

**PUBLIC RECORD****Dates:** 12/03/2025 - 14/03/2025**Doctor:** Dr Isaac BAIDOO**GMC reference number:** 6085223**Primary medical qualification:** MB ChB 2002 University of Ghana**Type of case**Restoration following  
disciplinary erasure**Summary of outcome**

Restoration application granted. Restore to Medical Register.

**Tribunal:**

Legally Qualified Chair	Mrs Linda Lee
Registrant Tribunal Member:	Dr Bridget Langham
Registrant Tribunal Member:	Dr Kate Thomas

Tribunal Clerk:	Mrs Anne Bhatti
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**Attendance and Representation:**

Doctor:	Present, represented
Doctor's Representative:	Ms Catherine Stock, Counsel of Kings View Chambers
GMC Representative:	Ms Rosalind Emsley-Smith, 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 Restoration following disciplinary erasure - 14/03/2025

1. This determination will be read in private due to references to XXX. However, as this case concerns Dr Baidoo's misconduct, a redacted version will be published at the close of the hearing.
2. The Tribunal has convened to consider Dr Baidoo's application for his name to be restored to the Medical Register following his erasure for disciplinary reasons in 2019.
3. The Tribunal has considered the application in accordance with Section 41 of the Medical Act 1983, as amended ('the Act') and Rule 24 of the GMC (Fitness to Practise) Rules 2004, as amended ('the Rules').
4. This is Dr Baidoo's first application to be restored to the Medical Register.

## Background

5. Dr Baidoo qualified in 2002 and at the time of the events that led to Dr Baidoo's erasure he was practising as a General Practitioner ('GP') since October 2015 at the Abbey Medical Practice ('the Practice'). He also worked ad hoc out of hours locum shifts at the Corby Urgent Care Centre ('CUCC').

## 2019 Tribunal

6. The circumstances that led to Dr Baidoo's erasure were first considered at a hearing before the Medical Practitioners Tribunal Service ('MPTS') in July 2019 ('2019 Tribunal'), which found Dr Baidoo's fitness to practice impaired by reason of misconduct and determined to erase his name from the Medical Register.

7. Dr Baidoo admitted, and the 2019 Tribunal found proved, that on two separate occasions in 2017, Dr Baidoo submitted a sick note to the Practice. On various dates, during the period covered by the sick notes, Dr Baidoo worked at CUCC. Dr Baidoo knew that he was on sick leave so should not have been working at CUCC. Dr Baidoo's responses to requests for information by NHS England about his work at CUCC whilst on sick leave, were untrue and dishonest.
8. Dr Baidoo had undertaken shifts at CUCC on 20, 23, 24, 27, 28, 30 May and 1 June 2017, whilst signed off sick from his position at the Practice and receiving sick pay. On or around 18 May 2017, Dr Baidoo submitted a sick note to the Practice, which covered the period 18 May to 1 June 2017. However, CUCC sent a letter to the Practice about a mutual patient which disclosed that Dr Baidoo had been working at CUCC on 28 May 2017.
9. Dr Baidoo's responses in an email to NHS England contained a statement that was untrue. In a meeting with NHS England on 11 September 2017, Dr Baidoo also made a statement which contained information that was untrue.
10. On 15 September 2017, Dr Baidoo provided NHS England with a copy of a sick note, post-dated 12 September 2017, which covered the period 2 June to 6 June 2017 and a statement within which he said he had 'worked a shift while signed off sick and receiving sick pay'. This statement contained information that was untrue because Dr Baidoo had worked at CUCC on 2, 3, 4 and 6 June 2017, whilst signed off sick.
11. On 6 October 2017, Dr Baidoo asked Ms A, a manager at CUCC, to write a letter to NHS England saying that he had only worked one shift at CUCC on 28 May 2018 between the period of 18 May and 2 June 2017. On the same day Dr Baidoo emailed Ms B, HR Co-ordinator at CUCC, and provided her with suggested wording for the letter and then amended it himself. Dr Baidoo then sent an email to NHS England attaching the letter as amended by himself and signed by Ms B on Ms A's behalf. Dr Baidoo knew that the letter contained information which was untrue as he had worked more than one shift between 18 May and 2 June 2017 at CUCC.
12. Dr Baidoo knew that he was on sick leave so should not have been working at CUCC on 20, 23, 24, 27, 28, 30 May, and 1 June 2017 (the first period), and 2, 3, 4 and 6 June 2017 (the second period).

13. Dr Baidoo was dishonest because he knew that he had worked at CUCC on more than one date during the first and second periods.

#### *Impairment*

14. The 2019 Tribunal found that Dr Baidoo's actions amounted to misconduct which was serious. The Tribunal considered Dr Baidoo's evidence in which he stated his motivation was not financial, but it had been due to feeling underappreciated and frustrated with his colleagues at the Practice. The 2019 Tribunal considered that Dr Baidoo had put patients' safety at risk by working when declared unfit, breached a fundamental tenet of the medical profession through repeated dishonesty, and had demonstrated that his integrity could not be relied upon.
15. The 2019 Tribunal determined that given Dr Baidoo's integrity could not be relied on and his persistent and premeditated dishonesty, there was a real risk of repetition. The 2019 Tribunal concluded that Dr Baidoo had brought the profession into disrepute and that fellow medical professionals would find his actions deplorable.
16. The 2019 Tribunal considered that Dr Baidoo had limited insight. It also considered that Dr Baidoo's later dishonesty was undertaken to cover up his previous dishonesty and that there was a risk he would do so again.

#### *Sanction*

17. The 2019 Tribunal determined that Dr Baidoo's actions were fundamentally incompatible with continued registration. It determined that an order of erasure was the most appropriate and proportionate sanction in this case. The 2019 Tribunal determined to impose an immediate order of suspension.

### **The Current Restoration Hearing**

#### **The Evidence**

18. The Tribunal has taken into account all the evidence that it has received, both oral and documentary.

## Witness Evidence

19. Dr Baidoo provided his own witness statement and a reflective statement both dated 13 February 2025 and also gave oral evidence at the hearing.

## Documentary Evidence

20. The parties provided the following documentary evidence:

- Restoration application form dated 25 August 2024;
- Supporting evidence from Dr Baidoo including work history dated September 2024, a completed Development and Restoration Plan dated 12 April 2024, which included training records and certificates (including UK clinical training) and Mentoring Training Sessions records dated 27 April 2024 to 15 August 2024;
- Record of Determination dated 25 July 2019;
- MPTS hearing transcripts dated July 2019;
- Testimonials.

## Summary of Evidence

### *Dr Baidoo's evidence*

21. Dr Baidoo worked as a locum GP at the Practice and also took locum shifts at CUCC. Dr Baidoo became a salaried GP at the Practice and found the work increasingly challenging because it did not give him the work and family life balance he had enjoyed as a locum. Whilst working as a salaried GP he felt he was not being listened to by the partners and staff in the Practice. In 2017 Dr Baidoo had health concerns.
22. Dr Baidoo said he was truly sorry for everything that happened in the past. He had taken full responsibility for everything that went wrong. Dr Baidoo said he recognised that he had brought the reputation of the profession into disrepute. He stated that given the opportunity, history would not repeat itself, because he had learned lessons and reflected at length on his actions.

23. Since being erased from the Medical Register Dr Baidoo had undertaken a number of steps to gain insight and also kept his clinical skills and knowledge up to date. From July 2019 to September 2019, he sought personal and professional help XXX.
24. From October 2019 until the present, he had been working as Medical Director/ Clinical Director at the Nova Surgery Centre, East Legon, Ghana. This was General Practice work with a surgical element, seeing both public and private patients. From April 2024 to August 2024, in preparation of a possible return to the register in the UK, he had undertaken a remote clinical supervisory attachment with Dr C, Occupational Health Consultant at St George's Hospital, London. In August 2024, he undertook a face-to-face clinical attachment with Dr D, GP Partner at West Bergholt Practice, Colchester.

### Submissions on behalf of the GMC

25. On behalf of the GMC, Ms Emsley-Smith submitted that the original facts of Dr Baidoo's case amounted to dishonesty at the highest end of the culpability range, short of being criminally dishonest. She referred the Tribunal to Dr Baidoo's level of premeditation, the recruitment of innocent colleagues, alongside the driven persistence which made this conduct particularly '*egregious*'. She submitted it was difficult to identify the context or explanation for the conduct which mitigated Dr Baidoo's dishonesty. She submitted that Dr Baidoo's evidence presented a rather confused picture around motivations and triggers in 2017 and that was a cause for concern.
26. Ms Emsley-Smith submitted that Dr Baidoo's attitude appeared to justify the dishonesty in his mind. There remained no cogent evidence that would help contextualise or explain what he did. Dr Baidoo's explanation for his conduct was that he did not think he was going to get found out and it was fine provided he could get away with it. She submitted that any remorse that may be expressed by Dr Baidoo, was attached to him being found out rather than true remorse for his actions.
27. Ms Emsley-Smith submitted that in terms of insight, Dr Baidoo had articulated that he now understood that dishonesty is wrong. She queried why Dr Baidoo did not understand that in 2017. XXX. Dr Baidoo's reflective statement was vague, whilst he had apologised, there was no real evidence of introspection and rebuilding. Dishonesty was Dr Baidoo's first and repeated recourse in 2017 and she submitted that there was insufficient evidence that this recourse, to situations that he did not like, had been truly

addressed. In those circumstances, in order to make decisions consistent with the overarching objective she submitted that this application should be refused.

### Submissions on behalf of Dr Baidoo

28. Ms Stock, Counsel on behalf of Dr Baidoo invited the Tribunal to grant Dr Baidoo's application for restoration to the Medical Register. She submitted that Dr Baidoo accepted that his dishonest conduct was persistent and deliberate and that he had involved others. The dishonest conduct was not a one off, but it related to a very short period of time against the backdrop of an unblemished career.
29. Ms Stock submitted that the 2019 Tribunal had found that Dr Baidoo had undertaken some remediation and demonstrated some insight. Immediately following erasure Dr Baidoo sought XXX. She submitted that XXX was a starting point for Dr Baidoo. After this period, Dr Baidoo set a detailed plan for restoration including but not limited to, deep and continuous reflection, wider reading and research on professionalism, probity and ethics, relevant and targeted courses as well as a programme of mentorship. As could be seen from the documents submitted, Dr Baidoo had also kept his knowledge and skills up to date by relevant continued profession development ('CPD'), courses, periods of clinical observership and he also continued to practise in Ghana. Dr Baidoo had provided a detailed reflective statement.
30. Dr Baidoo had undertaken a wealth of work in his mentorship sessions to gain insight to ensure he would not repeat his past misconduct. Dr Baidoo's reflection was comprehensive, and detailed not only his understanding of what went wrong and why, but also detailed his understanding of the impact of his conduct. Dr Baidoo also appreciated that in working whilst off sick, this had the potential to put patients at risk. Dr Baidoo also appreciated the impact of dishonest conduct on the profession and wider public.
31. Ms Stock outlined the steps Dr Baidoo had taken to remediate. She said it could also be demonstrated that since these events, he had been open and honest in every aspect of his interaction with others, consultant supervisors, mentors, on courses and in communication with others about his future. In terms of risk of repetition, although Dr Baidoo had not worked in the UK since erasure, he has continued to practise in Ghana without issue.

32. Throughout the period of time since Dr Baidoo was erased he had worked as a doctor in Ghana and maintained his certificate of good standing, undertaking annual appraisals. Dr Baidoo had undertaken two clinical attachments one remotely and one face to face in the UK. He had also undertaken voluntary work in Ghana.
33. Ms Stock submitted that Dr Baidoo had worked hard to keep his knowledge and skills up to date by attending courses, undertaking numerous online CPD courses and also maintained his own CPD by reading and reviewing medical publications. He had undertaken clinical observerships as well as continued practise in Ghana.
34. Dr Baidoo had demonstrated in his reflections that he fully appreciated that he breached a fundamental tenet of the profession. He further accepted the impact and potential impact that his past misconduct had or could have had on patients, his colleagues, his profession and the wider public.
35. Ms Stock submitted that Dr Baidoo had demonstrated that he understood why trust was such a key factor in being able to practise as a doctor. She submitted that an ordinary, well-informed member of the public who was aware of all the relevant facts would be of the view that Dr Baidoo had remediated and should be permitted to return to practise. Dr Baidoo's misconduct, although serious, once remediated was not incompatible with restoration to the medical register.
36. Dr Baidoo had worked tirelessly to make amends for his past and to return to his chosen profession. He had taken on board each and every comment from the Tribunal in 2019. Dr Baidoo had remediated his past misconduct to the extent that there was no risk of repetition. She submitted that as a de-registered doctor, Dr Baidoo can do no more than he had done over the last five years. She submitted that he had full insight, had undertaken significant remediation, and provided cogent evidence of that through his mentor and supervisors. Although he had not been practising in the UK, he had continued to practise throughout this time in Ghana with no issue. Whilst this was not a guarantee there will be no repetition of past misconduct, it was a positive indicator, and this coupled with evidence of insight and remediation leads to a very low risk of repetition.

## The Tribunal's Approach



37. The Tribunal reminded itself that its power to restore a practitioner to the Medical Register in accordance with Section 41 of the Act is a discretionary power. This power is to be exercised in the context of the Tribunal's primary responsibility to act in accordance with the statutory overarching objective to protect the public, as set out later in this determination.
38. While the Tribunal had borne in mind the submissions made by the parties, the decision as to whether to restore Dr Baidoo's name to the Medical Register is a matter for this Tribunal exercising its own judgment. The Tribunal reminded itself that, if it directs that Dr Baidoo's name should be restored to the Medical Register, it can do so only without restrictions on his practice.
39. Throughout its consideration of Dr Baidoo's application for restoration, the Tribunal was guided by the approach laid out in the MPTS 'Guidance for medical practitioners tribunals on restoration following disciplinary erasure' ('the Guidance').
40. The Tribunal reminded itself that the onus is on Dr Baidoo to satisfy it that he is fit to return to unrestricted practice and that the Tribunal should not seek to go behind the original Tribunal's findings on facts, impairment and sanction.
41. The guidance sets out at B2 that the test for the Tribunal to apply when considering restoration is:

Having considered the circumstances which led to erasure and the extent of remediation and insight, is the doctor now fit to practise having regard to each of the three elements of the overarching objective?

42. The Tribunal reminded itself that, in making its decision, it should consider the following five factors set out within paragraphs B4-B34 of the guidance which address:
  - a. the circumstances which led to the erasure;
  - b. whether Dr Baidoo has demonstrated insight into the matters that led to erasure, taken responsibility for his actions and actively addressed the findings about his behaviour or skills;
  - c. what Dr Baidoo has done since his name was erased from the register;
  - d. the steps Dr Baidoo has taken to keep his skills and knowledge up to date; and
  - e. the lapse of time since erasure;

and then go on to determine whether restoration will meet the overarching objective.

### The Tribunal's Decision

43. The Tribunal has considered the parties' submissions carefully and has evaluated the evidence in order to reach its decision as to whether Dr Baidoo is fit to practise.

### The circumstances which led to Dr Baidoo's erasure

44. Dr Baidoo's dishonest misconduct was very serious, it had been fraudulent, persistent and there had been repeated attempts to cover it up and it was for financial gain. Dr Baidoo had misled and implicated others in his dishonesty. Dr Baidoo's actions were fundamentally incompatible with continued registration at the time the 2019 Tribunal made its decision.
45. Dr Baidoo had tried to remediate his actions immediately. The 2019 Tribunal had recognised that Dr Baidoo had already taken steps to remediate and Dr Baidoo had recognised what he had done was wrong.

**Whether Dr Baidoo has demonstrated insight into the matters that led to erasure, taken responsibility for his actions, and actively addressed the findings about his behaviour or skills**

### *Insight and remorse*

46. In considering whether Dr Baidoo has demonstrated insight, the Tribunal considered paragraphs B10 - B12 of the Guidance, which state:

*'B10 Factors that can be relevant to a doctor demonstrating genuine insight include, but are not limited to, evidence they have:*

*a considered the concern, understood what went wrong and accepted they should have acted differently*

*b demonstrated that they fully understand the impact or potential impact of their performance or conduct, for example by showing remorse (see below)*

*c demonstrated empathy for any individual involved, for example by apologising fully (see below)*

*d taken steps to remediate and to identify how they will act differently in the future to avoid similar issues arising (see below)*

*B11 The doctor is unlikely to be able to demonstrate genuine insight if they have failed to demonstrate some or all of the factors above or have only demonstrated them in a limited way.*

*B12 Expressing remorse involves the doctor taking responsibility and exhibiting regret for their actions. This could include evidence that the doctor has:*

*a been open and honest about and admitted their wrongdoing*

*b apologised fully*

*c undertaken appropriate remediation.'*

47. The Tribunal bore in mind Dr Baidoo's evidence in his witness statement dated 13 February 2025 which stated:

*'On the impact of the wider public and whole profession, my actions reflect poorly on the profession. The public and our patients are vulnerable and expect doctors to treat them with honesty and be truthful to them at all times and when things go wrong, they expect doctors to be upfront with the truth and not hide behind lies.'*

48. In his oral evidence he stated that:

*'I abused the trust of people, and we had a cordial relationship and so for me to have done what I did, was a betrayal of trust.'*

49. The Tribunal took into account Dr D, GP Partner with whom Dr Baidoo carried out a UK based clinical attachment with, stated in their testimonial:

*'I had a lengthy conversation with Dr Baidoo, and I believe he regrets his actions that led to his being removed from the GMC register- this has significantly affected him and his family. He is very remorseful and I strongly believe he will not repeat this behaviour when he is given a second chance and returned to the register.'*

50. Dr Baidoo carried out voluntary work at the Eagles Forum whilst working as a doctor in Ghana. Dr E, President of Eagles Forum provided the following testimonial:

*'Whilst I am aware that the incidents that led to erasure involved dishonesty, in my dealings with him I have found him to be an honest person and a person who acts with*

*integrity. As a team we admired his honesty especially in the field where he was very open about his professional situation, using it as a springboard to empower young people'*

51. The Tribunal bore in mind that Dr Baidoo had started to develop insight and had fully admitted the Allegation in 2019. Dr Baidoo XXX and started the process of learning about himself and his actions. He had demonstrated that it was up to him to make changes and he had made those choices and no one else was to blame. Dr Baidoo had recognised the impact of his actions on others including the risk to patients, the impact on the profession and wider public interest and the impact on those he had implicated in his dishonest misconduct. Hearing his evidence, the Tribunal noted that Dr Baidoo had taken full responsibility for his actions and did not seek to hide from the seriousness of what he had done.
52. The Tribunal bore in mind Ms Emsley-Smith's submission that Dr Baidoo did not think he was going to be found out and that this response demonstrated a concerning 'arrogance' and that the only remorse shown was attached to being found out. The Tribunal was not of this view, as demonstrated by both Dr Baidoo's written and oral evidence. The Tribunal noted that Dr Baidoo had acknowledged in oral evidence that his actions displayed arrogance which he deeply regretted.
53. The Tribunal did not accept Ms Emsley-Smith's submissions that XXX. The Tribunal noted that Dr Baidoo had taken time to assess and reflect both independently and with assistance from his mentor. The Tribunal regarded the XXX as the starting point to Dr Baidoo's journey to extensively remediate.
54. It was put to Dr Baidoo during cross examination by Ms Emsley-Smith that his attitude was 'callous' and Dr Baidoo accepted that was correct, then he explained how he developed his thinking at this time, in Dr Baidoo's oral evidence he stated:

*'I felt I was detached from reality. Reality for me is telling the truth. I thought I was immune from lies until this happened to me. I thought Isaac Baidoo would not tell a lie. I thought Isaac Baidoo was a prim and proper person and I was shocked when I did this and persisted in lies. This told me I can be vulnerable, and I put myself in that situation. I did bad things, and I am sorry...it was disgraceful and shameful, awful and disgusting ...'*

55. The Tribunal noted that Dr Baidoo had reached out to a lot of people including his mentors, colleagues and supervisors and was honest with them about the misconduct (despite knowing he may be rejected). By being honest Dr Baidoo had made himself vulnerable. The Tribunal was of the view that this reflected not only an acknowledgment of the need for honesty but Dr Baidoo's willingness to expose himself and to act honestly going forward.
56. The Tribunal determined that on the basis of Dr Baidoo's evidence he had fully considered his dishonest actions, had understood what had gone wrong and accepted that he should have behaved differently. Whilst Ms Emsley-Smith had submitted that Dr Baidoo did not understand his dishonesty at the time of his actions, the Tribunal were satisfied that Dr Baidoo had developed his understanding.
57. The Tribunal was of the view that Dr Baidoo had demonstrated remorse and had developed his understanding since he had expressed remorse at his 2019 Tribunal. The Tribunal determined that Dr Baidoo had expressed genuine regret and remorse. Dr Baidoo had stated that he was '*appalled*' by his behaviour. Dr Baidoo had apologised to the people he had involved in his dishonesty. The Tribunal determined that Dr Baidoo had understood how his behaviour had impacted patients, the profession, the people he had involved in his dishonesty and how it had undermined public confidence in the profession.
58. The Tribunal noted that Dr Baidoo had taken extensive steps to remediate as set out below and identified how he would act differently in the future to avoid the dishonest misconduct being repeated. Dr Baidoo stated in his evidence that through the courses and training he had attended, he had become self aware and he was now able to say '*no I cannot do this*'. If he got himself in a difficult situation he would not lie but he would speak up and seek help and support.
59. The Tribunal concluded that he had good insight, had apologised and had shown genuine remorse.

### *Remediation*

60. In considering whether Dr Baidoo has fully remediated his misconduct and deficient professional performance, the Tribunal considered paragraph B15 of the Guidance, which states:

*‘B15 Remediation can take several forms, including, but not limited to:*  
*a participating in training, supervision, coaching and/or mentoring relevant to the concerns raised*  
*b attending courses relevant to the concerns raised, for example anger management, maintaining boundaries, ethics or English language courses*  
*c evidence that shows what a doctor has learnt following the events that led to the concerns being raised, and how they have applied this learning in their practice (where applicable)*  
*d evidence of good practice in a similar environment to where the concerns arose.’*

61. The Tribunal noted that Dr Baidoo had completed extensive reflection and continued to remediate over the last six years. The remediation and reflection had been focused on the issues which had led to him being erased from the Medical Register. Dr Baidoo’s efforts to remediate had been driven by him with support from others. He had worked as a Medical Director/Clinical Director in Ghana and completed voluntary work at the same time. Dr Baidoo had completed the following remediation which was not limited too: detailed reflective statement; restoration and development plan; courses on Probity, Ethics and Professionalism; annual appraisals; mentorship which included reflection and learning on his probity; and positive testimonials that detailed his awareness and good character.
62. The Tribunal noted that Dr Baidoo’s evidence demonstrated that he was honest with the people who assisted him with his remediation including the consultant supervisors, mentors, on courses and in communications with others about his future, including to those who had provided him with positive testimonials. The remediation by Dr Baidoo included addressing his own faults and giving back to the community through his voluntary work. The Tribunal disagreed with the GMC’s submissions that Dr Baidoo’s reflective statement was vague, it was satisfied the the reflective statement was full and detailed. Furthermore, Dr Baidoo amplified his reflections in his oral evidence. Dr Baidoo had also provided reflections following his mentoring sessions which had been very detailed.
63. The Tribunal had strong evidence before it that Dr Baidoo had learnt from the dishonest misconduct and he had applied this in practice.

64. The Tribunal concluded that Dr Baidoo had actively addressed the concerns and he had remediated the dishonest misconduct, it disagreed with the GMC's submission that Dr Baidoo's remediation was basic.

*Risk of repetition*

65. In considering the risk of repetition, the Tribunal bore in mind paragraph B23 of the Guidance, which states:

*'B23 Tribunals can also consider the following factors in assessing whether the concerns are likely to be repeated:*

*a whether there was a pattern of similar concerns*

*b the environment in which a doctor has been working since their erasure*

*i. where a doctor has been working in a similar environment to where the concerns arose and has been exposed to situations when there was a risk of repeating the concerns, the absence of repetition will be relevant*

*ii. where a doctor has not been working in a similar environment to where the concerns arose the absence of repetition will be of little or no relevance*

*c the circumstances giving rise to the concerns – if the concerns arose in unique circumstances which are themselves unlikely to be repeated, then, it may suggest that the risk of repetition in the future is reduced*

*d what steps a doctor has put in place to avoid the circumstances arising again and/or to cope with those circumstances, should they arise again*

*e whether the doctor has an otherwise positive professional record, including an absence of any other concerns from past or current employers or another regulatory body'*

66. The Tribunal determined that the risk of repetition was low. It was of the opinion that Dr Baidoo had demonstrated as much remediation and insight that he possibly could. He had recognised what the problem was and the impact it had on others. Dr Baidoo stated in his evidence:

*'I would not lie again the scar remains for life. I have learned so much from this experience and I will always tell the truth.'*

67. The Tribunal considered the testimonial from Dr C, a UK Consultant Occupational Physician (with whom Dr Baidoo carried out a remote clinical attachment and a period of mentorship), where he stated:

*'I am however confident that through these series of supervisory reflective mentorship activities he has gained valuable insight which contributes to remediation. Thus, my professional opinion is that the likelihood of repetition of behaviours that led to erasure in 2019 are unlikely to recur in the future.'*

68. The Tribunal noted that Dr Baidoo previously had a long unblemished career and had not repeated his behaviour since. There has been no evidence that Dr Baidoo had repeated this behaviour whilst continuing to work as a doctor in Ghana. Dr Baidoo gave evidence of how going forward he would act differently. He stated that when faced with situations where he could have been dishonest he had not been tempted to do so. Dr Baidoo had completed voluntary work whilst working in Ghana. This voluntary work included promoting ethical behaviour amongst young people. Testimonial evidence supported the view that Dr Baidoo felt that his experience could benefit young people and prevent them from making the mistakes he had.

**What Dr Baidoo has done since his name was erased from the register and the steps Dr Baidoo has taken to keep his medical knowledge and skills up to date**

69. The Tribunal noted that Dr Baidoo had taken a number of steps to keep his medical knowledge and skills up to date. He worked as Medical Director/Clinical Director in Ghana which was a general practice post with a surgical element. Dr Baidoo has completed two UK based clinical attachments; one was remote and one was face to face.
70. Dr Baidoo had completed both UK and Ghanaian based CPD and attended training and courses. Furthermore, he read and reviewed medical publications. He had maintained his certificate of good standing and undertaken annual appraisals.
71. The Tribunal took into account Dr D, GP Partner with whom Dr Baidoo carried out a UK based clinical attachment with, stated in their testimonial:

*'Dr Baidoo demonstrated excellent clinical skills as expected of a general practitioner in the UK. He has very good knowledge and understanding of current challenges in general practice. He has good insight into current clinical guidelines in managing*



*chronic diseases. Having a background in obstetrics and gynaecology, he demonstrated exceptional knowledge in that area.'*

72. The Tribunal concluded that Dr Baidoo had kept his knowledge and skills up to date and is safe to resume unrestricted practice.

### **The lapse of time since erasure**

73. The Tribunal bore in mind paragraphs B33 and B34 of the Guidance which state:

*'B33 The length of time that has elapsed since the doctor was erased will be relevant although will not necessarily equate to them no longer posing a risk to patients or to public confidence in the profession.*

*B34 The longer the doctor has been away from clinical practice, the greater the likelihood that their knowledge and skills will have deteriorated to a degree that may place patients at risk. Tribunals should pay close regard to how the doctor has maintained their knowledge during a lengthy period away from the register.'*

74. Whilst Dr Baidoo has been erased from the medical register for nearly six years, he had been actively working in clinical practice in Ghana and completed two clinical attachments in the UK alongside extensive CPD. Details of work he had carried out is set out above.

### **Will restoration meet the overarching objective?**

75. Having made the above findings as to whether Dr Baidoo is fit to practise, the Tribunal next had regard to the statutory overarching objective. In so doing, it performed a balancing exercise, weighing its findings above with its obligations under the individual limbs of the overarching objective which are:

- To protect, promote and maintain the health, safety and well-being of the public
- To promote and maintain public confidence in the profession, and
- To promote and maintain proper professional standards and conduct for members of that profession.

76. The Tribunal had determined that Dr Baidoo had good insight into his dishonest misconduct, shown genuine remorse and had taken extensive steps to remediate, therefore any risk of repetition was low. The Tribunal concluded that on the basis of this assessment, restoration would meet the objective of protecting, promoting and maintaining the health, safety and well-being of the public.
77. The Tribunal took account of the views expressed in the positive testimonials as quoted above, which comment on his integrity and honesty, despite his dishonesty misconduct in the past. Each author was fully aware of the circumstances which had led to erasure and breaches of fundamental tenets of the medical profession and GMP. The Tribunal considered that his colleagues' positive regard for Dr Baidoo indicated a genuine and significant change in attitude and behaviour since the time of events leading to his erasure in July 2019.
78. The Tribunal considered if restoring Dr Baidoo's name to the Medical Register would promote and maintain public confidence in the profession or promote and maintain professional standards and conduct. The Tribunal was of the view that that an ordinary, well-informed member of the public who was aware of all the relevant facts would not be concerned to learn that Dr Baidoo had been allowed to return to practice and public confidence in the medical profession would be maintained.
79. The Tribunal noted the period of time which Dr Baidoo had been erased from the Medical Register. The Tribunal determined that this time had marked the seriousness of the dishonest misconduct which had led to him being erased. The level of remediation he had completed was relevant and had satisfied the Tribunal that it was unlikely to be repeated. Dr Baidoo had put in place safeguards to prevent him from repeating his behaviour, including having support from his colleagues and mentors with whom he had been open. Dr Baidoo had kept his knowledge and skills up to date which was supported by the extensive remediation and positive testimonials he had received. The Tribunal was satisfied that the third limb, to promote and maintain proper professional standards and conduct, would not be damaged by restoring Dr Baidoo on to the Medical Register.
80. Having concluded that Dr Baidoo had good insight, shown remorse and has remediated, the Tribunal balanced those positive findings against all three limbs of the overarching objective, and found that restoration met the overarching objective.

## Conclusion

81. In conclusion: having considered the circumstances that led to disciplinary erasure; being persuaded that Dr Baidoo had developed good insight and completed remediation of his dishonest misconduct; having determined that he had kept his knowledge and skills up to date; having determined that restoration would meet the overarching objective, the Tribunal determined to direct that Dr Baidoo's name be restored to the Medical Register.