewing his work as a mission. He said this experience influenced his decision on 6 August 2020, though it was not an excuse, and acknowledged he failed to communicate or seek a second opinion in that case.

23. He said he XXX had spoken to friends and colleagues about the trauma. XXX He said according to his XXX faith, he also prayed for wisdom to make better decisions in future.

24. XXX

25. XXX

26. He said that performing the sterilisation on Patient A without her consent, especially while she was awake, was wrong. He acknowledged he could have discussed it with her, sought a second opinion, or waited until after the procedure. He said he accepted his error, apologised, and took full responsibility. He said he respects patient autonomy and now ensures he personally speaks with patients to confirm their understanding and consent.

27. He said that if his licence is restored and a similar situation arose, he would recognise it and act differently. He said he works in a team of at least eight and, if tired, would ask a colleague to take over or seek a consultant's opinion. If no one was available, he would approach the Clinical Director, stating it would be unsafe to proceed. He said he would opt for an 'interval procedure', 'closing up' the patient, discussing findings later, and arranging any necessary follow-up with appropriate advice.

28. He said he had taken steps to remediate his misconduct, referring to his CPD certificates. He said he completed a two-day virtual course on early pregnancy, which helped him stay updated on managing complications. He also attended a British Menopause Society masterclass covering various topics, including menopause management and its impact on the urogenital system. He said it was not directly relevant but supported his broader CPD portfolio and helped him stay current in obstetrics and gynaecology.

29. He said teamwork and communication, especially in theatre, are vital, and acknowledged that his actions in 2020 undermined his colleagues 'confidence and caused emotional strain'. He said he recognised that his mistake had shocked the team after his 16 years' experience, making them anxious and on edge. He said he apologised to a colleague, recognising he let the team down. He said he now understands the need to communicate clearly with all team members, regardless of role, and to ensure shared understanding and accountability. He said he should have communicated better with the registrar, scrub nurse, anaesthetist, and the awake patient, involving them in his decision-making and seeking their feedback.

30. Dr Olujide said he learned a lot from a teamwork course. He stated, *"A single tree doesn't make a forest"*, emphasising that every team member has a role and should work towards a common goal. He said the course highlighted respect, communication, and the importance of open discussion. He said teams function better than individuals.

31. He said tiredness and exhaustion led to his failure to communicate with the team, which he now recognises. He said that while not irritable, stress and fatigue affected his performance. He said he would now always inform and discuss any additional procedure, such as sterilisation, with the team.

32. He said during a 12-day clinical attachment, he attended clinics, theatre sessions, meetings, and shadowed staff. He said he learned about effective communication, especially how professionals ensured patients understood information. He said he witnessed the consenting of patients, most done before the day of operation and confirmed on the day. He said he has now moved to electronic consenting and observed explanation of risk, benefit, and confirmation of understanding, with the consent form then emailed to patients.

33. He said he observed teamwork in theatre, including time-out procedures and role introductions. He said he also attended a society meeting to discuss new topics and completed e-learning on consent and mental capacity to refresh his knowledge.

34. Dr Olujide said that in any medical environment no one works in isolation and that team members interact with each other every day. He said whatever one person does has a ripple effect. He acknowledged his responsibility to support team welfare and admitted he could have communicated better during the procedure. He mentioned the 'Stop the Line' safety card promoting team collaboration and raising concerns.

35. He said he decided to perform sterilisation on Patient A on 6 August 2020 because he believed it was necessary to prevent her risk of dying from another pregnancy. He said if faced with a similar risk in the future, he would consider an 'interval procedure'. He said he did not do so then due to tiredness, stress, and intuition focused on preventing death. He acknowledged the risk was future and uncertain but said his decision was influenced by his then emotional stress and past experience.

36. He acknowledged that the 2024 Tribunal found his actions deliberate, which he has reflected on deeply XXX. He said tiredness and concern for the patient's children influenced his decision, describing the situation as a *'Swiss Cheese'* of factors. He said he had been tired and dehydrated but accepted full responsibility for the incident. He said he managed other emergencies that day and could have found rest and hydration helpful. He expressed regret, acknowledged his 'mistake', and apologised.

37. Dr Olujide said he is naturally a private person but has taken steps to discuss professional issues with accountable individuals. He said he has also opened up to trusted friends and relatives.

38. He said the week in August 2020 was unusually busy due to Covid-related extra work. When asked about his having addressed the 2024 Tribunal's finding that his actions were deliberate, he stated that whilst he knowingly performed the sterilisation, it was a spur-of-the-moment decision and not premeditated. He said his motivation came from past experiences and tiredness, and not to override Patient A's autonomy. He said that he acknowledged that the process was wrong and that he should have gained consent, communicated with colleagues, and sought a second opinion.

39. He said if his fitness to practise is restored, he knows he has the knowledge and skills to work in the UK and will seek employment there. He said he has practised according to the 'Code of Conduct' and GMC guidance over the past five years. He described himself as a medical teacher who can pass on knowledge to future generations. He said he has learned much since August 2020, can help others, has engaged in charity and medical missions abroad, and will continue his CPD.

Submissions

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

40. On behalf of the GMC, Ms Dixon submitted that the onus was on Dr Olujide to demonstrate that his fitness to practise no longer remained impaired. She stated that the GMC had adopted a neutral stance in relation to his current fitness to practise and highlighted a number of relevant factors for the Tribunal's consideration.

41. Ms Dixon submitted that the 2024 Tribunal, in its determination on sanction, reminded Dr Olujide that at the review hearing, it would be his responsibility to show how he had remediated and developed insight into his actions. She submitted that the starting point for this Tribunal in considering remediation would be to consider paragraph 40 of the 2024 Tribunal's determination on sanction which reads:

> *'…Most importantly, why he did what he did is the question Dr Olujide needs to comprehensively answer. It will be Dr Olujide's responsibility to demonstrate how he has addressed this Tribunal's concerns.'*

42. The 2024 Tribunal concluded that his insight was limited, albeit developing. Ms Dixon stated that the current Tribunal may feel Dr Olujide had demonstrated insight to a far greater degree than previous in view of his reflections on informed consent, communication, communicating findings, and the use of *'interval procedures'*.

43. Ms Dixon submitted that Dr Olujide had provided some explanation for his conduct, which included his concerns about potential future uterine rupture in Patient A. He also described the impact of XXX, including exhaustion, burnout, and trauma, on his decision-making on 6 August 2020. She stated that it was clear he did not seek to excuse his actions, but rather to reflect on the reasons for them. Although no evidence had been provided, there was no dispute regarding Dr Olujide's shift patterns during the week of the event and the large number of hours he had worked prior to operating on Patient A.

44. Ms Dixon submitted that XXX. Ms Dixon further submitted that Dr Olujide explained that he had overstretched himself on the day of the incident and expressed awareness of the steps he could take in future to promote patient safety, including escalating matters to colleagues and senior management.

45. Ms Dixon submitted that Dr Olujide had demonstrated the implementation of relevant learning. For example, while working as a locum in Luton between January and May 2024, he had refused an additional clinic after being on call overnight, citing the need to recognise and communicate his limits. She described this as part of his developing situational awareness and understanding that he could not fulfil his professional duty or act in patients' best interests unless he was functioning within his capacity.

46. Ms Dixon submitted that Dr Olujide had referred to a past experience involving postpartum haemorrhage and the death of a patient of his in 1990, and the trauma he had suffered as a result. However, she stated that he had not used this as justification for his actions XXX.

47. Ms Dixon submitted that Dr Olujide may never be able to fully explain why he acted as he did but had undertaken considerable genuine reflection. The key question for the Tribunal was whether his insight had now developed to such a degree that there was no longer a risk of repetition.

48. Ms Dixon submitted that Dr Olujide had remediated key aspects of concern identified by the previous Tribunal, including matters related to consent, communication, and keeping his clinical knowledge up to date. He had stressed the importance of team collaboration and ensuring good communication with all team members. He acknowledged that his actions had shaken confidence and caused anxiety and nervousness.

49. Ms Dixon submitted that Dr Olujide had undertaken unpaid clinical observation at Leicester University Hospital and had received positive feedback. His evidence at the hearing had been particularly compelling in relation to best practice in consenting patients, identified as a key area of concern, and in applying the *'Stop the Line'* approach. She submitted that the

procedure had made such an impact on him that he intended to implement it in his future practice.

50. Ms Dixon submitted that it would be for the Tribunal to determine whether the remediation demonstrated by Dr Olujide was sufficient to conclude that he no longer posed a risk to patient safety.

51. Ms Dixon submitted that Dr Olujide's actions on 6 August 2020 breached the fundamental tenet of patient consent and fell below the standards expected of a doctor. He had used an outdated surgical technique and failed to provide crucial advice following the surgery on Patient A. This has had a devastating impact on Patient A and had undermined public confidence in the profession. However, he now accepted that his actions were deliberate, an unacceptable error of judgement but not premeditated. He accepted that he had made a number of grave errors in the moment the patient was opened up on the operating table.

52. Ms Dixon submitted that Dr Olujide had not been suspended from work immediately following the events of 6 August 2020 and had provided evidence of how he had applied his learning during that period of non-suspension.

53. Ms Dixon submitted that the Tribunal had had the opportunity to hear Dr Olujide's thought process, including what he would do differently in future. She invited the Tribunal to consider whether, in light of the evidence, a finding of impairment remained necessary to uphold the overarching objective.

Dr Olujide's submissions

54. Dr Olujide submitted that his addendum reflections document set out most of his reflections. In addition, he stated that he had finished medical school with flying colours and had practised with an unblemished record up until the finding of his misconduct. He stated that while that might seem a simple statement, he considered it important. He believed it was important that he had contributed to the NHS throughout his career.

55. Dr Olujide submitted that the events in question were very unfortunate and that he regretted them greatly. He regretted his actions on that day, including, the attempt to sterilise Patient A, his failure to obtain her consent and his failure to communicate with the medical team, with Patient A, and with her partner. He said that he apologised to Patient A and her family, stating that his actions had robbed them of the opportunity to have enjoyed the birth of their baby. He also apologised to his colleagues and to the public, acknowledging that his actions undermined public confidence, and that his aim had always been to uphold that confidence.

56. Dr Olujide submitted that his actions had not upheld the professional code of conduct as set out in GMP and the law. He stated that the period of suspension had helped him tremendously. It had allowed him to reflect on the events and to develop insight into why

what happened had occurred. He explained that tiredness and past events could affect decision-making. He said that he made a mistake on that day, that he should not have done what he did, and that he understood the magnitude of the effect his actions had on Patient A, on the public and his colleagues.

57. Dr Olujide submitted that he had learned a great deal about himself and about medical practice more generally, particularly in the UK. He stated that he had learned about situational awareness and how to manage patients safely. He explained that he had tried to address the issues raised by undertaking the remediation activities previously mentioned, including the chance to observe practice in other places. He said that he had also made efforts to keep up to date.

58. Dr Olujide submitted that the most important thing was not to repeat what had happened. He said he felt guilty, especially because he was a teacher and was supposed to be a role model, practising with excellence and in accordance with the conduct expected of the profession. He planned to keep up to date with his medical knowledge and to apply the lessons he had learned especially regarding his clinical practice, time management, self-awareness, collaboration, communication with the team, and seeking help when required.

59. Dr Olujide submitted that teamwork was important and that he intended to work closely with colleagues. He stated that he would not allow tiredness or exhaustion to affect his decision-making in the future. He considered that the risk of repetition was nil. He submitted that he was now experienced enough and had the wisdom to ensure that such mistakes would not be repeated.

60. Dr Olujide submitted that he remained capable of practising within the law and 'code of conduct' and the overarching objective and that this would remain at the forefront of his mind and in his clinical work. He stated that he would value the opportunity to share his knowledge and skills with future generations. He also noted that he was able to volunteer his experience and knowledge to help the medical profession in other parts of the world, especially underdeveloped countries.

61. Dr Olujide submitted that he was grateful to the Tribunal and appreciated the regulatory process which has helped him become a better doctor and person. In view of this and all his submissions, Dr Olujide invited the Tribunal to find that his fitness to practise was no longer impaired.

The Relevant Legal Principles

62. The Tribunal reminded itself that the decision as to impairment is a matter for the Tribunal's judgement alone. As noted above, the previous Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal is aware that it is for Dr Olujide to satisfy it is safe for him to return to unrestricted practice.

63. This Tribunal must determine whether Dr Olujide's fitness to practise is impaired today, taking into account his conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

64. The Tribunal reminded itself of the need to take into account the overarching objective which is to protect the public and which includes to:

a protect and promote the health, safety and wellbeing of the public;

b promote and maintain public confidence in the medical profession;

c promote and maintain proper professional standards and conduct for the members of the profession.

65. Whilst there is no statutory definition of impairment, the Tribunal was assisted by the guidance provided by Dame Janet Smith in the *Fifth Shipman Report*, as adopted by the High Court in *CHRE v NMC and Paula Grant [2011] EWHC 297 Admin.* In particular, the Tribunal considered whether Dr Olujide's fitness to practise remains impaired in the sense that he:

'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. ...'

The Tribunal's Determination on Impairment

66. In reaching its determination, the Tribunal considered the determination of the 2024 Tribunal, all the documentary evidence provided, as well as Dr Olujide's oral evidence and the submissions from both parties.

67. The Tribunal noted that the GMC was neutral on the matter of Dr Olujide's impairment. The Tribunal found Dr Olujide's evidence, both oral and written, to be credible and detailed to give an account of what happened and why.

68. The Tribunal considered Dr Olujide's explanation for his actions on the day. This was a combination of chronic burnout, acute fatigue and the impact of previous traumatic experiences, in particular from 1990.

69. In terms of burnout, the Tribunal had regard to his written submissions dated 12 February 2025 in which he stated:

> *'At the onset of the COVID-19 pandemic, I was advised and isolated at home for 3 months XXX. During this time, I was doing telephone clinics at home, doing my administrative jobs, as well as attending departmental and hospital meetings including COVID GOLD COMMAND session of the Hampshire Hospital NHS Foundation Trust.*
>
> *I resumed work after the isolation in July 2020. The Trust was reluctant to let me come back to work. I had to appeal to the hospital management to let me come back to work after the 3 months isolation. I plunged myself into clinical activities because I missed clinical activities but more importantly because I felt guilty that my colleagues were busy and were working hard during the pandemic while I was isolated. I felt some of my colleagues resented me for being absent during the COVID-19 pandemic. I felt I had to compensate for this by working hard as well as covering the shifts of my colleagues.'*

70. The Tribunal took into account Dr Olujide's experience of working through the Covid period and the way he worked when he returned to duty after a period of isolation. The Tribunal had regard to the GMC's Supplementary Guidance on Assessing the Risk to Public Protection Posed by a Doctor where the information relates to their practice during the Covid 19 Pandemic (Published September 2020). In particular, paragraph 9 which states inter-alia *'… the regulator and case examiners should consider the circumstances of the pandemic and whether, and how, this impacted on the environment in which the doctor was working and on how they delivered care.'*

71. In terms of acute fatigue, the Tribunal also had regard to Dr Olujide's written submissions dated 12 February 2025:

> *'On 5th August, 2020, I volunteered to cover a labour ward session for a colleague as I was on call on the night of 5th to the morning of 6th August, 2020. I continued labour ward cover on the morning of 6th August 2020 until 5pm of the same day. Although my night cover was non-resident from 2030hour till 0830hour of the following day, this particular on call was very busy and tiring.*
>
> *By lunch time on the 6th August, 2020, I was physically and emotional tired and exhausted. Unfortunately, I did not discuss this with anyone nor seek any support which is what I should have done.*
>
> *I am sure that the physical and emotional tiredness contributed majorly to the unusual spur of the moment decision that I took while operating on Patient A on the 6th August, 2020.'*

72. In the Tribunal's judgment, the impact of the Covid pandemic had a profound impact on Dr Olujide over a number of months, ultimately resulting in the extreme fatigue on the relevant day.

73. With regards to the impact of previous traumatic experiences, in particular from 1990, the Tribunal also had regard to written submissions dated 12 February 2025:

> *'In 1990, (at the age of 27), I looked after a woman who had a severe postpartum haemorrhage following a vaginal delivery. Despite blood transfusion and clinical support of the midwifery and anaesthetic team, she died in front of me. I was traumatised by this as she left 4 children behind. She had 3 previous postpartum haemorrhages before the incident one that ended in her death.*
>
> *In the same hospital in 1990, I was involved with the care of few patients with uterine rupture. All these patients have had previous lower Segment Caesarean Sections, which was a major factor contributing to the ruptured uterus. In all cases, the babies died and some of the patients had Caesarean Hysterectomy. My overarching emotions in all these cases were the fear of the pending death; and the vision of the patient that died in front of me. This experience has haunted me for a long time, and this contributed in my decision to prevent Patient A from possible future death. Again, this does not excuse my decision to override her consent.*
>
> *I have also known of patients that have died following uterine rupture especially during early labour with or without use of syntocinon augmentation of labour. I did not want this to be the case with Patient A.*
>
> *…*
>
> *I was worried about Patient A due to the combination of the factors mentioned above.*
>
> *The physical and emotional tiredness is a major factor in making the spur of the moment decision to attempt sterilization on Patient A on 6th August, 2020.'*

74. The Tribunal considered Dr Olujide's assertion that those historic experiences contributed to his actions in relation to Patient A. In the Tribunal's judgement Dr Olujide's explanations of the relevance of those experiences were cogent.

75. The Tribunal concluded that a combination of chronic burnout, acute fatigue and the impact of previous traumatic experiences, in particular from 1990, provided a satisfactory explanation of why Dr Olujide did what he did.

76. The Tribunal took into account the extreme seriousness of Dr Olujide's actions on 6 August 2020, which involved multiple breaches of GMP. However, prior to 6 August 2020 and since then there have been no other incidents. The Tribunal had regard to the absence of any complaints or disciplinary actions relating to his wider clinical work, despite the high-risk

nature of his specialty. The Tribunal considered that Dr Olujide's behaviours were entirely out of character.

77. The Tribunal had regard to Dr Olujide's evidence of remediation. He had engaged in targeted continuing professional development, specifically addressing consent, effective patient communication, and adherence to safe procedural protocols. The unpaid clinical attachment was a key part of his remediation, allowing him to focus on important issues such as consent and the *'Stop the Line'* procedure, which ensures that healthcare professionals take a step back and rethink before deciding on the appropriate intervention when patient safety is at risk.

78. The Tribunal was impressed by Dr Olujide's insight into the importance of identifying the factors leading to burnout and protecting himself from work overload. Dr Olujide recounted an incident where he was asked to do further work when he was already fatigued, and he was able to professionally and politely decline. The Tribunal is satisfied that Dr Olujide has the insight and strategies to protect himself from risk of a future combination of burnout and fatigue in order to protect patients. The Tribunal also accepted Dr Olujide's evidence relating to how he would effectively deal with similar situations should they occur in the future, and his ongoing dialogue with senior colleagues to reinforce learning and ensure safe practice going forward. The Tribunal was reassured that in future Dr Olujide would seek help if under pressure.

79. The Tribunal considered the overarching objective and was satisfied that Dr Olujide had demonstrated a satisfactory level of insight and remediation such that the risk of repetition is low. A finding of impairment is no longer necessary to protect the public.

80. This Tribunal has therefore determined that Dr Olujide's fitness to practise is no longer impaired by reason of misconduct and he is fit to return to unrestricted medical practice at the expiry of the 12 months period of suspension.

81. This concludes the case.

ANNEX A – 23/05/2025

Extension of current order of suspension

82. While considering the issue of impairment in camera and prior to being in a position to deliver its determination, the Tribunal identified that there was insufficient time to conclude the proceedings in full. As a result, the Tribunal considered the need to extend the current order of suspension.

83. The Tribunal observed that Dr Olujide's current suspension is scheduled to expire on 7 June 2025. Accordingly, it invited submissions from Ms Dixon, Counsel on behalf of the GMC, and from Dr Olujide.

84. Ms Dixon submitted that it was unfortunate that matters cannot be concluded today and extended the GMC's sympathy to Dr Olujide. Ms Dixon referred the Tribunal to Paragraph 170 of the Sanctions Guidance, February 2025 ('the SG') which states:

> *'Where a review hearing cannot be concluded before the conditional registration or suspension expires, the tribunal can extend it for a short period. This would allow for re-listing of the review hearing as soon as practicable and to maintain the status quo before the outcome of the review hearing'*

85. Ms Dixon submitted that the footnote of that paragraph directs the reader to Section 35D (5)a of the Medical Act 1983 in consideration of making an order to extend a current order of suspension. She submitted that such an extension would have effect from when the current suspension order expired. It would be appropriate for the Tribunal to do that to maintain the status quo. The status quo, at present, was that the 2023 Tribunal had found Dr Olujide's fitness to practise to be impaired. Dr Olujide had not yet demonstrated by way of positive decision by this Tribunal that his fitness to practise is no longer impaired and suspension no longer necessary. In order to preserve the status quo and promote the statutory overarching objective, a short period of suspension was necessary to cover the period between now and the conclusion of these proceedings.

86. Dr Olujide submitted that he was happy for the suspension order to be extended and that it should be extended for just one day.

The Relevant Legal Principles

87. The LQC gave advice on the approach to be adopted in deciding whether to extend a suspension under Rule 22(5)(a), provided the facts warrant the extension:

> *'Where, prior to the Medical Practitioners Tribunal making a finding under rule 22(1)(f), a review hearing is adjourned under rule 29(2), the Medical Practitioners Tribunal—*
> *(a) must consider whether to make a direction under section 35D(5)(a), (8)(a), or (12)(c) of the Act and announce its decision in that regard'*

88. The Tribunal also took account of section 35D(5)(a) of the Medical Act 1983

'On a review arranged under subsection (4A) or (4B), a Medical Practitioners Tribunal may, if they think fit—

(a) direct that the current period of suspension shall be extended for such further period from the time when it would otherwise expire as may be specified in the direction'.

89. The Tribunal should take account of evidence received in this hearing, context and submissions from the GMC and Dr Olujide. The Tribunal should take account of the need to protect patients, uphold standards and maintain confidence in the medical profession and its regulator. The Tribunal should consider the principle of proportionality and the need to be fair to Dr Olujide as well as to the GMC representing the public interest.

The Tribunal's decision

90. The Tribunal has considered all the evidence before it, the legal advice and the statutory overarching objective 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.

91. The Tribunal took into account proportionality and the need to balance the fairness to the doctor, the GMC and the public interest. The Tribunal considered that because of the seriousness of the misconduct, and that this Tribunal is yet to conclude its review, there is a need to extend the current substantive order as to not do so would be inconsistent with the overarching objective.

92. Taking account of all relevant factors outlined above, the Tribunal concluded that a three month extension of the current suspension order was required in order to deal with any contingencies should the Tribunal not complete its review on 7 June 2025.

93. Accordingly, the Tribunal determined to extend the order of suspension for three months, or until these proceedings conclude, as expected, on 7 June 2025.