PUBLIC RECORD

Dates: 05/08/2024 - 06/08/2024

Medical Practitioner's name:	Dr Christine Amanda NAKAGGWA
GMC reference number:	6109872
Primary medical qualification:	MB ChB 2002 Mbarara University of Science and Technology

Type of case

Restoration following disciplinary erasure

Summary of outcome

Restoration application refused. No further applications allowed for 12 months from last application.

Tribunal:

Legally Qualified Chair	Mrs Alison Storey
Medical Tribunal Member:	Dr Euan Strachan-Orr
Medical Tribunal Member:	Dr Joanne Topping

Tribunal Clerk:	Ms Fiona Johnston

Attendance and Representation:

Medical Practitioner:	Present, not represented
GMC Representative:	Ms Amy Rollings, Counsel

Attendance of Press / Public

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

Overarching Objective

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

Determination on restoration following disciplinary erasure - 06/08/2024

1. The Tribunal has convened to consider Dr Nakaggwa's application for her name to be restored to the Medical Register following her erasure for disciplinary reasons in 2009.

2. The Tribunal has considered the application in accordance with Section 41 of the Medical Act 1983, as amended ('the Act') and Rule 24 of the GMC (Fitness to Practise) Rules 2004, as amended ('the Rules').

3. This is Dr Nakaggwa's first restoration hearing.

Background

4. The circumstances that led to Dr Nakaggwa's erasure were first considered at a hearing before a Fitness to Practise Panel (FTPP) in May 2009 ('the 2009 Panel'), which found Dr Nakaggwa's fitness to practise to be impaired by reason of conviction and determined to erase her name from the register.

5. In summary, the circumstances of the conviction can be summarised as: Dr Nakaggwa was asked to go to the police station on 25 April 2008 to meet immigration officers who served her with deportation papers. Dr Nakaggwa became angry and during the course of shouting struck Infant A twice across her face with her open hand, then for a third time with her clenched fist. Infant A was aged under two at the time, she was treated at hospital for bruising and swelling to her face. Dr Nakaggwa was then arrested and subsequently charged with assault occasioning actual bodily harm.

6. On 15 May 2008 at Huntington Magistrates' Court Dr Nakaggwa was convicted upon indictment of assaulting infant A, contrary to Section 47 of the Offences Against the Person Act 1861. She was sentenced to 6 months imprisonment, and recommended for deportation under section 6 of the Immigration Act 1971.

The 2009 Panel

7. The 2009 Panel determined that Dr Nakaggwa's fitness to practise was impaired by reason of her conviction. It took a serious view of the circumstances which led to her conviction and concluded that the behaviour displayed on 25 April 2008, was unacceptable for a member of the medical profession.

8. The 2009 Panel was concerned that her behaviour towards Infant A at the police station, albeit within the context of an extremely stressful situation, was fundamentally incompatible with her remaining as a registered medical practitioner. The 2009 Panel concluded that Dr Nakaggwa did not have any substantial insight into her actions, albeit she eventually pleaded guilty at the Magistrates Court.

9. The 2009 Panel was satisfied that erasure was necessary and proportionate in this case.

The Current Restoration Hearing

The Evidence

10. The Tribunal has taken account of all the evidence and information that it has received.

Witness Evidence

11. Dr Nakaggwa provided a personal statement, written submissions and gave oral evidence. No other witnesses attended for either party.

12. In her statements to the Tribunal Dr Nakaggwa provided a detailed account of her life and how she had come to the situation where she was convicted of the criminal offence of assault XXX.

13. She has set out the circumstances which she feels led to the offence which included the difficulties she has had with the Home Office in relation to her immigration status which precluded her from obtaining employment. Despite these difficulties she passed her PLAB test ('Professional and Linguistic Assessments Board test') which would allow her to apply for employment as a doctor in the UK, but she could not obtain employment as she did not hold an appropriate visa.

14. She felt that the immigration matters came to a head when she was told to attend the police station and was informed that she was to be deported. She said that at this point she

"*completely lost it*". She described it as the final straw, that she had gone though so much and endured so much.

15. In the statement Dr Nakaggwa XXX. She said that in a fleeting moment of madness she hit Infant A. She said that in Uganda hitting a child is not a crime and that XXX.

16. Dr Nakaggwa said that at that time she felt that the only way to be heard was to commit a crime and in that fleeting moment of madness she hit Infant A, it was a point of no return, her breaking point.

17. Reflecting back now she wondered if it was worth it, and said that although she did get to state her case it was not worth it and that Infant A paid the price. Dr Nakaggwa said that the incidence of hitting Infant A was horrible and inexcusable, but the punishment XXX had surpassed the crime.

18. She said that she fully understood how her actions would have been a cause for concern for the GMC and why the GMC took the action it did.

19. After the conviction and a term of imprisonment Dr Nakaggwa was further detained in prison in relation to her immigration status. After her release she continued with her attempts to clarify her immigration status and the protracted and difficult process was frustrating and she felt it was unjust. In addition, XXX. This has caused Dr Nakaggwa great pain.

20. Dr Nakaggwa said that she had obtained employment working as a health care assistant for two agencies. She stated that she had worked for them unsupervised and without any issues for seven years. She has also worked in "*live-in*" roles with elderly dementia patients in their homes. She said that she had worked throughout the pandemic in a frontline role at a care home - "*I was there every nigh*t".

21. Dr Nakaggwa said she had had undertaken training courses as part of that role including safeguarding, medicine administration, managing diabetic patients, and tracheostomy care. She produced two references from those employers. She said that there had been no safeguarding concerns during her employment. More recently, since 2021, she has stopped work and is a full-time mother XXX.

22. In relation to concerns about public safety she said that she was exposed to the most vulnerable people in society for eight years.

23. In relation to damage to the profession she said that she had disgraced the fraternity and that her actions had been unacceptable and inexcusable, and she lives in shame. She requested a second chance.

24. She acknowledged that she had not been in active medical practice but was willing to undertake any training and assessments recommended.

Documentary Evidence

25. The GMC provided documentary evidence which included the minutes from the 2009 Panel, email correspondence between Dr Nakaggwa and the GMC, Dr Nakaggwa's personal statement, certificates and academic achievements, historic reference letters dated 2017 and 2018 for Dr Nakaggwa from her employers and Dr Nakaggwa's restoration application.

Submissions on behalf of the GMC

26. On behalf of the GMC, Ms Amy Rollings, Counsel, submitted that the Tribunal should refuse Dr Nakaggwa's application. She referred the Tribunal to the MPTS *'Guidance for medical practitioners tribunals on restoration following disciplinary erasure'* ('the Guidance'), which she said set out the approach that the Tribunal should take.

27. Ms Rollings submitted that the Guidance was clear that the onus was on Dr Nakaggwa, as the doctor making this application for restoration, to satisfy the Tribunal that she was fit to return to unrestricted practice.

28. Ms Rollings reminded the Tribunal of the background to the original Allegation and the findings of the 2009 Panel.

29. Ms Rollings submitted that the GMC opposes the application for the reason that the doctor has not been practising in the time since she has been erased, which is more than a decade, and she has not demonstrated any continuing professional development that will satisfy the panel in accordance with the test that the doctor is now fit to practise, while she has been working as a care worker.

30. Ms Rollings submitted that to meet the test the Tribunal has to be satisfied that she is fit to practise unrestricted. She said that it has been a long time since she has practised and it is for those reasons that the GMC have quite significant concerns that she has not demonstrated any continuing professional development. She submitted that the doctor has not provided any evidence at all.

31. With regards to insight Ms Rollings submitted, there is some information within the submissions by the doctor which does demonstrate insight into what has happened.

32. She referred the Tribunal to a document named XXX. She submitted that this document shows that the doctor has spent a significant amount of time reflecting on the tragic events of the 20 April 2008. However, the GMC opposes the application as the doctor

has failed to demonstrate that she is fit to practise following a very long period of being out of practice.

Dr Nakaggwa's submissions

33. In her oral submission Dr Nakaggwa spoke at length about the difficulties she has faced in her life. When growing up in Uganda she had academic ability and was able to attend medical school and qualify as a doctor. She came to the UK to sit her PLAB exams which she hoped would enable her to find work as a Registrar in the UK and continue her specialist training in orthopaedics.

34. She felt frustrated and aggrieved at what happened to her since arriving in the UK and she submitted that the authorities made it impossible for her to work as she had planned, she felt that the GMC held some responsibility as they should have stepped in and help her to obtain an appropriate visa.

35. She said that her passport is still being held by the Home Office and her immigration status is still not settled and in the meantime she is in limbo, with no knowledge of when matters will be sorted. She urged the MPTS panel to contact the Home Office on her behalf to try to find out what is happening with her case, as even if she was restored to the register she cannot currently work.

36. It was explained to Dr Nakaggwa that this was beyond the remit of the MPTS and that the Tribunal has no power in relation to the immigration matters. The only matter which the Tribunal is seized of is her application for restoration.

37. The Tribunal asked Dr Nakaggwa to address the Tribunal in relation to the concerns raised by the GMC about her lack of up to date clinical knowledge. Dr Nakaggwa said that as a care worker, working in residential care she was trusted in many different situations. She had dealt with:

- Catheter placement
- Giving intravenous fluids
- Suction of tracheal tubes
- Using a hoist
- Moving patients safely
- Helping in the care of patients with diabetes
- Feeding patients
- Staying with a deceased body until they could be dealt with
- Dealing with relatives of the deceased, giving the bad news to them
- Assisting nurses generally
- Helping to give medicines, though she could not prescribe them.

38. Dr Nakaggwa said that she had also undertaken some work with consultants, working in the private sector. She had attended on patients with them as an observer, and had also undertaken continued care such as checking on and removing sutures. She had also undertaken home visits with consultants in a similar capacity.

39. Dr Nakaggwa said that she had cared for people with psychiatric illnesses, such as the elderly with dementia and children with autism. She was able to calm people suffering these conditions and always treated them with respect. She had been trusted to escort such patients to hospital.

40. Dr Nakaggwa said that she had also worked in the community, undertaking shopping for patients and taking them on outings. Most of her work though was in residential care homes.

41. Dr Nakaggwa said that she had completed mandatory courses as part of her work, such as Safeguarding and Manual Handling.

42. Dr Nakaggwa said that she tried to keep up to date by reading journal articles online. She referred to "*Trauma and Orthopaedics*", the "*British Medical Journal*" and another publication which she thought was simply entitled "*Medicine*".

43. When questioned by Ms Rollings for the GMC, Dr Nakaggwa conceded that she had not produced any certificates to evidence the training courses she referred to, she said this was because she thought they were too weak and did not think they would assist.

44. It was also pointed out that whilst Dr Nakaggwa had produced references from two care homes where she had worked, she had not produced any references from the consultants she said that she had worked with. It was suggested to Dr Nakaggwa that this was because it was not true. Dr Nakaggwa said that her evidence was true, but said that she wanted to respect their privacy.

45. In relation to insight, Dr Nakaggwa said that when the incident occurred she was at a point of no return, in extreme anger. She said that she wasn't in control, after everything she had gone through and everything came down on her. XXX.

46. In her submission Dr Nakaggwa conceded that if she were a patient she would not allow a doctor who had been out of practice for 19 years to touch her.

47. She also accepted that if the Tribunal did restore her name to the register it would be taking a grave risk, after 19 years with no clinical practice. Nevertheless, she urged the Tribunal to stand strong and "*find your spine*". She suggested that the Tribunal could give her support and pay for her to go back to medical school, she would grab any second chance given to her.

The Tribunal's Approach

48. The Tribunal noted that this is Dr Nakaggwa's first restoration application. Her name was erased over 15 years ago, so she is entitled to apply for restoration. The purpose of a restoration hearing is for the Tribunal to decide if the doctor is fit to practise. The Tribunal reminded itself that its power to restore a practitioner to the Medical Register in accordance with Section 41 of the Act is a discretionary power. This power is to be exercised in the context of the Tribunal's primary responsibility to act in accordance with the statutory overarching objective to protect the public, as set out later in this determination.

49. The Tribunal reminded itself that, if it directs that Dr Nakaggwa's name should be restored to the Medical Register, it can do so only without restrictions on her practice.

50. Throughout its consideration of Dr Nakaggwa's application for restoration, the Tribunal was guided by the approach laid out in the Guidance, as mentioned above.

51. The Tribunal reminded itself that the onus is on Dr Nakaggwa to satisfy it that she is fit to return to unrestricted practice and that it should not seek to go behind the 2009 FTTP findings on facts, impairment and sanction.

52. The case of GMC v Chandra [2018] EWCA Civ 1898 and the Guidance paragraph at B2 set out that the test for the Tribunal to apply when considering restoration is:

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

The Tribunal's Decision

53. The Tribunal considered the parties' submissions carefully and has evaluated the evidence in order to reach its decision as to whether Dr Nakaggwa is fit to practise. The decision as to whether to restore Dr Nakaggwa's name to the Medical Register is a matter for this Tribunal exercising its own judgment.

54. The Tribunal reminded itself that, in making its decision, it should consider the following five factors set out within paragraphs B4-B34 of the Guidance which address:

a. *the circumstances which led to the erasure;*

b. whether Dr Nakaggwa has demonstrated insight into the matters that led to erasure, taken responsibility for her actions and actively addressed the findings about her behaviour:
c. what Dr Nakaggwa has done since her name was erased from the register;
d. the steps Dr Nakaggwa has taken to keep her skills and knowledge up to date; and
e. the lapse of time since erasure;

55. The Tribunal must then go on to determine whether restoration will meet the overarching objective:

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

The circumstances which led to Dr Nakaggwa's erasure

56. The Tribunal noted the circumstances that led to Dr Nakaggwa's erasure. On 15 May 2008 at Huntington Magistrates' Dr Nakaggwa pled guilty to assaulting Infant A, causing her actual bodily harm contrary to Section 47 of the Offences Against the Person Act 1861. Dr Nakaggwa was sentenced to 6 months imprisonment and recommended for deportation under section 6 of the Immigration Act 1971.

57. In considering whether restoration is unlikely to meet the overarching objective in this case, the Tribunal considered paragraphs B48 – B50 of the guidance which states:

B48 There will be cases where restoration is generally unlikely to be in line with the overarching objective. This would be irrespective of the length of time that has elapsed and whether there is strong evidence the doctor has demonstrated insight and maintained their clinical knowledge and skills.

B49 Restoration is unlikely to meet the overarching objective if the doctor was erased for conduct that was of an exceptionally serious nature such as being convicted of the following types of criminal offence:

- *Murder*
- *Rape or sexual assault by penetration*
- *sexual offences involving children or adults with a mental disorder impeding choice. This could include the creation, possession or distribution of child sex abuse materials.*

- *offences involving human trafficking, slavery, servitude and forced or compulsory labour*

- *extortion and blackmail.*

B50 This is not an exhaustive list and there may be other cases where restoration would be likely to undermine public confidence in the profession irrespective of other factors such as remediation.

58. The Tribunal considered that the serious nature of the incident is the reason that the doctor was erased but is satisfied that it would not undermine public confidence in the profession if restoration was considered following the appropriate remediation.

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

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

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

a considered the concern, understood what went wrong and accepted they should have acted differently
b demonstrated that they fully understand the impact or potential impact of their performance or conduct, for example by showing remorse (see below)
c demonstrated empathy for any individual involved, for example by apologising fully (see below)
d taken steps to remediate and to identify how they will act differently in the future to avoid similar issues arising (see below)

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

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

a been open and honest about and admitted their wrongdoing
b apologised fully

c undertaken appropriate remediation.'

60. The Tribunal considered that Dr Nakaggwa now recognises the seriousness of her actions, and that she understands the impact on the profession and public confidence. The Tribunal noted that Dr Nakaggwa has taken responsibility for her actions, and has apologised and shown remorse for her actions. In her oral evidence Dr Nakaggwa described the incident as a '*moment of madness*' and she was at '*breaking point'*.

61. The Tribunal was satisfied that the evidence before it demonstrated that Dr Nakaggwa has now developed insight, and she has reflected on these matters and sought to remediate them. The Tribunal considered her responses during cross-examination to be genuine and reflective of her understanding of the seriousness of her actions at the time, the triggers for her misconduct and the importance of, and approach to, preventing repetition.

62. As part of her process to develop insight Dr Nakaggwa has produced reflective pieces on areas relevant to her misconduct, which represented a written culmination of the long journey she described in coming to terms with being erased from the Medical Register XXX. In particular XXX Dr Nakaggwa demonstrated to the satisfaction of the Tribunal that she had understood the circumstances which had led to her acting the way she did and had sought to ensure that faced with similar circumstances she would act differently in the future.

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

'B15 Remediation can take several forms, including, but not limited to:

a participating in training, supervision, coaching and/or mentoring relevant to the concerns raised
b attending courses relevant to the concerns raised, for example anger management, maintaining boundaries, ethics or English language courses
c evidence that shows what a doctor has learnt following the events that led to the concerns being raised, and how they have applied this learning in their practice (where applicable)
d evidence of good practice in a similar environment to where the concerns arose.'

64. This Tribunal noted that the 2009 Panel had concluded that Dr Nakaggwa's failings were potentially remediable, but it considered that it had not seen any evidence that Dr Nakaggwa had remediated. This Tribunal considered that Dr Nakaggwa has taken the

necessary steps to develop her insight. She spoke about her upbringing XXX, and that XXX was normal in her cultural background, but she now understands that it is not normal in the UK.

65. XXX

66. XXX

67. In considering the risk of repetition, the Tribunal was mindful of paragraph B23 of the Guidance, which states:

> *'B23 Tribunals can also consider the following factors in assessing whether the concerns are likely to be repeated:*
>
> *a whether there was a pattern of similar concerns*
> *b the environment in which a doctor has been working since their erasure*
>
> *i. where a doctor has been working in a similar environment to where the concerns arose and has been exposed to situations when there was a risk of repeating the concerns, the absence of repetition will be relevant*
> *ii. where a doctor has not been working in a similar environment to where the concerns arose the absence of repetition will be of little or no relevance*
>
> *c the circumstances giving rise to the concerns – if the concerns arose in unique circumstances which are themselves unlikely to be repeated, then, it may suggest that the risk of repetition in the future is reduced*
> *d what steps a doctor has put in place to avoid the circumstances arising again and/or to cope with those circumstances, should they arise again*
> *e whether the doctor has an otherwise positive professional record, including an absence of any other concerns from past or current employers or another regulatory body'*

68. The Tribunal has found Dr Nakaggwa to have developed insight into her behaviour, she has remediated and demonstrated genuine remorse regarding her conduct in respect of the findings of the 2009 Tribunal.

69. The Tribunal also took note of the fact that Dr Nakaggwa has worked with vulnerable people for a lengthy period and no issues appear to have arisen in that time which would cause the Tribunal to have concerns about her conduct. In her evidence she spoke of the sympathetic care she gave to elderly dementia patients and autistic children.

70. The Tribunal considered that, should similar circumstances arise again in the future which led to her conduct for which she was erased, Dr Nakaggwa would act differently. The Tribunal, after considering all the evidence and in light of the relevant paragraphs of the Guidance, concluded that there was minimal risk of repetition of Dr Nakaggwa's misconduct in light of her insight and remediation.

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

71. Dr Nakaggwa's name was erased from the Medical Register in 2009. The Tribunal noted that her ability to work has been restricted by her immigration status XXX. However, the Tribunal give her credit for working hard and eventually gaining employment as a health care assistant working in difficult fields.

72. The Tribunal concluded this demonstrates Dr Nakaggwa is a hard working person when given the opportunity. However, the skills employed in the duties she has outlined to the Tribunal are not medical and cannot begin to satisfy the Tribunal that she has kept her clinical skills as pertaining to medical practice up to date, and that she is fit to return to unrestricted practice.

73. Further, for the last three years she has not worked at all, and so even those skills and experience are somewhat stale.

74. The courses which Dr Nakaggwa has completed are only those relating to her care worker role and are mandatory for that role. There has been no evidence of any additional courses voluntarily completed, which are more medical in nature. The journal reading referred to was only brought out on questioning by the Tribunal, where she was quite vague and provided insufficient detail of any learning from these journals. The Tribunal was not satisfied that there was any great concerted effort to keep her medical knowledge up to date.

75. The Tribunal accepted that at the 2009 hearing Dr Nakaggwa's clinical skills were not in question and that no harm had been caused to patients as a result of her conduct. However, the Tribunal noted that Dr Nakaggwa had only practised for 3 years before erasure and has never practised as a doctor in the UK. The Tribunal was mindful that it has to be satisfied that Dr Nakaggwa can return to unrestricted practice as it does not have the power to impose restrictions upon her.

76. It noted that in her oral and written statement Dr Nakaggwa admits that there are doubts about her fitness to practise. *'I acknowledge the fact that I have not been in active*

medical practice. But I'm more than willing to undertake any training and assessments that will be recommended. I trust my supernatural intellect.'

77. Overall, the Tribunal took the view that Dr Nakaggwa had not demonstrated that she had taken sufficient steps to maintain and improve her medical knowledge and skills since her erasure in 2009.

The lapse of time since erasure

78. The Tribunal was mindful of paragraphs B33 and B34 of the Guidance:

> *'B33 The length of time that has elapsed since the doctor was erased will be relevant although will not necessarily equate to them no longer posing a risk to patients or to public confidence in the profession.*
>
> *B34 The longer the doctor has been away from clinical practice, the greater the likelihood that their knowledge and skills will have deteriorated to a degree that may place patients at risk. Tribunals should pay close regard to how the doctor has maintained their knowledge during a lengthy period away from the register.'*

79. Dr Nakaggwa was erased from the Medical Register in 2009. The Tribunal acknowledged that 19 years out of practice is a particularly long period of time. Further, that she had only practised as a doctor for three years before she was erased, which is a short period of experience. She has no experience of practice in the UK.

80. Dr Nakaggwa conceded that if she were a patient she would not wish to be treated by a doctor who had not practised for 19 years, and that the Tribunal would be taking a grave risk if it restored her to unrestricted practice. It may be that when she made her application Dr Nakaggwa had hoped or believed that training, supervised practice or practice with conditions was a possibility, but it is not. The Tribunal considers that the risk is too grave and does not consider that it is safe to allow Dr Nakaggwa to unrestricted practice.

81. Given that this Tribunal has determined that Dr Nakaggwa has failed to demonstrate that she has kept her medical skills and knowledge up to date it was not satisfied that Dr Nakaggwa has demonstrated that she is fit to return to unrestricted practice.

Will restoration meet the overarching objective?

82. Having made the above findings as to whether Dr Nakaggwa is fit to practise, the Tribunal next had regard to the statutory overarching objective. In so doing, it performed a

balancing exercise, weighing its findings above with its obligations under the individual limbs of the overarching objective which are:

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

83. The Tribunal was mindful of the serious findings that led to Dr Nakaggwa's erasure in 2009. For the reasons it has already set out, the Tribunal concluded that Dr Nakaggwa has not provided sufficient evidence that she has maintained her medical knowledge and skills. As a consequence, it determined that there would be risk to patient safety if Dr Nakaggwa were permitted to return to the register unrestricted. In these circumstances, the Tribunal concluded that restoration to the register would undermine all three limbs of the overarching objective.

Conclusion

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

Dr Nakaggwa's right to make further applications for restorations

85. It remains open for Dr Nakaggwa to re-apply for restoration of her name to the register. If she wishes to do so, she must wait for at least 12 months from the date of her application before submitting any further application.