PUBLIC RECORD

Dates: 21/07/2021 - 23/07/2021

Medical Practitioner's name:	Dr Adekunle ADEOSUN
GMC reference number:	3598377
Primary medical qualification:	MB BS 1981 Lagos

Type of case

Restoration following a disciplinary erasure

Summary of outcome

Restoration application refused. No further applications allowed from 12 months after tribunal's decision.

Tribunal:

Legally Qualified Chair	Mr Damian Cooper
Lay Tribunal Member:	Mr Geoffrey Brighton
Medical Tribunal Member:	Dr Andrew Hoyle

Tribunal Clerk:	Ms Fiona Johnston

Attendance and Representation:

Medical Practitioner:	Present and represented
Medical Practitioner's Representative:	Mr Jason Jamil, Arndale Solicitors
GMC Representative:	Ms Georgina Goring, Counsel

Attendance of Press / Public

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

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 Application 23/07/2021

Background

1. This is Dr Adeosun's first restoration application. His name was erased from the Medical Register for disciplinary reasons in July 2014, following a Fitness to Practise Panel.

2. Dr Adeosun qualified in 1981 from the University of Lagos. He first registered with the GMC in June 1986.

The 2014 Fitness to Practice Panel

3. Dr Adeosun's case was first considered by a Fitness to Practise Panel between January and July 2014 ('the 2014 Panel'). Dr Adeosun was not present at this hearing and not represented.

4. At the time of events that led to Dr Adeosun's first hearing he was employed as a General Practitioner. The grounds on which the GMC considered Dr Adeosun's fitness to practise may be impaired were set out in a '*Notice of Allegations'* document and are as follows:

Patient A

1. On 8 ~~3~~ September 2006 whilst working at the Young People's Advisory Service Clinic at Great Oaks you saw patient A who had attended for her first Depo-Provera contraceptive injection; Found proved

2. During the course of the consultation you

a. asked her to pull her trousers half way down, Found proved

b. placed your hand on patient A's left buttock cupping it, Found proved

c. repeatedly dabbed the injection site on her R buttock; Found proved

3. Your conduct as set out at 2 was

a. inappropriate, Found proved

b. sexually motivated Found proved

Patient B

4. On 15 March 2007 whilst working for the Out of Hours Service at Thurrock Hospital you saw patient B (then aged 14 years) concerning a possible chest infection; Found proved

5. During the course of the consultation you

a. requested she remove her upper clothing without sufficient clinical justification, Found proved

b. requested she remove her bra without sufficient clinical justification, Found proved

c. did not explain, adequately or at all, why patient B's upper clothing and/or bra required removal, Found proved

d. did not offer patient B the opportunity of undressing behind a screen, Found proved

e. did not offer patient B a modesty sheet; Found proved

6. Your conduct as set out at 5 was

a. inappropriate, Found proved

b. sexually motivated; Found proved

Patient C

7. In about October 2007 whilst working at the Dipple Medical Centre as a GP you saw patient C concerning a possible chest infection; Found proved

8. During the course of the consultation you

a. requested she remove her upper clothing without sufficient clinical justification, Found not proved

b. did not explain, adequately or at all, why patient C's upper clothing required removal, Found proved

c. placed your stethoscope inside her bra, Found proved

d. placed your stethoscope on one of her nipples, Found proved

e. flicked one of her nipples with your fingers, Found proved

f. did not explain, adequately or all, the purpose of your examination of her breast and/or nipple area; Found proved

9. Your conduct as set out at 8 was

a. inappropriate, Found proved

b. sexually motivated; Found proved

Patient D

10. On 19 July 2009 whilst working as a Police Forensic Medical Examiner at Newham Sapphire Unit you saw patient D, a detention officer, concerning sickness and vomiting; Found proved

11. During the course of the consultation you

a. requested she remove her upper clothing without sufficient clinical justification, Found proved

b. requested she remove her bra without sufficient clinical justification, Found proved

c. did not explain, adequately or at all, why patient D's upper clothing and/or bra required removal, Found proved

d. did not offer patient D the opportunity of undressing behind a screen, Found proved

e. did not offer patient D a modesty sheet, Found proved

f. placed your hand on top of her right breast; Found proved

12. Your conduct as set out at 11 was

a. inappropriate, Found proved

b. sexually motivated; Found proved

Patient E

13. On 3 September 2009 whilst working for Primecare as an Out of Hours GP you saw patient E (then aged 12 years) concerning abdominal pain; Found proved

14. During the course of the consultation you
a. requested she remove her upper clothing without sufficient clinical justification, Found not proved

b. requested she remove her bra without sufficient clinical justification, Found proved

c. did not explain, adequately or at all, why patient E's upper clothing and/or bra required removal; Found proved

15. Your conduct as set out at 14 was

a. inappropriate, Found proved

b. sexually motivated; Found proved

5. The 2014 Panel found that Dr Adeosun's conduct towards the five patients was inappropriate and sexually motivated. His actions occurred in the context of routine clinical consultations. They involved three young adult female patients, one of whom was vulnerable, and two female minors aged 12 and 14 years of age at the time of the incidents.

6. The 2014 Panel determined that Dr Adeosun's misconduct was not a single isolated incident, but behaviour repeated over a period of three years. Further, the 2014 Panel determined that Dr Adeosun carried out these inappropriate and sexually motivated examinations in circumstances when, in 2003, he had been put on notice that his method of examination was questionable. Further, the 2014 Panel considered that the nature of the misconduct was particularly serious, and it was not consistent with the behaviour expected of a trusted registered medical practitioner. In its assessment, the conduct was both morally culpable and disgraceful.

7. Having found Dr Adeosun's fitness to practise impaired, the 2014 Panel went on to consider what sanction, if any, to impose. The 2014 Panel determined that there was nothing before it to suggest that there was any possibility of remediation given there was no evidence of Dr Adeosun's insight or remediation. Dr Adeosun maintained the position that the manner in which he performed examination was correct and how he had been taught and how he would continue. In those circumstances, the Panel was not satisfied that Dr Adeosun would not act in the same way again with other female patients.

8. The 2014 Panel concluded that Dr Adeosun's behaviour was fundamentally incompatible with continued registration. The 2014 Panel was satisfied that erasure was the only means of protecting the wider public interest. It was also satisfied that erasure was the proportionate and appropriate sanction. It therefore determined that Dr Adeosun's name should be erased from the Medical Register.

This Restoration Hearing

9. This Tribunal has convened to consider Dr Adeosun's application for his name to be restored to the Medical Register in accordance with Section 41 of the Medical Act 1983 (as amended) and Rule 24 of the GMC (Fitness to Practise) Rules 2004 (as amended).

The Evidence

10. The GMC called no witnesses to give oral evidence and relied solely on the documentary evidence provided to the Tribunal.

11. Dr Adeosun gave oral evidence at the hearing and relied upon the documentary evidence he had provided. Dr B and Mrs C, former colleagues, also gave oral evidence on Dr Adeosun's behalf.

12. The Tribunal has considered all the documentary evidence provided by both parties and which was included in the agreed bundle.

Submissions

13. On behalf of Dr Adeosun, Mr Jamil referred the Tribunal to various paragraphs of the Medical Act 1983. He also asked the Tribunal to consider the test as set out in *GMC v Chandra [2018] EWCA Civ 1898.*

14. Mr Jamil submitted that Dr Adeosun has full insight into the history of the matters and accepts his examination techniques were of a poor standard. Mr Jamil submitted that Dr Adeosun is not making excuses and accepts full personal responsibility for what took place. Dr Adeosun has had a long time to think about matters and is a well-rounded and well-read individual. Mr Jamil submitted that Dr Adeosun has reflected on his conduct and made detailed apologies. Dr Adeosun was able to describe the kinds of damage that might arise from a doctor's failings - emotional, physical, social, and psychological.

15. Mr Jamil asked the Tribunal to consider the passage of time since the incident and submitted that Dr Adeosun has done a lot of work to address the serious findings of the 2014 Panel. Mr Jamil said that Dr Adeosun has also undertaken a wide range of reading about issues relating to his misconduct. Dr Adeosun has taken on a lot of information and his reading is equally valid if not more so than attending courses. Mr Jamil submitted to the Tribunal that Dr Adeosun's reading was significant and relevant to issues which had led him to reform his practice.

16. He submitted that Dr Adeosun's oral evidence was credible and invited the Tribunal to consider it in conjunction with his with written statement. Mr Jamil took the Tribunal through Dr Adeosun's work history since practising in another jurisdiction. Dr Adeosun was never asked to declare if he was registered with the GMC, he did not require a Certificate of Good Standing from the UK to register in Nigeria, as he had never left the register in Nigeria. Dr Adeosun now regrets his actions as he could have informed the regulator in Nigeria of the GMC proceedings. He submitted that Dr Adeosun was not thinking straight at the time of the 2014 hearing due to the financial and personal problems he was suffering, XXX. This distressful time for Dr Adeosun also led him to send the email to the GMC referred to by the 2014 Panel, which he now also regrets and has apologised for.

17. Mr Jamil submitted that the evidence is clear that Dr Adeosun has kept abreast of his clinical knowledge. Mr Jamil informed the Tribunal that Dr Adeosun has continued working throughout his time in Nigeria without complaint. Mr Jamil sought to reassure the Tribunal that Dr Adeosun has changed his practice to avoid a repeat of his past misconduct.

18. With regards to the patients involved, he has accepted responsibility and he has now changed his practices. He submitted that communication and consent are key and that the testimonial of Mrs C is relevant to Dr Adeosun's practice. She stated that Dr Adeosun always uses a chaperone which is not common practice in Nigeria. Further, it demonstrates that he is a good doctor providing a good service. He has overhauled his practice, which is why he was given the Certificate of Good Standing he provided to this Tribunal. There is no evidence of repetition of matters that led to erasure but rather evidence to the contrary of him demonstrating his fitness to return to clinical practice in his current role.

19. He submitted that Dr B was a credible witness. He knew about the allegations but this knowledge did not change his position and opinion with regards to Dr Adeosun. He stated that Dr Adeosun has displayed insight and remorse. He is a good doctor who has practised without compliant for over eight years in Nigeria.

20. Mr Jamil submitted that Dr Adeosun's written and oral evidence demonstrates his reflection and that the risk of repetition is negligible. He submitted that Dr Adeosun is an excellent GP and this is demonstrated by his excellent testimonials and the positive newspaper article, also contained within the agreed bundle. The mitigating circumstances (the various financial and personal stresses that he was under) were not presented before the 2014 hearing and the panel had no other option but to erase Dr Adeosun's name from the register in the UK. However, he submitted that Dr Adeosun can now be trusted and has full insight into his misconduct, has shown remorse and appreciated what he could have done better. Dr Adeosun has taken adequate steps and has put safeguards in place such as using a chaperone, obtaining informed consent, maintaining boundaries, providing a cover sheet and following the principles of medical ethics. He further submitted that a reasonable and properly informed member of the public would know that, if Dr Adeosun returned to practice he will go on to maintain and promote public confidence in the profession and the Tribunal can be assured by that fact.

21. On behalf of the GMC, Ms Goring submitted that the GMC opposes Dr Adeosun's application for restoration. Ms Goring referred the Tribunal to *GMC v Chandra [2018] EWCA Civ 1898* in particular paragraphs 92 and 93.

> *92 In my judgment, the Tribunal applied the wrong test. Had they been aware of and considered Bolton, they would have approached the matter as advanced by Ms Grey; they would first have considered with care all the evidence of remediation against the backdrop of the matters which had led to erasure and made findings in that respect. Having made positive findings in this respect, they would then have metaphorically stepped back and balanced those findings against each of the three limbs of the over-arching objective. Only by doing so could they satisfy themselves that, when considering the case overall, including the length of time which has now elapsed, the restoration of the applicant would promote and maintain public confidence and proper professional standards so that, notwithstanding the serious nature of the original misconduct, the over-arching objective would be achieved.*
>
> *93 In my judgment, such an analysis and demonstration of the appropriate balancing exercise cannot be teased out of the reasons given by the MPT. Those reasons, absent an understanding of the proper approach as set out in Bolton, relied almost exclusively on the issues of remediation and failed properly to understand the central importance of the over-arching objective to their ultimate decision*

22. Ms Goring submitted that the 2014 Panel had found that Dr Adeosun had expressed utter contempt for the GMC and found he had deep-seated attitudinal problems. She submitted that there had been serious departures from Good Medical Practice ('GMP'). Dr Adeosun had reckless regard for patient safety, had abused his position of power and trust, violated the trust of vulnerable people and lacked insight into his misconduct. She submitted that Dr Adeosun's misconduct occurred over a prolonged period of time. The youngest patients had been only 12 and 14 years old at the time of the incidents. She said that Dr Adeosun was put on notice about his inappropriate methods in 2003 but carried on regardless and stated that he would continue to do so.

23. Ms Goring invited the Tribunal to find that Dr Adeosun had no real insight. Of particular concern was his assertion, in his written application for restoration, that the complaints that gave rise to the original Allegation had been made by envious colleagues. Ms Goring said that although Dr Adeosun says he accepts the findings of the previous Tribunal, he does not. He has been unable to accept how his behaviour was sexually motivated. There has been no actual reflection on the impact of his conduct on these young women when it is clear that the impact on them was still ongoing at the time of the hearing in 2014.

24. She submitted that the high point of his understanding was his explanation, from his reading, of the potential general damage he said might arise from a doctor's failings, including social and emotional damage. When asked for examples of such impact on the affected patients, he said they may have been 'embarrassed', or 'crying in their room'. Dr Adeosun gave no

adequate explanation for his mindset or what went wrong. Ms Goring submitted that Dr Adeosun's assertions do not suffice; any insight shown falls short of what is required.

25. Ms Goring submitted that Dr Adeosun has shown an inability to express empathy for the affected patients, or to stand in their shoes. She submitted that the apologies that Dr Adeosun made during his oral evidence come late in the day and relate to the GMC and his non-attendance at the 2014 hearing. His remorse tends to be focused on himself and he has demonstrated no recognition that his own actions have led him here.

26. Ms Goring reminded the Tribunal that Dr Adeosun has explained how he would act in the future and it is for the Tribunal to consider whether he is genuine in those assertions. She submitted that Dr Adeosun fails to accept some of the findings that led to his erasure and asked whether remediation could truly take place in the context of such inability to acknowledge his failings fully.

27. Ms Goring submitted that the majority of Dr Adeosun's CPD is irrelevant to the issue of remediating his misconduct. Ms Goring submitted that there is no evidence of relevant courses having been undertaken and his remediation amounts to his reading of an ethics book and GMP. Ms Goring further submitted that the testimonials submitted by Dr Adeosun where late in the day and had not been verified by the GMC. She submitted that the evidence given by Dr B and Mrs C was unclear, that neither seemed to know the details of this case (although Dr Adeosun had told them something of his issues with the GMC) and that the Tribunal should attribute little weight to their evidence.

28. She submitted that Dr Adeosun had failed to disclose to various agencies and his regulator in Nigeria, the fact that he had been erased from the Medical Register in the UK for disciplinary reasons. Dr Adeosun acknowledges this does not reflect well on him. It was submitted on his behalf that he should have been asked by these various agencies and was not required to volunteer this information. This is concerning; his obligations ought to have been clear to him in light of the ethics reading he says he has undertaken. Ms Goring submitted that the Tribunal may consider that his non-disclosure undermines both his work in Nigeria and the Certificate of Good Standing he has provided.

29. Ms Goring concluded her submissions by stating that Dr Adeosun remains a risk to young female patients. In this case, restoration flies in the face of the statutory overarching objective. Whilst there was no criminal offence in this case, in Ms Goring's view there were clear parallels between the conduct in this case and the criminal sexual offences involving children and vulnerable adults included in the MPTS Guidance document: *Guidance for medical practitioners tribunals on restoration following disciplinary erasure* (October 2019) ('the Guidance') as examples of when restoration would be unlikely to meet the overarching objective. She submitted that the application should be refused.

The Tribunal's Approach

30. Throughout its consideration of Dr Adeosun's application for restoration, the Tribunal was guided by the approach laid out in the Guidance.

31. It reminded itself that the onus is on Dr Adeosun to satisfy the Tribunal that he is fit to return to unrestricted practice. The Tribunal should not seek to go behind the findings on facts, impairment and sanction made by the 2014 Panel.

32. The point having been raised by Mr Jamil in response to Ms Goring's submissions, the Legally Qualified Chair reminded the Tribunal that it was not required to apply either the criminal or civil standard of proof in its decision making in this restoration case. The onus was on Dr Adeosun to satisfy the Tribunal that he is fit to return to unrestricted practice, and the Tribunal should apply the appropriate test as explained below.

33. The test to be applied by Tribunals when considering if a doctor should be restored is that set out in *GMC v Chandra* [2018] EWCA Civ 1898, and restated in the Guidance, namely: '*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.*'

34. The Tribunal reminded itself that, in making its decision, it should consider the following factors:

- the circumstances that led to disciplinary erasure;
- whether the doctor has demonstrated insight into the matters that led to erasure, taken responsibility for their actions, and actively addressed the findings about their behaviour and skills including consideration of:

    - insight and remorse;
    - remediation and risk of repetition;
    - whether findings about the doctor's behaviour have been remedied;
    - likelihood of repetition of the previous findings about the doctor's behaviour;

- what the doctor has done since their name was erased from the Register including consideration of:

    - overseas practice;

- steps the doctor has taken to keep their skills and knowledge up to date; and
- the lapse of time since erasure.

35. After considering these factors, the Tribunal reminded itself it should balance its findings against whether restoration meets the overarching objective, carefully considering each of the three elements, which:

- protects, promotes and maintains the health, safety, and well-being of the public;
- promotes and maintains public confidence in the profession; and
- promotes and maintains proper professional standards and conduct for members of the profession.

36. The Tribunal took account of all the evidence before it, both oral and documentary. It has also considered the submissions made by Mr Jamil and Ms Goring.

The Tribunal's Decision

The circumstances that led to Dr Adeosun's disciplinary erasure

37. The Tribunal fully considered the determinations of the 2014 Panel. The Tribunal noted that it should not seek to go behind any of the findings made by the 2014 Panel.

38. The Tribunal considered that the conduct that led to the findings of the 2014 Panel was extremely serious and that Dr Adeosun had abused his position as a doctor for his own sexual gratification. His misconduct was sexually motivated and involved five young female patients, including a vulnerable adult and two children. Dr Adeosun chose not to attend the 2014 hearing and did not demonstrate any insight into the matters that led to his erasure or accept responsibility for his actions. He showed contempt for the GMC. The 2014 Panel determined that Dr Adeosun's misconduct clearly breached multiple principles of GMP, and that his misconduct was not an isolated event but extended to multiple patients over an extended period of time.

39. The Tribunal noted, particularly, that the 2014 Panel had found Dr Adeosun's conduct to be morally culpable and disgraceful. He had violated patients' rights and exploited vulnerable patients.

Insight and Remorse

40. The Tribunal first considered Dr Adeosun's level of insight. It was the opinion of the Tribunal that Dr Adeosun had still failed to fully accept responsibility for the events which led to his erasure. Throughout his submissions to the Tribunal he maintained his view that what happened '*was a long time ago'* or blamed '*his bankruptcy or divorce'*, whilst stating in his oral submissions that he had learnt a lesson from his misconduct and he was *'now a reformed doctor'*.

41. In questioning, the Tribunal noted that Dr Adeosun sometimes gave incomplete answers and did not provide any explanation that demonstrated his insight into his own sexually motivated conduct. He sought to attribute his conduct to poor communication and to other external issues, rather than consider that it had been his own personal conduct and failings that had led to his erasure. He did not offer any credible explanation as to why he asked his patients to remove their clothing, or why he had touched them inappropriately. Nor

did he recognise the specific, personal and lasting impact of his misconduct on those patients. The Tribunal noted that in both his written and oral evidence Dr Adeosun accepted that he should have acted differently. The Tribunal was concerned however, that Dr Adeosun is still unable adequately to articulate and acknowledge his personal accountability for his misconduct, particularly his sexually motivated behaviour.

42. The Tribunal had regard to all relevant paragraphs of the Guidance. In considering Dr Adeosun's oral evidence, the Tribunal gave particular consideration to paragraph B10 of the Guidance:

> 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*
>
> c *demonstrated empathy for any individual involved, for example by apologising fully*
>
> d *taken steps to remediate and to identify how they will act differently in the future to avoid similar issues arising*

43. The Tribunal, whilst noting that Dr Adeosun said he was empathetic and remorseful towards the Patients, did not consider that Dr Adeosun's apology, given in his oral evidence, was in any way sufficient. In particular, he failed to mention that he abused his position of power and trust as a doctor. It noted that Dr Adeosun said he had changed his practice to include safeguards to prevent the same situation happening again, but these related to matters of communication, and consent and to external factors, such as the use of a chaperone or telemedicine, or improved stethoscopes, and failed even to begin to address his personal sexually motivated behaviour.

44. When questioned by Ms Goring about why he failed to disclose the MPTS findings to the regulator in Nigeria, Dr Adeosun reiterated his position that he was never asked for such disclosure. In oral evidence Dr Adeosun admitted that he had failed to disclose these matters to his regulator in Nigeria because he was concerned that if he did so he would be unable to practise medicine in Nigeria. He further admitted that he had not disclosed these matters when tendering for a Nigerian state contract because he feared that it would prevent him being awarded the contract. Despite having told the Tribunal that his medical ethics reading in 2017/2018 had led him to understand the importance of doctors being honest and telling the truth, and he knew he ought to have informed the Nigerian authorities, he nevertheless continued to re-register with the regulator in Nigeria each year without disclosing these matters. In the Tribunal's view, given the seriousness of the findings that led to his erasure, this at least had the potential to undermine the Certificate of Good Standing Dr Adeosun had obtained from his regulator in Nigeria.

45. The Tribunal was concerned that Dr Adeosun did not demonstrate that he understood the seriousness of his actions and the findings against him, or that he had reflected on what he could or should have done differently in those circumstances. Dr Adeosun failed to demonstrate that he had considered or understood the wider impact of his behaviour on his patients and whilst he stated that he had regret and remorse this appeared to be predominantly in respect of how the events and subsequent proceedings had affected him and his professional life.

Remediation

46. The Tribunal again had regard to the relevant paragraphs of the Guidance and gave particular consideration to B15:

> 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.*

47. The Tribunal had regard to whether Dr Adeosun had undertaken any remediation since his erasure and whether that remediation was relevant, measurable and effective.

48. The Tribunal noted that Dr Adeosun has not taken any relevant courses to address his sexually motivated behaviour. There had been no meaningful efforts at remediation, which in the Tribunal's view was linked to the complete lack of insight into his personal misconduct. Dr Adeosun has not given any thought about his own personal actions or attempted to address them. Dr Adeosun persisted in viewing his previous misconduct as a communication issue, and in repeating that he now provides a chaperone and obtains informed consent, neither of which addresses his personal misconduct. In the Tribunal's view, Dr Adeosun still does not understand the gravity of the findings against him. The Tribunal found that until he addresses his sexually motivated behaviour properly, Dr Adeosun will not be able to begin the journey towards remediation.

49. Both Dr B and Mrs C corroborated Dr Adeosun's assertions that he was a good doctor who had been practising without complaint. However, although there was evidence that these witnesses were aware of Dr Adeosun's 'issues' with the GMC, and each made reference to the letter he had written to the GMC, it was unclear whether either was fully aware of the nature of the findings against him before being told by Ms Goring. Both witnesses had been colleagues of Dr Adeosun. The Tribunal considered that the evidence of these witnesses was

of very limited assistance in assessing Dr Adeosun's remediation of his sexually motivated misconduct.

50. The Tribunal had regard to the evidence of the courses that Dr Adeosun had undertaken and considered that these related to the maintenance of his clinical skills and not to his misconduct. The Tribunal noted that a lot of reading, which Dr Adeosun said he had undertaken, was self-learning which could not be measured.

51. The Tribunal acknowledged that whilst findings of sexually motivated misconduct are potentially remediable, they are difficult to remediate. However, in this case, the Tribunal had seen very little evidence of relevant remediation.

Risk of repetition

52. The Tribunal took into consideration Dr Adeosun's level of insight and its assessment of his remediation when considering whether there remained a risk that he would repeat his misconduct.

53. The Tribunal noted the following factors to be relevant in its consideration of the risk of repetition in this case:

> ***B24*** *A low but nonetheless real risk of repetition may be particularly significant where repetition could have a very serious outcome. A low risk of repetition should therefore be carefully distinguished from identifying no risk of repetition.*
>
> ***B27*** *If the doctor has been practising overseas, tribunals should carefully consider whether they are in good standing, have provided a certificate to this effect, and if they are able to provide satisfactory references from current and previous employers.*

54. The Tribunal had already noted that the matters before it concerned very serious findings of sexually motivated misconduct in relation to young female patients, including children. Its findings on insight particularly, demonstrate that until Dr Adeosun acknowledges his own personal role in his erasure and the deep and long-lasting impact of his misconduct on the affected individuals, there remained an active risk to patients. Given the nature of the misconduct in this case, even if it had been able to assess the ongoing risk as low, the consequences of repetition could be profound for patients, particularly young female patients.

What Dr Adeosun has done since his name was erased from the Register, steps taken to keep his medical knowledge up to date and lapse of time?

55. Dr Adeosun's name was erased from the Medical Register in the UK in July 2014. The Tribunal noted that Dr Adeosun had continued to work as a doctor in Nigeria from that point

onwards and had established his own private hospital in Nigeria to provide primary and secondary medical care. As a result of a fall in patient numbers, during the coronavirus pandemic, the hospital closed in 2020. Dr Adeosun then gained employment as a consultant in obstetrics and gynaecology from February 2020 – May 2021. Dr Adeosun is currently not working as a doctor.

56. The Tribunal had seen a variety of certificates provided as evidence of Dr Adeosun's ongoing CPD. It was satisfied that he had taken steps to maintain his medical knowledge.

57. Seven years has now elapsed since the findings of the 2014 Panel. In the Tribunal's view, this had provided Dr Adeosun with ample opportunity to reflect on his misconduct, on the deep and lasting effect his inappropriate and sexually motivated misconduct must have had on the affected patients and to take steps to demonstrate his insight, remorse and remediation such that he could return to UK practice. He had failed to take that opportunity until the point of his decision to apply for restoration to the UK register in 2020, which he admitted in oral evidence was prompted by the failure of his business in Nigeria and his need for money. Having made that decision, in the Tribunal's view he had paid no more than lip service to addressing the fundamental issues raised in this case.

Will restoration meet the overarching objective?

58. The Tribunal considered the Guidance in detail in relation to the application of the overarching objective.

59. Having considered the specific concerns about Dr Adeosun's erasure and the factors set out above, the Tribunal went on to consider its findings in relation to the overarching objective, considering each of the three limbs:

> *(a) to protect, promote and maintain the health, safety and well-being of the public,*
> *(b) to promote and maintain public confidence in the medical profession, and*
> *(c) to promote and maintain proper professional standards and conduct for members of that profession.*

60. The Tribunal was mindful of the serious findings that led to Dr Adeosun's erasure by the 2014 Panel, and it agreed with it that the conduct was morally culpable and disgraceful. The Tribunal was also mindful of the fact that, whilst sexual misconduct was difficult to remediate, seven years had elapsed during which Dr Adeosun could have given time to demonstrating his insight and remediation. He had largely ignored that opportunity until the time of his application for restoration. For the reasons it has already set out, in the absence of insight and any adequate remediation, the Tribunal has found that a risk to patients remains. On that basis, restoration to the register would undermine the first limb of the overarching objective. Further, it was firmly of the view, that confidence in the profession of members by the general public appraised of the circumstances of this case would be seriously undermined by the restoration of Dr Adeosun. The Tribunal was also satisfied that,

given the circumstances of this case and its findings, restoration would not promote and maintain proper professional standards and conduct for members of the profession and would not therefore meet the third limb of the overarching objective.

61. Having carefully considered the evidence and specific circumstances of this case, the Tribunal was not satisfied that Dr Adeosun was fit to return to unrestricted UK practise. Accordingly, it refused Dr Adeosun's application to be restored to the Medical Register.

Confirmed
Date 23 July 2021 Mr Damian Cooper, Chair