MPTS Medical Practitioners Tribunal Service

Record of Determinations
Medical Practitioners Tribunal
Review on Papers

PUBLIC RECORD

Date: 7 August 2026

Doctor:	Dr Charles WAYAWA MAFUTA KISOLOKELE
GMC reference number:	6100924
Primary medical qualification:	Lekarz 2002 Akademia Medyczna Im. Karola Marcinkowskiego W. Poznaniu Fac. I

Type of case	**Outcome on impairment**
Misconduct	Not impaired

Summary of outcome

Order revoked

Legally Qualified Chair:

Legally Qualified Chair:	Sean Ell

Review on the Papers

This case was reviewed on the papers, with the agreement of both parties, by a Legally Qualified Chair.

Protecting the Public

Throughout the decision making process the tribunal has borne in mind the statutory duty as set out in s1(1) of the Medical Act 1983 (the 1983 Act) to protect the public. The tribunal has considered the relevance and impact on each of the three distinct parts of public protection 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.

1. I have noted the background to Dr Wayawa Mafuta Kisolokele's ('Dr Wayawa's) case, which was first considered by a fitness to practise Medical Practitioners Tribunal in November 2025 'the November Tribunal'.

2. Dr Wayawa graduated with an MD from Karol Marcinkowskiego University of Medicine, Poland in 2001. He worked in various roles, most recently as an emergency physician. At the time of the alleged incident, he was working as a Locum Middle Grade doctor in the Accident and Emergency, Urgent Care Centre ('UCC') of Royal Preston and Chorley Hospital (under GTD Health Care). He worked at the UCC from December 2018 until December 2023.

3. Between September 2022 and August 2023, whilst working at UCC, Dr Wayawa inappropriately prescribed medication to Patient A when he knew that he should not. Dr Wayawa also inappropriately prescribed medications either for himself or in his own name intended for Patient B, who he had a close personal relationship with and who was not a UK resident. Dr Wayawa also falsified records in an attempt to avoid detection and his actions were dishonest. At the outset of the November Tribunal Dr Wayawa admitted the Allegation in full.

4. The November Tribunal found Dr Wayawa's fitness to practice to be impaired by reason of his misconduct. The November Tribunal noted that Dr Wayawa's misconduct involved multiple and serious instances of dishonesty over an extended period, which only came to an end because Dr Wayawa was investigated and caught, rather than through any voluntary decision to stop. The November Tribunal considered the dishonesty to have been deliberate and sustained. It was satisfied that Dr Wayawa' conduct amounted to serious misconduct.

5. The November Tribunal accepted that Dr Wayawa has shown genuine remorse. He had apologised to the November Tribunal, to the profession, and to his representatives. He accepted that he had acted dishonestly, acknowledged the potential impact on public trust, and recognised that convenience and personal motivations had influenced his poor decisions. The November Tribunal found credible his evidence that he has now developed the ability to say "no" in circumstances where he might previously have overstepped professional boundaries. The November Tribunal determined that Dr Wayawa's actions were capable of remediation, and that he had already taken meaningful steps towards this.

6. In terms of the risk of repetition, the November Tribunal considered that Dr Wayawa's reflective work, remorse, and the significant personal and professional consequences he had already faced meant that the risk of repetition was '*very low*'. It did not consider him to pose a '*current risk to patient safety*'. The November Tribunal concluded that Dr Wayawa's fitness to practise was impaired on public interest grounds, namely, the need to uphold proper professional standards and to maintain public confidence in the medical profession.

7. Having considered the various sanctions available to it, the November Tribunal determined to suspend Dr Wayawa's registration for a period of 9 months. It considered that, Dr Wayama's ongoing charitable and humanitarian work, both in the UK and in his home community in the Congo provided balance when considering the potential attitudinal issues arising from the proven dishonesty. It was of the view that the charitable work reflected well on Dr Wayawa's overall character and his commitment to the welfare of others. The November Tribunal noted there has been no repetition of the misconduct, though noted there had been only a relatively short period since the events. It took into account Dr Wayawa had engaged constructively with the regulatory process. He had engaged early with his remediation and in developing his insight.

8. The November Tribunal considered that in balancing the seriousness of the misconduct against the mitigating factors it had identified, that a period of suspension would mark the gravity of the conduct, uphold public confidence in the profession, and maintain proper professional standards, while allowing Dr Wayawa the opportunity to continue to demonstrate his remediation and ability to safely practice in the future.

9. In order to provide assistance at this review the November Tribunal recommended that Dr Wayawa provide:

    (i) Evidence of all the steps he has taken to keep his knowledge and skills up-to-date;
    (ii) Evidence demonstrating further development of insight into his misconduct and further remediation; and
    (iii) Testimonials and references from appropriate persons who can speak to his character and conduct.

10. Dr Wayawa and the GMC have agreed that this review should be considered on the papers in accordance with Rule 21B of the General Medical Council (Fitness to Practise) Rules 2004. They have provided agreed terms of a decision which I could make at this review.

11. I have considered all of the evidence presented to me, and the agreed submissions made on behalf of Dr Wayawa and by the GMC. In the submissions, Dr Wayawa and the GMC agree that Dr Wayawa's fitness to practise is not impaired and that the sanction currently in place should be revoked.

12. I have taken into account that since the previous order was made Dr Wayawa has provided a bundle of evidence for the Tribunal which includes a reflective statement, testimonials attesting to his good character and evidence of CPD in the form of certificates of completion for numerous online courses. These include targeted CPD relevant to his misconduct such as 'Probity and ethics in healthcare with integrity parts 1&2', 'How to avoid probity/dishonesty investigation for doctors', 'Prescribing Guidance & Standards for Healthcare Professionals', 'How to Ensure a similar Mistake or Misconduct will not be repeated in Future' as well as undertaking a module on insight.

13. Dr Wayawa in his reflective statement takes full responsibility for his misconduct and demonstrates his further development of insight into it. He again expresses remorse for his conduct. I have taken into account the November Tribunal had regard to Dr Wayawa's evidence as to how he had developed the ability to say "no" in circumstances where he might previously have overstepped professional boundaries. Dr Wayawa provides further examples in his statement of occasions when he has been asked by a neighbour, a relative in the Democratic Republic of Congo and a member of his church for some advice and appropriately signposted them, recognising the need for proper boundaries and treatment. He reflects on the impact of his misconduct, especially on public trust and confidence, and upon his colleagues. In his reflections, Dr Wayawa notes how his understanding has developed and reinforced his appreciation of the importance of the public having trust in doctors.

14. Dr Wayawa accepts that his misconduct represented a serious failure of professional judgment, integrity, and trustworthiness. That dishonesty damages more than the immediate circumstances of a case, as it undermines public confidence in the profession, affects colleagues and employers, weakens trust in healthcare systems, and risks bringing

the profession into disrepute. He explains that he remains deeply ashamed of his actions for which he sincerely apologises.

15. Dr Wayawa has provided a number of testimonials which speak positively of his character and reference his regret, remorse and reflection. Dr C who has known Dr Wayawa for over 10 years describes the GMC process as having a profound impact upon Dr Wayama, who has spoken openly with Dr C about the mistakes he had made, the seriousness of his misconduct and the impact it has had on him. Dr C further states that he has observed a significant degree of reflection by Dr Wayawa who has demonstrated a clear understanding of how his actions could undermine public confidence and the reputation of the profession.

16. Similarly, Dr D an Emergency Medicine Registrar at the Royal Preston Hospital who has known Dr Wayawa for around 4 years confirms that Dr Wayawa has been willing to accept responsibility for his misconduct and learn from this experience. He states that rather than minimising what happened, Dr Wayawa has reflected carefully on his actions and the consequences that followed and that in his opinion Dr Wayawa has gained valuable insight into the importance of maintaining professional standards, good judgement, and ethical practice at all times. He further states that although it has undoubtedly been one of the most challenging periods of Dr Wayawa's life, Dr D believe that Dr Wayawa has used the time of his suspension constructively to reflect, grow, and prepare himself for a return to practice. He continues, "*The Charles I know today is someone who has learned difficult but important lessons and who understands the trust and responsibility that come with being a doctor*".

17. I have borne in mind the statutory overarching objective which is 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 the medical profession.

18. I have determined that Dr Wayawa's fitness to practise is no longer impaired by reason of his misconduct.

19. In reaching this decision, I have taken into account that Dr Wayawa has provided all of the evidence that the November Tribunal identified. Dr Wayawa has provided a detailed reflective statement describing the impact of the period of suspension and how this has

caused him to think more deeply about the significance of his misconduct, and its impact on public trust and confidence, and his colleagues. He again accepts full responsibility for his misconduct.

20. There are a number of positive testimonials which speak of Dr Wayawa's character and his reflections upon his misconduct. They also reference his regret and remorse for his actions. By way of remediation, Dr Wayawa has undertaken numerous relevant and targeted CPD activities focussing on probity and honesty for doctors. He has also kept his knowledge and skills sufficiently up to date through his CPD.

21. The November Tribunal has identified that the risk of repetition was very low. Dr Wayawa has utilised the period of his suspension to further develop his insight and remediation to satisfy me that his fitness to practise is no longer impaired by reason of his misconduct.

22. In light of my decision, I direct that Dr Wayawa's current period of suspended registration be revoked with immediate effect. In the absence of any impairment, I consider it appropriate for the current order of suspension to be revoked.

23. Notification of this decision will be served on Dr Wayawa in accordance with the Medical Act 1983, as amended.