

## PUBLIC RECORD

Dates: 27/10/2025 - 31/10/2025

Doctor:	Dr Olubunmi ADEAGBO-SHEIKH
GMC reference number:	7538309
Primary medical qualification:	MB BS 2013 Oba Okunade Sijuade College of Health Sciences Igbinedion University

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	Not Impaired

### Summary of outcome

Erasure

### Tribunal:

Legally Qualified Chair:	Mr Kenneth Hamer
Lay Tribunal Member:	Mr Rob McKeon
Registrant Tribunal Member:	Dr Gary McCormack
Tribunal Clerk:	Miss Emma Saunders

### Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Lee Gledhill, Counsel, Doctors Defence Service, instructed directly
GMC Representative:	Mr Peter Byrne, 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 the Facts and Impairment - 30/10/2025

1. Parts of this hearing were heard in private in accordance with Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004 as amended ('the Rules'). This determination will be handed down in private due to the confidential nature of some of the matters heard as evidence. However, as this case concerns Dr Adeagbo-Sheikh's alleged misconduct and conviction, a redacted version will be published at the close of the hearing.

### FACTS

#### Background

2. Dr Adeagbo-Sheikh qualified with a Bachelor of Medicine and Surgery in 2013 in Nigeria, having completed a BSc in Medical Biology from Brunel University of London, UK, between 2001 to 2005. Prior to the events which are the subject of the hearing, Dr Adeagbo-Sheikh completed a number of internships in paediatrics, medicine and surgery, and obstetrics and gynaecology at three hospitals in Nigeria from August 2014 to September 2015 as part of his foundation training, and worked as a locum doctor before moving to the UK in October 2016. At the time of the events giving rise to his conviction, Dr Adeagbo-Sheikh was preparing to undertake Part 2 of the GMC's Professional and Linguistic Assessments Board (PLAB) test. Dr Adeagbo-Sheikh passed the PLAB test in 2019. He registered with the GMC in July 2020. He stated that he undertook some work experience and clinical attachment work in 2020 and he obtained paid work in 2021. He worked in various posts at King's College Hospital NHS Foundation Trust ('the Trust') from 2022 to December 2024, including in the areas of gastroenterology, general medicine and geriatrics and latterly as a junior clinical doctor.

3. The allegations that have led to Dr Adeagbo-Sheikh's hearing relate to his conviction and conduct. On 16 August 2018 Dr Adeagbo-Sheikh submitted an application for Universal Credit to the Department for Work & Pensions (DWP), which included a claim for housing costs of £900 per month for rent. The address of the house that Dr Adeagbo-Sheikh gave in that application did not exist and the tenancy agreement he provided to the DWP was fake.

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Dr Adeagbo-Sheikh received 13 payments of £900 per month between September 2018 and September 2019 (a total of £11,700) that he was not entitled to.

4. It is understood that the DWP undertook an investigation and identified this irregularity. Dr Adeagbo-Sheikh was arrested on 7 October 2019 and a laptop was seized that was later examined by the police. An extract of a WhatsApp message chat of a conversation that Dr Adeagbo-Sheikh had with a friend was found, along with other documents, that referred to the setting up of the fraud. The WhatsApp chat was detailed and principally involved conversations relating to the fraud that took place on 15 August 2018 between 08:55 hours and 13:06 hours. The documentation included fake copies of a tenancy agreement for a non-existent property and a false Curriculum Vitae (CV) for Dr Adeagbo-Sheikh. He was later summoned to appear before Westminster Magistrates' Court in response to a Requisition that was posted to him by first class post on 20 December 2023. At this point Dr Adeagbo-Sheikh was notified that he had been charged with an offence. The charge stated in the Requisition was of dishonestly making a false statement to obtain a benefit/advantage/payment.

5. It is alleged by the GMC that, on 10 January 2024 at Westminster Magistrates' Court, Dr Adeagbo-Sheikh was convicted of dishonestly making a false statement to obtain benefit/advantage/payment. It is also alleged by the GMC that, on 12 February 2024, Dr Adeagbo-Sheikh was sentenced to a 12-month Community Order with 100 hours of unpaid work (paragraphs 1 and 2 of the Allegation). It is further alleged that Dr Adeagbo-Sheikh failed to notify the GMC without delay that he had been charged with a criminal offence (paragraph 3 of the Allegation).

6. The initial concerns were raised with the GMC following Dr Adeagbo-Sheikh's self-referral by email on 10 February 2024. He stated that he had pleaded guilty and was awaiting sentencing. Dr Adeagbo-Sheikh also spoke briefly about the circumstances at the time of the offence. In an email on 13 February 2024, he informed the GMC about the sentence that he had received. He stated that he had "*expressed contrition for my mistake and I am concerned about the publicity I may receive*".

7. In his sentencing remarks at Southwark Crown Court, Mr Recorder Lock said:

*"On 16 August 2018, you submitted an application for universal credit to the Department of Work and Pensions. Within this application was a claim for housing costs of £900 each month, which you stated was for rent. This application was false and dishonest in that the address did not exist and the tenancy agreement you created was false. You could not live there, and you did not have these housing costs. Your*

*dishonest application resulted in you receiving 13 payments of £900, a total of £11,700 obtained by fraud and deception. Such conduct, as well as being reprehensible in itself, deprives the public purse of valuable resources that can be used for good elsewhere. It also increases the costs and administrative burden of the system because people like you, seek to cheat the system."*

The judge took into consideration Dr Adeagbo-Sheikh's remorse and that he pleaded guilty at the earliest opportunity.

8. In a letter dated 22 July 2024 the Probation Service confirmed that Dr Adeagbo-Sheikh had completed the unpaid work requirement of 100 hours of his Community Order. Dr Adeagbo-Sheikh has paid back the money to the DWP, with a final payment of £6,228.35 made to them on 29 November 2024.

#### **The Allegation and the Doctor's Response**

9. The Allegation made against Dr Adeagbo-Sheikh is as follows:

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

1. On 10 January 2024, at Westminster Magistrates' Court, you were convicted of dishonestly making a false statement to obtain benefit/advantage/payment contrary to s.111A(1)(a) and (3) of the Social Security Administration Act 1992.  
**Admitted and found proved**

2. On 12 February 2024, you were sentenced to a 12 months' Community Order with 100 hours unpaid work before 11 February 2025.

**Admitted and found proved**

3. You failed to notify the GMC without delay that you had been charged with the criminal offence detailed in paragraph 1.

**Admitted and found proved**

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

- a. conviction in respect of paragraphs 1 and 2;  
**To be determined**

- b. misconduct in respect of paragraph 3.  
**To be determined**

## The Admitted Facts

10. At the outset of these proceedings, through his counsel, Mr Gledhill, Dr Adeagbo-Sheikh made admissions to all 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 of the Allegation as admitted and found proved.

## IMPAIRMENT

11. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Adeagbo-Sheikh's fitness to practise is impaired by reason of misconduct and/or a conviction for a criminal offence.

## The Outcome of Application made during the Impairment Stage

12. On 27 October 2025 the Tribunal granted Dr Adeagbo-Sheikh's application, made pursuant to Rule 34(13) and (14) of the Rules, for a testimonial witness to give evidence via video link and another testimonial witness to give evidence via telephone link. There was no objection to this approach by the GMC. The Tribunal considered that it was in the interests of justice to allow this application.

## Documentary Evidence

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

- Dr Adeagbo-Sheikh's self-referral email to the GMC dated 10 February 2024 and further email dated 13 February 2024;
- Press article dated 12 February 2024;
- Email correspondence between the Trust and the GMC dated 15 to 21 February 2024;
- A '*Responding to fitness to practise concerns*' form from the Trust to the GMC dated 20 March 2024;
- Transcript of the Judge's comments at sentencing;
- A court extract from Westminster Magistrates Court;
- Certificate of Conviction dated 1 October 2024;
- Information from the Crown Prosecution Service, including case summary and witness statements. This included a copy of the Universal Credit application made

with the tenancy agreement, an extract from a WhatsApp message chat, and a record of Dr Adeagbo-Sheikh's no comment interview at Tonbridge Police Station;

- Various testimonials and character references provided on Dr Adeagbo-Sheikh's behalf from a number of his colleagues, friends and family;
- Appraisal and feedback documentation;
- Continuing Professional Development (CPD) certificates and reflection material, including a certificate for a '*Probity & Ethics In Practice*' course completed on 9 September 2025;
- A certificate of appreciation from the Trust dated June 2019 in recognition of completing over a year as a volunteer;
- XXX; and
- XXX

### **Witness Evidence**

14. Dr Adeagbo-Sheikh provided various documentation including a '*Defense Mitigation Report - Addressing Probity and Fitness to Practice*'; a '*Reflection on Dishonesty and GMC Good Medical Practice*' document; a reflective note on his conviction and remediation that was dated 17 January 2025, updated 18 August 2025; and a document entitled: '*Reply to GMC concerning allegations of fitness to practise due to a recent conviction of benefit fraud*'.

15. Within that latter document, Dr Adeagbo-Sheikh stated that he understood the seriousness of his conviction and took full responsibility for his actions. He stated that he had deep remorse for his actions. Dr Adeagbo-Sheikh stated that he appreciated that his actions had tarnished his professional reputation and damaged the trust placed in him by his patients and colleagues. Dr Adeagbo-Sheikh stated that he had "*taken significant steps to remediate*", and understood that "*dishonesty undermines the core values of trust, integrity, and accountability on which the medical profession is built*". Dr Adeagbo-Sheikh stated that it was "*an isolated lapse in judgement*".

16. Dr Adeagbo-Sheikh stated that, at the time of the fraud, he was XXX and referred to the personal matters he was dealing with. XXX. Dr Adeagbo-Sheikh stated that, while these personal challenges did not excuse his actions, he believed they contributed to the poor judgement he displayed when he committed the offence.

17. Dr Adeagbo-Sheikh acknowledged his "*failure to promptly inform the GMC of [his] situation when [he] was charged*". Dr Adeagbo-Sheikh stated that he was sincerely regretful and ashamed of this oversight, and that the delay was unintentional. He stated that he took

full responsibility for not meeting the reporting requirement in a timely manner and, upon realising the lapse, he took immediate steps to address the situation.

Oral Evidence

18. Dr Adeagbo-Sheikh also gave oral evidence at the hearing on 28 October 2025. Within his oral evidence Dr Adeagbo-Sheikh was asked why he took the money. He stated that he had been greedy and took advantage of the DWP to claim more than he needed and had taken away public funds from those who really needed it. Dr Adeagbo-Sheikh stated that he rationalised it to himself as he wanted to be independent and did not want to ask his family for help. Dr Adeagbo-Sheikh stated that he knew what he was doing at the time and acted in a way that was against the law. He stated that it had caused so much trouble and he wished he had never done it. Dr Adeagbo-Sheikh stated that his actions had damaged the trust in him, especially as someone training as a doctor where honesty is a bedrock of the profession. He apologised for what he had done.

19. Dr Adeagbo-Sheikh stated that, when he had received the postal requisition about the charge, he was not aware of the requirement in Good Medical Practice ('GMP') to notify the GMC at that point and did not look it up properly until the day of his self-referral. He stated that he did not look at GMP at that time and that he thought it was when a person is convicted of a crime that they then had to notify the GMC. Dr Adeagbo-Sheikh stated that he was not thinking correctly when he received the requisition and that he later realised he should have reported the charge earlier. Following questions, Dr Adeagbo-Sheikh stated that he had also not declared these matters during registration with the GMC or as part of the appraisal process. He stated that three years passed before the charge and that perhaps he may have been holding out some false hope that he would not be charged.

20. In terms of remediation, Dr Adeagbo-Sheikh stated that he was deeply sorry for his actions. He stated that he had reflected on the impact of his conduct and the seriousness of his actions. Dr Adeagbo-Sheikh stated that he had been trying to understand why he did what he did and had been trying to do some restitution via the community service he had undertaken (and was looking into further voluntary work in the future) and in having paid back the money. Dr Adeagbo-Sheikh referred to the training and learning he had undertaken and the support network he had in place to ensure matters were not repeated. He stated that he understood that trust has to be earned and that he will continue to work on his reflections and learning.

21. Dr Adeagbo-Sheikh stated that he had compromised his professional values and, in the process, had also compromised his own personal values. He stated that he was a

perfectionist, born into a family of high achievers, and that he did not like being wrong or looking weak. Dr Adeagbo-Sheikh stated that he had looked at this as a strength for many years, believing that vulnerability was a weakness, but that he realised that it had caused him much pain. He stated that, if he had just been honest and vulnerable, things would have been different. He stated that he intends to work on that to the best of his ability. Dr Adeagbo-Sheikh also referred to XXX and to various stressors he had experienced, which he stated did not excuse his actions.

22. Dr Adeagbo-Sheikh was asked about the document that he had submitted to the GMC entitled '*Defense Mitigation Report - Addressing Probity and Fitness to Practice*', which he later corrected by an Addendum dated 20 October 2025. He stated that he had used Artificial Intelligence (AI) to assist him in generating some of the references in the report. Dr Adeagbo-Sheikh stated that he appreciated that AI was a tool to help but is not to be highly relied upon and apologised for his oversight. He was asked whether he had failed to check the document properly and he accepted that he had failed to do so. Dr Adeagbo-Sheikh stated that around 85% of the work within that report was his own in that he had just asked AI to provide a layout and that it was based on around four to five pages of work he had already completed.

23. Dr Adeagbo-Sheikh said in cross-examination that he chose a non-existent address so that it could not be checked and that the claim could be maintained as long as possible. He said it would have made no difference when he started working. He stated that payments into his bank account stopped when he got caught in October 2019. Dr Adeagbo-Sheikh said he started working in 2021 following work experience in 2020. He referred to the repayment plan he began in around February 2022 and that later he received legal advice that he should make full restitution of the funds, which he then did in 2024. Dr Adeagbo-Sheikh stated that he had not spent a large part of the money he falsely claimed but that he did not pay it back earlier as it was already mixed up with his savings.

24. On 29 October 2025 Dr Adeagbo-Sheikh gave further oral evidence briefly with reference to details within a CV that he had created as part of a CV writing course through the Jobcentre. He stated that he had misspoken the previous day when he said that he had not worked at PaceSetters Care. He stated that between 2005 to 2013 he had in fact completed some voluntary work at PaceSetters Care, a business run by XXX, for around two weeks a year during return visits from Nigeria to the UK. Dr Adeagbo-Sheikh stated that he never used the CV, that showed him working throughout the period 2005 to 2013 with PaceSetters Care, but did show it to the people who were running the CV course. He said that he could not remember why he had not listed this as voluntary work for two weeks only a year.

25. In addition, the Tribunal received testimonial evidence from the following witnesses on Dr Adeagbo-Sheikh's behalf:

- Mrs A, a social worker at Thurrock Council, in person by video link on 27 October 2025. Her testimonial was dated 16 September 2025.

Mrs A stated that she had known Dr Adeagbo-Sheikh for 32 years through her close friendship with his parents. She stated that, throughout the time she had known Dr Adeagbo-Sheikh, he had "*consistently demonstrated kindness towards others, a willingness to help those in need, and a strong sense of responsibility towards people around him*". Mrs A stated that she attended court with Dr Adeagbo-Sheikh and that she was confident he was sorry, was ashamed of his behaviour and deeply regretted his actions.

- Mrs B, Dr Adeagbo-Sheikh's mother, in person on 27 October 2025. She provided a testimonial.

Mrs B spoke about how she felt when she learnt of her son's actions. She stated that she was ashamed and devastated, especially as it was out of character. Mrs B stated that Dr Adeagbo-Sheikh will do whatever it takes to make things right and that he was doing all he could to reflect every day on what he had done.

- Dr C, Consultant Physician at the Trust, by telephone link on 27 October 2025. He provided a testimonial dated 16 September 2025.

Dr C stated that he had known Dr Adeagbo-Sheikh for around six months and had found Dr Adeagbo-Sheikh "*to be reliable, conscientious, and professional*" and someone who "*approached his duties with honesty and integrity*". Dr C stated that he had observed Dr Adeagbo-Sheikh's work during ward rounds and had no concerns.

## Submissions

### Submissions on behalf of the GMC

26. Mr Byrne, Counsel, stated that the conduct in terms of Dr Adeagbo-Sheikh's conviction was premeditated and sophisticated dishonesty for personal gain. He stated that there was collaboration with another person to identify a suitably false address with which to make the application for Universal Credit. Mr Byrne stated that Dr Adeagbo-Sheikh also made

his own enquiries to find an address but discounted them, including because one of the addresses would have limited the amount that could have been claimed. Mr Byrne stated that it was put to Dr Adeagbo-Sheikh in evidence, and agreed by him, that the address used being entirely fictitious address meant that no correspondence would have been received by a genuine resident who may have raised the alarm. Mr Byrne submitted that this use of the fictitious address was designed not to be detected and prolong the fraud.

27. Mr Byrne stated that Dr Adeagbo-Sheikh was also involved in the creation of a false document in support of his application. He stated that, whilst it appears that the tenancy agreement was sent to Dr Adeagbo-Sheikh by a third party, Dr Adeagbo-Sheikh accepted in evidence that he had signed it purporting to be the signature of the supposed landlord. There were in fact three drafts of the tenancy agreement. Mr Byrne stated that Dr Adeagbo-Sheikh also accepted in evidence that he had submitted the application documents to the DWP in person. Mr Byrne submitted that there could be no suggestion that any aspect of Dr Adeagbo-Sheikh's offending was anything other than rank dishonesty.

28. Mr Byrne submitted, in terms of serious misconduct, that Dr Adeagbo-Sheikh obtained a large amount of money, which was public money that was diverted from people that had a genuine need for it at the time. Mr Byrne stated that the conduct was carried on for over a year and, whilst the initial claim was dishonest, by allowing the claim to continue by receiving the money into his bank account and by attending monthly in person meetings to make a declaration, Dr Adeagbo-Sheikh was involved in a course of dishonest conduct.

29. Mr Byrne submitted that Dr Adeagbo-Sheikh did not voluntarily stop his actions and that his case was sufficiently serious to be committed to be dealt with by the Crown Court. Mr Byrne stated that, from the transcripts, it was clear that there was consideration of a custodial sentence which was able to be reduced due to mitigation and credit for the guilty plea. Mr Byrne submitted that a community order was still significant in the range of criminal sanctions that are available and towards the top where the ultimate type of sentence is custody.

30. In terms of impairment, Mr Byrne referred to the guidance on the approach to be taken as provided by Dame Janet Smith in the Fifth Shipman Report, as referred to in the case of *CHRE v NMC & Grant [2011] EWHC 927 (Admin)*, which states:

*"Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practise is impaired in the sense that s/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. has in the past acted dishonestly and/or is liable to act dishonestly in the future."

Mr Byrne submitted that limbs (b), (c) and (d) of this approach were engaged in Dr Adeagbo-Sheikh's case.

31. Mr Byrne submitted that Dr Adeagbo-Sheikh's conduct was a breach of paragraphs 1 and 65 of GMP (2013), as follows:

*"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."*

32. In terms of the failure to notify the GMC of the charge, Mr Byrne referred to paragraph 75 of GMP (2013 version) and paragraph 99 of the GMP (2024 version, which came into effect on 30 January 2024):

*"75. You must tell us without delay if, anywhere in the world:*

- a. you have accepted a caution from the police or been criticised by an official inquiry*
- b. you have been charged with or found guilty of a criminal offence*
- c. another professional body has made a finding against your registration as a result of fitness to practise procedures*

*99. You must tell us without delay if, anywhere in the world:*

- a. you have accepted a caution (or equivalent) from a prosecuting authority*
- b. you have been charged with a criminal offence in person or by post*
- c. you have been found guilty of a criminal offence"*

33. Mr Byrne submitted that the Tribunal may consider the timing of Dr Adeagbo-Sheikh's self-referral. He stated that Dr Adeagbo-Sheikh had pleaded guilty in the Magistrates Court and self-referred two days before the Crown Court sentencing. Mr Byrne suggested that this was a "tactical" decision by Dr Adeagbo-Sheikh to leave it until the very last moment and at a time when it was most likely to be revealed in any event. Mr Byrne referred to Dr Adeagbo-Sheikh's written comment about this, that he reported his situation to the GMC "*later than intended. At that time, I was experiencing significant stress and chose to wait for some degree of certainty regarding my circumstances before making my report*". Mr Byrne submitted that if Dr Adeagbo-Sheikh had consciously decided to delay reporting, even for personal reasons such as embarrassment, it was still not justified.

34. Mr Byrne submitted that the conduct that has been admitted by Dr Adeagbo-Sheikh amounts to a serious departure from a number of paragraphs of GMP. He submitted that this amounts to serious misconduct.

35. In terms of conviction, Mr Byrne stated that the Tribunal will have in mind that dishonesty is particularly difficult to remediate. He stated that there are rare, exceptional cases where isolated dishonesty arises, perhaps in frontline situations, but submitted that there was nothing exceptional in this case. He stated that there was no mistake or misunderstanding of the benefit system. Mr Byrne submitted that many find themselves in financial difficulties but not everyone is prepared to steal as a response.

36. Mr Byrne stated that the standards required of doctors are higher than that of the general population. He submitted that a member of the public, in full knowledge as to this case, would be concerned by the way that Dr Adeagbo-Sheikh has acted. Further, Mr Byrne stated that the Tribunal may find some of Dr Adeagbo-Sheikh's remediation to be generic and noted that it was accepted that some of it had been generated by AI and then adopted by Dr Adeagbo-Sheikh. Mr Byrne stated that the Tribunal may think that remediation is in its early stages.

#### Submissions on behalf of Dr Adeagbo-Sheikh

37. Mr Gledhill stated, with reference to misconduct, Dr Adeagbo-Sheikh's position was that he was unaware or did not recall the requirement of the GMC that a doctor who is charged with a criminal offence must notify the GMC of that fact without delay. Mr Gledhill stated that Dr Adeagbo-Sheikh informed the GMC some seven weeks after he was charged and that the passage of time therefore was relatively short. Mr Gledhill stated that Dr Adeagbo-Sheikh subsequently read GMP and saw that he had fallen into error. He stated

that Dr Adeagbo-Sheikh has told the Tribunal that he is much more aware of his obligations under GMP.

38. In terms of seriousness in relation to the alleged misconduct, Mr Gledhill stated that Dr Adeagbo-Sheikh accepted that he must adhere to GMP but referred to the particular circumstances of this case. Mr Gledhill stated that there had been a relatively short delay and the error of recall or misunderstanding of obligations under GMP. He submitted that this might lead to a finding that there was no serious professional misconduct in the unique circumstances of this case. Mr Gledhill stated that this was not to say that Dr Adeagbo-Sheikh's actions did not amount to misconduct but submitted that they were not 'serious' misconduct. He asked the Tribunal to consider case law such that it would need to find the conduct to be "*deplorable*" to amount to serious professional misconduct.

39. Mr Gledhill submitted that, in terms of impairment, Dr Adeagbo-Sheikh recognised the seriousness of the past conduct that brings him to this hearing and has sought to make amends over time in relation to that criminal conduct. Mr Gledhill stated that there were voluminous testimonials before the Tribunal and that it had heard from three witnesses, including Dr Adeagbo-Sheikh's mother who has said that she took action once she was told of what had happened, including that she took him to the mosque where he was confronted by a number of the congregation. Mr Gledhill stated that Dr Adeagbo-Sheikh agreed to assist further at the mosque, including undertaking some cleaning. Mr Gledhill submitted that Dr Adeagbo-Sheikh has also taken further remediation work in relation to remediating his past criminal conduct. Mr Gledhill stated that Dr Adeagbo-Sheikh had set out in oral evidence how he would continue to address it in the future. Mr Gledhill also referred to the evidence of Dr C. He submitted that this endorsed Dr Adeagbo-Sheikh's submission to the Tribunal that it was isolated in terms of his career. It occurred before he went into medicine, which is an important factor to bear in mind.

40. Mr Gledhill referred to the documentation provided on behalf of Dr Adeagbo-Sheikh. He stated that Dr Adeagbo-Sheikh has attended a number of CPD events and reflected quite considerably. He stated that Dr Adeagbo-Sheikh had consulted with an appraiser and remediation expert in September 2025 to assist him. Mr Gledhill referred to a reflective note on conviction and remediation that was updated on 18 August 2025, including:

*"Insight I fully acknowledge and accept responsibility for my past dishonest actions in claiming benefits. At the time, I made a regrettable decision that was unethical, unlawful, and contrary to the values of the medical profession. I recognize that this behaviour breached the trust placed in me by society, my community, my colleagues,*

*and the profession itself. The consequences have been far-reaching, affecting not only myself but also my family and wider community. I take full ownership of these failings.*

***Regret and Remorse*** *I deeply regret my actions and the impact they have had on public confidence in me as a doctor and on the integrity of the medical profession. I understand that dishonesty is incompatible with the high ethical standards expected of medical practitioners. I have reflected extensively on the harm caused and my remorse is genuine. I am committed to ensuring that such actions are never repeated.”*

41. Mr Gledhill also referred to Dr Adeagbo-Sheikh's comments that he had fully complied with the 100 hours of community service, had completed his repayments to the DWP, had engaged in reflective practice and had ensured he was up to date with GMP and relevant guidance to prevent any recurrence of misconduct. Mr Gledhill also referred to Dr Adeagbo-Sheikh's oral evidence where he told the Tribunal that, were he to be in financial difficulty, he would turn to his accountant, and then to his family, for advice. Mr Gledhill submitted that the steps taken by Dr Adeagbo-Sheikh to address that past criminal conduct have been thorough.

42. Mr Gledhill stated that Dr Adeagbo-Sheikh has apologised to the GMC and the public more widely in his oral evidence. Mr Gledhill submitted that this was honest, sincere and that Dr Adeagbo-Sheikh is remorseful.

43. Mr Gledhill referred to Dr Adeagbo-Sheikh's comments within the '*Reflection on Dishonesty and GMC Good Medical Practice*' document, including that:

*“After reviewing the 2024 edition of Good Medical Practice, I have come to understand that my actions have undermined the confidence that the public places in the medical profession. The General Medical Council (GMC) clearly identifies behaviours such as mine as detrimental to the reputation and trustworthiness of doctors. It is evident that honesty forms the bedrock of our profession, and any deviation from this principle can severely impact both the perception and effectiveness of medical practitioners.”*

He stated that Dr Adeagbo-Sheikh was aware of the impact of his actions on patients and the profession and very alert to the fact that, where there had been an act of dishonesty in one area, there might be a concern that he may go on to be dishonest in other areas. Mr Gledhill stated that this was why Dr Adeagbo-Sheikh had undertaken wider reading and reference to case studies to impress upon himself the importance of integrity as a doctor.

44. Mr Gledhill stated that Dr Adeagbo-Sheikh accepted that the CV seized from his laptop contained false information, including a false address. He stated that this CV was not seen by anyone else outside of the CV course that was undertaken via the Jobcentre.

45. Mr Gledhill invited the Tribunal not to make findings of fact against Dr Adeagbo-Sheikh beyond the Allegation or the criminal conviction. He stated that this was not to say that the Tribunal could not take matters into account but that the criminal conviction was set out in the Allegation.

45. Mr Gledhill submitted that Dr Adeagbo-Sheikh has taken very significant steps to remediate his shortcomings and his past criminality. He stated that Dr Adeagbo-Sheikh was much more aware of his obligations under GMP such that the Tribunal could be satisfied of that if in the future there was any matter that the GMC needed to be informed of. Mr Gledhill submitted that Dr Adeagbo-Sheikh has made significant changes and has worked in clinical practice for some time now without issue. He submitted that the risk of repetition was low. Further, Mr Gledhill submitted that Dr Adeagbo-Sheikh was on a journey and that he will continue to remediate in the future. He submitted that there was strong evidence before the Tribunal to show that Dr Adeagbo-Sheikh is a very different person to who he was in the past and that he appreciates the importance of integrity in medicine in a way that he did not see before.

### The Relevant Legal Principles

46. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision of impairment is a matter for the Tribunal's judgement alone. The Tribunal should, throughout, have regard to the need to uphold the overarching objective of the GMC in exercising its functions to ensure the protection of the public.

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

48. The Legally Qualified Chair (LQC) gave legal advice to the Tribunal. He stated that the word “*misconduct*” is not defined in Section 35C of the Medical Act 1983 and is not capable of precise description or delineation. In *Roylance v GMC (No 2)* [2000] 1 AC 311, Lord Clyde said that “*misconduct*” is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a medical

practitioner in the particular circumstances. It is not any professional misconduct which will qualify, the professional misconduct must be serious. It is well established that the conduct must be no lower a threshold than the concept of serious professional misconduct. “*Serious*” has been judicially defined as meaning “*conduct which would be regarded as deplorable by fellow practitioners*”.

49. The LQC stated that a finding of current impairment is a separate question from whether there is misconduct or a conviction, and it requires separate consideration on its own merits.

50. The Tribunal must determine whether Dr Adeagbo-Sheikh’s fitness to practise is impaired today, taking into account Dr Adeagbo-Sheikh’s 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.

51. The LQC referred to the guidance provided by Dame Janet Smith in the Fifth Shipman Report, as quoted above, as examples of an appropriate test for panels when considering impairment of a doctor’s fitness to practise. The LQC also referred to the *Grant* case, in that Mrs Justice Cox stated:

*“In determining whether a practitioner’s fitness to practise is impaired by reason of misconduct, the relevant 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 professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.”*

52. The LQC noted that XXX. The LQC reminded the Tribunal that it is ultimately a matter for the Tribunal to judge Dr Adeagbo-Sheikh’s conduct and determine what impact XXX or stressful circumstances had, or may have had, on his actions in the light of all the evidence in the case.

### The Tribunal’s Determination on Impairment

#### Misconduct

53. The Tribunal first considered whether Dr Adeagbo-Sheikh’s actions in relation to paragraph 3 of the Allegation amount to misconduct.

54. The Tribunal noted that the criminal charge against Dr Adeagbo-Sheikh of making a false statement was authorised on 14 November 2023 and sent by first class post to him on 20 December 2023. In the ordinary course of post the letter would be expected to arrive on 21 December 2023. The relevant date, therefore, for the purposes of paragraph 3 of the Allegation was 21 December 2023, in which Dr Adeagbo-Sheikh has admitted a failure to notify the GMC without delay that he had been charged with the criminal offence detailed in paragraph 1 of the Allegation.

55. The Tribunal noted that Dr Adeagbo-Sheikh attended Westminster Magistrates' Court on 10 January 2024 and pleaded guilty. He was committed to Southwark Crown Court for sentence. On 10 February 2014 Dr Adeagbo-Sheikh sent an email to the GMC to self-refer that he had been charged with matters relating to housing benefit and that he had pleaded guilty and was awaiting sentence. He sent a further email to the GMC on 13 February 2024 to confirm the sentence that he had received.

56. The delay in notification of the charge was the period between 21 December 2023 and 10 February 2024, some seven weeks.

57. The Tribunal noted that Dr Adeagbo-Sheikh had been working at the time in question in the Geriatrics department at Orpington Hospital, within the Trust, between August 2023 to February 2024, and so was practising as a doctor at the time.

58. The Tribunal had regard to the submissions made on behalf of the GMC and on behalf of Dr Adeagbo-Sheikh, as summarised above. The Tribunal appreciated that it was Dr Adeagbo-Sheikh's assertion that the delay was unintentional and that he was unaware of the specific obligation that he must tell the GMC without delay of the charge. The Tribunal also appreciated the GMC's submissions that it was a "tactical" and intentional decision by Dr Adeagbo-Sheikh to delay telling the GMC about the charge.

59. The Tribunal was of the view that Dr Adeagbo-Sheikh had a clear obligation under paragraph 75 of GMP (2013 edition), which is then replicated at paragraph 99 of GMP (2024 edition), to inform the GMC of the charge. The Tribunal determined that Dr Adeagbo-Sheikh's actions represented a departure from these principles of GMP as the notification came some seven weeks later than required.

60. The Tribunal was of the view that Dr Adeagbo-Sheikh chose to put matters off reporting to the GMC until the outcome of his appearance at Westminster Magistrates' Court. To use a common expression, he put his head in the sand until he appeared in court and then until shortly before he was due to be sentenced. The Tribunal was satisfied that he

always intended to report matters to the GMC and that he ignored matters until the enormity of appearing in the Crown Court for sentence was before him. Whilst he was undoubtedly at fault in not immediately notifying the GMC once he received the court summons on 21 December 2023, the delay is understandable albeit not excusable. The Tribunal recognised that, on 10 February 2024, Dr Adeagbo-Sheikh did inform the GMC that he had been charged and had pleaded guilty and was awaiting sentencing. Following his appearance at Southwark Crown Court he informed the GMC of the outcome on 13 February 2024.

61. The Tribunal considered all of the circumstances and looked at matters in the round. It was of the view that a delay of seven weeks in the notification was misconduct but was not such as to amount to conduct that would be "*regarded as deplorable by fellow practitioners*". Whilst in some ways Dr Adeagbo-Sheikh's failure to notify the GMC of being charged was "tactical", to use Mr Byrne's word, it was more a question of putting off the evil day. The Tribunal considered that the public and the profession looking at this failure alone would not necessarily think that a delay of seven weeks was, in all the circumstances, so substantial a breach of GMP as to justify a finding of serious professional misconduct.

62. The Tribunal, therefore, concluded that Dr Adeagbo-Sheikh's misconduct in relation to paragraph 3 of the Allegation did not amount to serious misconduct. Accordingly, his fitness to practise is not impaired by reason of misconduct.

#### Conviction

63. The Tribunal considered whether Dr Adeagbo-Sheikh's fitness to practise is currently impaired by reason of his conviction in respect of paragraphs 1 and 2 of the Allegation.

64. The conviction related to Dr Adeagbo-Sheikh's application for Universal Credit to the DWP that included a claim for housing costs of £900 per month for rent. The address of the house that Dr Adeagbo-Sheikh gave in that application was fictitious and the tenancy agreement he provided was a fake tenancy agreement. Dr Adeagbo-Sheikh received 13 payments of £900 (£11,700) that he was not entitled to.

65. In terms of seriousness, the Tribunal considered that Dr Adeagbo-Sheikh's actions involved planned and deliberate dishonesty. Put bluntly, the claim for housing benefit was a fraud from start to finish. Notwithstanding the sentencing comments of the judge that completion of the application form for Universal Credit and provision of a false document "*was not particularly sophisticated*" and that Dr Adeagbo-Sheikh had done a "*stupid*" thing,

there is no doubt that Dr Adeagbo-Sheikh deliberately and dishonestly set out to defraud the DWP of housing benefits.

66. He consciously picked a fictitious address and handed over to the DWP a tenancy agreement in which he had signed the name of a fictitious landlord in relation to a non-existent property. The WhatsApp messages between Dr Adeagbo-Sheikh and his friend, who provided the tenancy agreement for signature by Dr Adeagbo-Sheikh, show that Dr Adeagbo-Sheikh had done some research beforehand having “*got a fake address*”. He also wanted a property in the vicinity of his home to avoid a long journey to the Jobcentre whilst, at the same time, ensuring the maximum financial benefit that he could achieve. Dr Adeagbo-Sheikh took several steps to avoid detection, such as having three draft tenancy agreements, and the fraud was knowingly kept up for over 13 months. It involved a significant amount of public money each month being paid directly into Dr Adeagbo-Sheikh’s bank account to which he was not entitled.

67. The Tribunal rejected out of hand Dr Adeagbo-Sheikh’s assertion in one of his written documents that it was his intention to stop claiming benefits when he started work. The Tribunal was of the view, having seen and heard oral evidence from Dr Adeagbo-Sheikh, that he would likely not have stopped voluntarily and not until he was found out. The Tribunal was of the view that Dr Adeagbo-Sheikh’s character at the time was that he was willing to be dishonest.

68. The Tribunal had regard to Dr Adeagbo-Sheikh’s personal circumstances at the time of the events in question. It recognised that the events took place in 2018/2019 before he was registered with the GMC in 2020 but that he was a mature person, had obtained his medical qualifications and had done Foundation Year 1 and 2 work in Nigeria. The Tribunal appreciated that Dr Adeagbo-Sheikh was under some stress at the time, both in his family life and exam stress. Moreover, on 18 July 2018, shortly before submitting his claim to the DWP, Dr Adeagbo-Sheikh XXX.

69. The Tribunal noted the practical steps that Dr Adeagbo-Sheikh has taken in terms of remediation. Dr Adeagbo-Sheikh has paid back the money in full, starting in 2022 and with a larger final payment in November 2024. He also completed his 100 hours of community service in good time. The Tribunal has heard evidence that Dr Adeagbo-Sheikh told his mother of what he had done upon his arrest and of his efforts through volunteering at his mosque. The Tribunal noted that Dr Adeagbo-Sheikh has expressed a willingness to undertake further voluntary work as part of his remediation, and has been accepted as a King’s Volunteer at King’s College Hospital, but is yet to start this.

70. The Tribunal also noted the CPD documentation and many written reflections provided by Dr Adeagbo-Sheikh, as well as his oral evidence as to his remediation and insight. The Tribunal also noted the large number of testimonials and feedback placed before it. The Tribunal noted that Dr Adeagbo-Sheikh accepted that he did not properly start to reflect on his actions until November 2024. It is clear that many, if not all, the written reflections and courses undertaken have been completed relatively recently mostly from late 2024 to most recently in September/October 2025.

71. The Tribunal determined that Dr Adeagbo-Sheikh does appear to be making clear efforts towards remediation but that how much he has learnt from what has been produced was yet to be evidenced. The Tribunal noted that large sections of his written report entitled '*Defense Mitigation Report*' on remediation has, as per Dr Adeagbo-Sheikh's own evidence, been produced with the assistance of AI. The Tribunal did not accept Dr Adeagbo-Sheikh's evidence that his own work amounted to 85%. This was a figure plucked out of the air. In the Tribunal's view, in the region of five and a half pages of this document are likely to have been written by Dr Adeagbo-Sheikh but not the remaining 16 and a half pages which would appear to have been written with AI support.

72. The Tribunal determined that Dr Adeagbo-Sheikh has shown some evidence of insight but again he is at an early stage in that process. The Tribunal accepted that Dr Adeagbo-Sheikh pleaded guilty to the offence and expressed remorse to the court. He has taken ownership of his wrongdoing and has not tried to shift the blame to others. However, given that much of Dr Adeagbo-Sheikh's reflection and remediation is fairly recent, it is difficult at this point for the Tribunal to say that he has full insight, or that his actions will not be repeated.

73. The Tribunal had regard to paragraph 65 of GMP (2013) and agreed that limbs (b), (c) and (d) of Dame Janet Smith's examples of impairment apply in this case. The Tribunal was also conscious of the provisions in sub-sections (b) and (c) of section 1(1B) of the Medical Act 1983.

74. Having regard to the likelihood of repetition, the Tribunal determined that a risk remains given the lack of full insight to demonstrate that Dr Adeagbo-Sheikh fully understands and appreciates his behaviour. He appears to be taking actions towards reducing the risk but it was too early in Dr Adeagbo-Sheikh's journey to say that there is no risk of repetition.

75. The Tribunal considered that Mrs Justice Cox's remarks at paragraph 74 of her judgment in the *Grant* case about balancing the interests of the doctor against the need to

uphold proper professional standards and public confidence apply equally to a conviction case as they do to a case of misconduct. In light of the conviction in the present case, the Tribunal was in no doubt that public confidence in the profession would indeed be severely undermined if a finding of impairment was not made in this case.

76. Accordingly, the Tribunal determined that Dr Adeagbo-Sheikh's fitness to practise is impaired by reason of his conviction in respect of paragraphs 1 and 2 of the Allegation.

#### Determination on Sanction - 31/10/2025

77. Parts of this hearing were heard in private in accordance with Rule 41 of the Rules. This determination will be handed down in private due to the confidential nature of some of the matters heard as evidence. As previously set out, a redacted version will be published at the close of the hearing.

78. Having determined that Dr Adeagbo-Sheikh's fitness to practise is impaired by reason of a 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

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

80. The Tribunal received oral evidence on behalf of Dr Adeagbo-Sheikh from the following witnesses, who had both provided written testimonials:

- Mr D, Dr Adeagbo-Sheikh's brother, in person by video link on 30 October 2025.

Mr D stated that he had been surprised by Dr Adeagbo-Sheikh's actions and that they had engaged in many deep conversations about it since it happened. Mr D stated that they come from a religious background and spoke about how Dr Adeagbo-Sheikh's actions violated a tenet of their religion and about the importance of being an honest person. He stated that, due to some of the things going on at the time, Dr Adeagbo-Sheikh's actions were probably a lapse of judgement.

- Dr E, Senior Social Worker at Redbridge Children Service, in person by video link on 30 October 2025.

Dr E stated that he had known Dr Adeagbo-Sheikh from birth as a friend to his family. He was asked what Dr Adeagbo-Sheikh's response to the criminal conduct was. Dr E stated that the conviction was very out of character for Dr Adeagbo-Sheikh. He stated that he had sat down with Dr Adeagbo-Sheikh and discussed the matter with him, as well as providing emotional support.

## Submissions

### Submissions on behalf of the GMC

81. Mr Byrne submitted that the appropriate sanction was one of erasure of Dr Adeagbo-Sheikh's name from the Medical Register.

82. Mr Byrne referred to paragraph 14 of the Sanctions Guidance (5 February 2024) ('the SG'), in that the "*main reason for imposing sanctions is to protect the public*". He submitted that all three limbs of the overarching objective were engaged in this case, which includes the need for the Tribunal to act in a way that (a) protects, promotes and maintains the health, safety and wellbeing of the public, (b) promotes and maintains public confidence in the profession, and (c) promotes and maintains proper professional standards and conduct for members of the profession. In respect of (a), Mr Byrne stated that his submission was based on the Tribunal's conclusions at paragraph 74 of its Facts and Impairment determination in terms of the risk of repetition remaining. He submitted that limb (a) was engaged as, if there was repetition of dishonesty in Dr Adeagbo-Sheikh's medical practice, for example, that could lead to the health, safety and wellbeing of patients being impacted, such as through the falsification of medical records or prescriptions.

83. Mr Byrne submitted that where there is a finding of impairment it would usually be necessary to take action. He stated that, while there had been a passage of time, with no suggestion of additional misconduct, there was a lack of full insight or demonstration of remediation in respect of the fundamental issue of dishonesty. He submitted that the matters admitted and found proved were serious and that remediation was not fully complete. Mr Byrne also referred to Dr Adeagbo-Sheikh's evidence that he would not have stopped claiming the monies until he started working.

84. Mr Byrne submitted that there were no exceptional circumstances in this case that would justify taking no action on Dr Adeagbo-Sheikh's registration. He submitted that, in a case of impairment by reason of a conviction for dishonesty, action was necessary particularly in regard to limbs (b) and (c) of the overarching objective.

85. Mr Byrne submitted that the imposition of conditions would not be appropriate. He referred to paragraph XXX of the SG, in that:

“XXX”

Mr Byrne submitted that it was perhaps difficult to conceive of conditions that would be appropriate, proportionate or workable. He submitted that conditions would not address the impairment by reason of the conviction.

86. Mr Byrne submitted that a period of suspension would be inappropriate in this case. He stated that suspension might be superficially attractive but referred to the various paragraphs within the SG regarding suspension. Mr Byrne stated that paragraph 93 did not apply in this case in that suspension might be appropriate “*where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated*”. He submitted that remediation was limited and at an early stage and that the risk of repetition could not be ruled out.

87. Mr Byrne submitted that Dr Adeagbo-Sheikh’s conduct was fundamentally incompatible with continued registration.

88. In terms of erasure, Mr Byrne submitted that the following factors at paragraph 109 of the SG were relevant in this case. Any of the factors, if present, might indicate erasure is appropriate:

- “a. A particularly serious departure from the principles set out in Good medical practice where the behaviour is fundamentally incompatible with being a doctor.*
- b. A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.*
- ...  
d. Abuse of position/trust (see Good medical practice, paragraph [65]: ‘You must make sure that your conduct justifies your patients’ trust in you and the public’s trust in the profession’).*
- ...  
h. Dishonesty, especially where persistent and/or covered up...”*

89. Mr Byrne referred to additional guidance within the SG under the headings of ‘Considering conviction, caution or determination allegations’ and ‘Considering dishonesty’. He stated that, with reference to paragraph 116 of the SG, the purpose of this hearing was

*“not to punish the doctor a second time” but “to maintain the high standards and good reputation of the profession”.*

90. Mr Byrne reminded the Tribunal that Dr Adeagbo-Sheikh’s actions were a premeditated and sophisticated fraud for personal gain that persisted for over a year and only ended because Dr Adeagbo-Sheikh was caught. Mr Byrne submitted that this brought the medical profession into disrepute and that, with reference to paragraph 108 of the SG, *“action [erasure] is necessary to maintain public confidence in the profession”*.

#### Submissions on behalf of Dr Adeagbo-Sheikh

91. Mr Gledhill submitted that erasure of Dr Adeagbo-Sheikh’s name from the Medical Register would be a step too far based on the evidence before the Tribunal and its findings at the impairment stage. He invited the Tribunal to impose a period of suspension.

92. Mr Gledhill stated that the Tribunal has the power to impose suspension for up to 12 months and can direct a review hearing. He stated that, given the Tribunal’s findings as to the developing nature of Dr Adeagbo-Sheikh’s insight, it may support the direction of a review. Mr Gledhill stated that, at that review, the duty would be on Dr Adeagbo-Sheikh to evidence that his fitness to practise was no longer impaired and so it was an additional safeguard, over and above the powers that the Tribunal has at this hearing, to conclude whether his fitness to practise remains impaired.

93. In terms of the length of any suspension, Mr Gledhill submitted that Dr Adeagbo-Sheikh had done considerable work, albeit from autumn of 2024 which is a year of remediation and developing insight. Mr Gledhill stated that Dr Adeagbo-Sheikh has noted and taken stock of the comments made by the Tribunal about the use of AI. Dr Adeagbo-Sheikh will be more cautious moving forward about using AI.

94. Mr Gledhill stated that his instructions from Dr Adeagbo-Sheikh were that he would use a period of suspension with great care and will focus on the areas of concern to the Tribunal. Mr Gledhill stated that Dr Adeagbo-Sheikh would then be able to present evidence of current fitness to practise at a review hearing.

95. Mr Gledhill stated that the historical evidence before the Tribunal talks of a doctor who was held in high regard by fellow clinicians and by lay people. He stated that the Tribunal has heard from a number of witnesses in this case about how shocked they were about Dr Adeagbo-Sheikh’s conduct in light of his very gentle and honest nature. Mr Gledhill stated that the Tribunal had heard, in particular, from Dr Adeagbo-Sheikh’s mother about the steps

that she took to take her son straight to the mosque to be confronted by members of the congregation. Mr Gledhill, therefore, submitted that, in that regard, remediation started at that stage. He submitted that further remediation occurred later, as identified by the Tribunal. Mr Gledhill submitted that the work done had been considerable and that Dr Adeagbo-Sheikh will keep working with the remediation expert moving forward. Mr Gledhill stated that Dr Adeagbo-Sheikh recognises that the onus will be on him to prove his fitness to practise.

96. Mr Gledhill referred to the Tribunal's conclusions at paragraph 74 of its Facts and Impairment determination in terms of the risk of repetition. He stated that Dr Adeagbo-Sheikh acknowledges that finding and will endeavour to provide evidence on a future occasion to show that he has, even more thoroughly, reflected on the matters that led to his criminal conviction and will take that further by linking to what it is to be a doctor and to meet the threshold requirements of GMP.

97. Mr Gledhill submitted that suspension was a serious sanction that meets the requirements of the overarching objective. He referred to the evidence of Dr C and the various testimonials provided on Dr Adeagbo-Sheikh's behalf. Mr Gledhill submitted that Dr Adeagbo-Sheikh would like to return to clinical practice as soon as possible, albeit meeting the requirements of this Tribunal. Mr Gledhill asked the Tribunal to look at Dr Adeagbo-Sheikh's keen interest in returning to medicine and arrive at a balancing act of imposing a period suspension no greater than is necessary in all the circumstances.

98. Mr Gledhill referred to the various documentation presented on behalf of Dr Adeagbo-Sheikh. He submitted that Dr Adeagbo-Sheikh was a doctor who was very committed to remediation and to undertaking more remediation. Mr Gledhill reminded the Tribunal that the conduct occurred before Dr Adeagbo-Sheikh was a registered doctor in the UK. He stated that, of course, Dr Adeagbo-Sheikh should have known better and should not have committed the offence. Mr Gledhill stated that Dr Adeagbo-Sheikh has not made excuses. Mr Gledhill referred to Dr Adeagbo-Sheikh's XXX which, whilst he has not sought to rely on them to excuse his conduct, they are something for the Tribunal to bear in mind. He stated that Dr Adeagbo-Sheikh apologises again for his actions.

99. Taking all of those matters into consideration, Mr Gledhill invited the Tribunal to impose a period of suspension on Dr Adeagbo-Sheikh's registration.

#### The Tribunal's Determination on Sanction

100. The decision as to the appropriate sanction to impose, if any, in this case is a matter for this Tribunal exercising its own judgement. In reaching its decision, the Tribunal has taken account of the SG and of the overarching objective. It has borne in mind that the purpose of sanctions is not to be punitive, but to protect patients and the wider public interest, although they may have a punitive effect.

101. The Tribunal understood Mr Byrne's submission that the first limb of the overarching objective, in terms of the need to protect, promote and maintain the health, safety and wellbeing of the public, was engaged. The Tribunal did not agree that this was the case, in that it was too much of a leap in the specific circumstances of this case.

#### Aggravating and mitigating factors

102. The Tribunal was conscious of the need to consider any aggravating factors as well as considering and balancing any mitigating factors presented by Dr Adeagbo-Sheikh against the central aim of sanctions, which is the protection of the public.

103. In terms of aggravating factors, the Tribunal had regard to paragraph 56 of the SG, which lists a number of instances (non-exhaustive) and states that "*Tribunals are also likely to take more serious action where certain conduct arises in a doctor's personal life*". The Tribunal was of the view that paragraph 56 (a) applied: "*issues relating to probity - ie being honest and trustworthy and acting with integrity*". The Tribunal noted the persistent nature of Dr Adeagbo-Sheikh's behaviour of claiming the benefits fraudulently over 13 months in circumstances where it considered that Dr Adeagbo-Sheikh would likely not have stopped voluntarily and only stopped when he was found out. As previously noted, the Tribunal was of the view that Dr Adeagbo-Sheikh's character at the time was that he was willing to be dishonest.

104. In terms of mitigating factors, the Tribunal identified the following factors in this case:

- Expressions of regret and apology:

The Tribunal considered that Dr Adeagbo-Sheikh has apologised for his actions and taken ownership of his behaviour. He admitted his guilt in the court proceedings at the earliest opportunity and he has admitted the facts before the Tribunal. The Tribunal found him to be sincere in his apology. The Tribunal was unable to say however that there was clear evidence before it that Dr Adeagbo-Sheikh fully understands the problem and has insight. As previously mentioned, the Tribunal has determined that Dr Adeagbo-Sheikh has shown some insight and

his remediation is at an early stage, despite the conduct that led to the conviction having taken place in 2018/2019.

- Evidence of adhering to important principles of good practice:  
The Tribunal was of the view, with reference to the various CPD courses undertaken, coupled with his reflective statements on the courses attended, that Dr Adeagbo-Sheikh has kept his medical skills and knowledge up to date. The testimonial and appraisal evidence, including the testimonial evidence from Dr C, shows that he had been working to a reasonable standard in clinical practice.
- Circumstances leading up his conviction:
  - (a) In regard to Dr Adeagbo-Sheikh's personal circumstances at the time of his actions, the Tribunal, as previously noted, appreciated that Dr Adeagbo-Sheikh was under some stress. Moreover, on 18 July 2018, shortly before submitting his claim to the DWP, Dr Adeagbo-Sheikh XXX.
  - (b) In regard to other circumstances, Dr Adeagbo-Sheikh had by 2018/2019 obtained his medical qualifications but was not yet registered with the GMC. The Tribunal noted paragraphs 27 - 30 of the SG, referring to the stage of a doctor's UK medical career, but did not consider the early stage of Dr Adeagbo-Sheikh's UK medical career to have been a mitigating factor in this case, given the fundamental nature of the dishonest actions that gave rise to the criminal conviction.
- Lapse of time since the incident occurred:  
The Tribunal noted that Dr Adeagbo-Sheikh's behaviour which led to his criminal conviction took place in 2018/2019, now some six years ago. There has been no repeat of any similar behaviour.

#### No action

105. In coming to its decision as to the appropriate sanction, if any, to impose in Dr Adeagbo-Sheikh's case, the Tribunal first considered whether to conclude the case by taking no action.

106. The Tribunal determined that, in view of the serious nature of its findings on impairment, it would be neither sufficient, proportionate nor in the public interest to conclude this case by taking no action. The Tribunal was unable to identify any exceptional circumstances that would justify taking no action.

## Conditions

107. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Adeagbo-Sheikh's registration. It has borne in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable.

108. The Tribunal noted, with reference to paragraph 81 of the SG, that conditions might be most appropriate in cases involving the doctor's health, where there is a lack of necessary knowledge of English, or involving issues around the doctor's performance. The Tribunal determined that these factors, whilst not an exhaustive list, were not relevant in Dr Adeagbo-Sheikh's case.

109. Moreover, the Tribunal determined that it would be neither sufficient nor appropriate to direct the imposition of conditions on Dr Adeagbo-Sheikh's registration given the serious nature of his conviction. It was unable to formulate any conditions that would be workable or adequately address the risks.

## Suspension

110. The Tribunal then went on to consider whether suspending Dr Adeagbo-Sheikh's registration would be appropriate and proportionate.

111. The Tribunal had regard to paragraphs of the SG in relation to suspension, including:

*"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.”*

112. The Tribunal had regard to its conclusions within its Facts and Impairment determination, as well as to the aggravating and mitigating factors listed above. The Tribunal had regard to the seriousness of Dr Adeagbo-Sheikh’s conviction and was clear that any sanction lower than suspension would not have been adequate or consistent with the GMC’s overarching statutory objective.

113. The Tribunal had regard to the following sections of paragraph 97 of the SG:

*“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.*

*...*

*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.”*

114. The Tribunal reiterates its previous comments that Dr Adeagbo-Sheikh’s actions involved planned and deliberate dishonesty, took place over a 13-month period, and it involved a significant amount of public money each month being paid directly into Dr Adeagbo-Sheikh’s bank account to which he was not entitled.

115. The Tribunal noted that there has been no repeat of the offending behaviour and no suggestion of other concerns raised in relation to fitness to practise. However, the Tribunal

also had regard to its earlier conclusion that the risk of repetition remains given Dr Adeagbo-Sheikh's lack of full insight to demonstrate that he fully understands and appreciates his behaviour. The Tribunal appreciated the work that Dr Adeagbo-Sheikh has completed in the past year and could see that he had been trying to remediate his previous actions. The Tribunal was of the view that, unfortunately, it has been too little too late. The Tribunal referred to its previous comments as to the use of AI within the reflection documentation and its concerns that it was unable to say how much Dr Adeagbo-Sheikh had really learnt from what he has produced.

116. The Tribunal found that Dr Adeagbo-Sheikh has shown that he is willing to engage and to take steps to show he has remediated. Initial steps were taken in terms of volunteering at the mosque but there has been very little progress within the last 18 months.

117. The Tribunal considered the testimonials provided on Dr Adeagbo-Sheikh's behalf, which speak well of him personally and professionally. It noted that Dr Adeagbo-Sheikh has been engaging with a remediation expert, seeking support and has said, should financial difficulties ever arise again, he would seek advice from his accountant and family.

118. The Tribunal also noted that Dr Adeagbo-Sheikh has paid back the money he defrauded and has completed his 100 hours of community service.

119. However, the Tribunal concluded that the seriousness of Dr Adeagbo-Sheikh's conviction, the lack of full insight and remediation, and the importance of maintaining public confidence and proper standards of behaviour and conduct within the profession, are such that his conduct is fundamentally incompatible with continued registration.

120. Whilst regrettable that the public may lose a doctor who is clearly committed to the medical profession, and is spoken of well by friends and colleagues, the Tribunal nonetheless did not consider that a sanction of suspension, even for a period of 12 months with a review, would sufficiently meet the overarching objective in terms of the need to uphold public confidence in the profession and to maintain proper professional standards and conduct for members of the profession. The Tribunal was also conscious of the fact that insight and remediation may be of less relevance in a non-clinical case where aspects of a practitioner's character are central to the allegations, such as in dishonesty cases; see *Ranga v GMC* [2022] EWHC 2595 (Admin) at [51].

121. The Tribunal expanded on its conclusions further below.

## Erasures

122. The Tribunal therefore went on to consider the sanction of erasure. It had regard to the seriousness of Dr Adeagbo-Sheikh's conviction, the aggravating and mitigating factors that it had identified, and to its comments in respect of insight and remediation and why suspension was inappropriate and insufficient.

123. The Tribunal considered that paragraphs 107 and 108 of the SG were relevant in this case:

*"107. The tribunal may erase a doctor from the medical register in any case - except one that relates solely to the doctor's health and/or knowledge of English - where this is the only means of protecting the public.*

*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."*

124. The Tribunal then went on to consider paragraph 109 of the SG, which states "*Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive)*". The Tribunal determined that the following factors were present:

*"a. A particularly serious departure from the principles set out in Good medical practice where the behaviour is fundamentally incompatible with being a doctor.*

*b. A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.*

*...*

*d. Abuse of position/trust (see Good medical practice, paragraph [65]: 'You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession').*

*...*

*h. Dishonesty, especially where persistent and/or covered up (see guidance below at paragraphs 120–128).*

*...*

*j. Persistent lack of insight into the seriousness of their actions or the consequences."*

125. The Tribunal took account of the sections within the SG entitled ‘Considering conviction, caution or determination allegations’ and ‘Considering dishonesty’. It was of the view that the following paragraphs were of particular relevance in this case:

[Considering conviction, caution or determination allegations]

*“116. The purpose of the hearing is not to punish the doctor a second time for the offences they were found guilty of. The purpose is to consider whether the doctor’s fitness to practise is impaired as a result. If so, the tribunal then needs to consider whether to restrict the doctor’s registration to protect the public (who might come to the doctor as patients) and to maintain the high standards and good reputation of the profession. The tribunal should take account of paragraphs [65-67] of Good medical practice regarding the need to be honest and trustworthy, and to act with integrity.”*

[Considering 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...”*

126. This Tribunal has found that Dr Adeagbo-Sheikh made a deliberate choice to commit fraud, which was persistent in terms of continuing to receive the monies into his bank over a 13-month period and would likely have continued if the fraud had not been uncovered. The Tribunal was clear as to the importance of honesty and integrity that is a fundamental tenet of the medical profession and of the impact and seriousness when this is not upheld. The Tribunal returns to paragraph 65 of GMP and the need for doctors to make sure that their conduct justifies their patients’ trust in them and the public’s trust in the profession. This principle has been undermined by Dr Adeagbo-Sheikh’s actions and all of the various paragraphs within the SG that have been shown to apply in this case also show the seriousness of the situation.

127. In all the circumstances, the Tribunal determined that Dr Adeagbo-Sheikh's conduct was fundamentally incompatible with his continued registration.

128. The Tribunal therefore directs that Dr Adeagbo-Sheikh's name be erased from the Medical Register. It concluded that, in all the circumstances, despite the remorse and genuine apology by Dr Adeagbo-Sheikh for his actions and the arguments put forward cogently by Mr Gledhill, erasure was the only necessary and proportionate sanction which would sufficiently and adequately promote and maintain public confidence in the medical profession and promote and maintain proper professional standards and conduct for members of that profession.

#### Determination on Immediate Order - 31/10/2025

129. Having determined to erase Dr Adeagbo-Sheikh's name from the Medical Register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Adeagbo-Sheikh's registration should be subject to an immediate order.

#### Submissions

##### Submissions on behalf of the GMC

130. Mr Byrne submitted that an immediate order was necessary. He stated that this application was made on the ground of an immediate order being in the public interest. He referred to the SG, including the following paragraphs:

*"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."*

131. Mr Byrne stated that there was no interim order in place on Dr Adeagbo-Sheikh's registration.

#### Submissions on behalf of Dr Adeagbo-Sheikh

132. Mr Gledhill submitted that an immediate order was opposed on behalf of Dr Adeagbo-Sheikh. He submitted that an immediate order would be disproportionate as there are no patient safety concerns. Mr Gledhill referred the Tribunal to paragraph 25 of its determination on Sanction in this regard.

133. Mr Gledhill stated that Dr Adeagbo-Sheikh was not working but would like to work until the substantive sanction comes into effect, should he be able to obtain work. Mr Gledhill referred to the testimonial evidence that the Tribunal has heard from one of Dr Adeagbo-Sheikh's consultant colleague that there were no concerns in Dr Adeagbo-Sheikh's last job post.

#### **The Tribunal's Determination**

134. In making its decision, the Tribunal had regard to the relevant paragraphs of the SG in relation to immediate order, including those paragraphs above.

135. The Tribunal reminded itself of its conclusions, which it has outlined in detail in its previous determinations. It took into account that there has been no interim order in place during the period of the fitness to practise proceedings and that there have been no concerns about Dr Adeagbo-Sheikh's clinical practice. The sole basis of the GMC's application is that an immediate order is otherwise in the public interest. There is no risk to patient safety.

136. The recent case of *Hindle v Nursing & Midwifery Council* [2025] EWHC 373 (Admin), at paragraphs 121 and 122, makes clear that a Tribunal should provide substantive reasoning for imposing an immediate order. In the present case the Tribunal does not consider that immediate action must be taken to protect public confidence in the medical profession

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(paragraph 173 of the SG). The Tribunal does not consider it is appropriate to prevent Dr Adeagbo-Sheikh seeking to resume practice before the substantive order takes effect.

137. In all the circumstances, the Tribunal determined not to impose an immediate order of suspension on Dr Adeagbo-Sheikh's registration.

138. This means that Dr Adeagbo-Sheikh's registration will be erased from the Medical Register 28 days from the date on which written notification of this decision is deemed to have been served, unless he lodges an appeal. If Dr Adeagbo-Sheikh does lodge an appeal he will remain free to practise unrestricted until the outcome of any appeal is known.

139. There is no interim order to revoke.

140. That concludes this case.