

## PUBLIC RECORD

Dates: 19/02/2024 - 19/02/2024

Medical Practitioner's name: Dr Elroy WELEDJI  
GMC reference number: 4394196  
Primary medical qualification: MB BCh 1992 National University of Ireland

**Type of case**  
Review of Indefinite suspension -  
Performance

**Summary of outcome**  
Adjourned to a new tribunal

**Tribunal:**

Legally Qualified Chair	Mr David Raff
Medical Tribunal Member:	Dr Shehleen Khan
Medical Tribunal Member:	Dr Juliet Bennett

Tribunal Clerk:	Ms Kanwal Rizvi
-----------------	-----------------

**Attendance and Representation:**

Medical Practitioner:	Present, not represented
GMC Representative:	Ms Laura Kaye, 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 whether to adjourn the proceedings to direct a performance assessment – 19/02/2024

### Background

1. By way of background, Dr Weledji was referred to the GMC in January 1999 by the Medical Director of Hairmyres and Stonehouse Hospitals NHS Trust raising concerns about the standard of Dr Weledji's professional performance. A GMC performance assessment took place in January and February 2001 which concluded that there had been widespread deficiencies in Dr Weledji's professional performance under the following headings:

1. assessment of patients' conditions;
2. providing and arranging treatment;
3. working within limits of competence;
4. respect for patients, trust and confidentiality;
5. providing and arranging investigations;
6. record keeping;
7. relationships with colleagues and deficiencies in team working;
8. arranging cover, delegation and referral; and
9. working within laws and regulations.

2. The Assessment Team formed the opinion that Dr Weledji should not continue as a practising surgeon. It recommended that he should limit his professional practice and retrain in a non-surgical field, and that his retraining should address his inability to perceive that he had professional limitations.

3. Dr Weledji's case was first considered in November 2001 when the Tribunal found the standard of his performance to be seriously deficient. The Tribunal determined to suspend Dr Weledji's registration for six months and gave him indications of the steps he should take in order to improve his performance. Dr Weledji's case was considered again in June 2002, June 2003 and June 2004. On each occasion the Tribunal found that there was no evidence that Dr

Weledji had taken steps to improve his performance or had carried out any of the recommendations suggested at the previous hearings. As a consequence, in June 2004, the Tribunal suspended his registration indefinitely.

4. In March 2009, The Tribunal had considered Dr Weledji's request that the indefinite suspension should be revoked. It noted that it had not received any independent or objective evidence to confirm that Dr Weledji had made any attempts to address the serious and widespread deficiencies that had been highlighted by the previous Tribunal. There was no information or evidence to demonstrate that he had addressed the previously identified deficiencies in his practice or that he had developed any insight into the limits of his professional competence. It considered that if Dr Weledji's indefinite suspension were now to be terminated there would be an unacceptable risk to the safety of patients and the public interest. Consequently, Dr Weledji's application to terminate the indefinite suspension was therefore dismissed and his registration had continued to be indefinitely suspended.

### Today's review hearing

5. The Tribunal considered as a preliminary matter whether to adjourn the proceedings to direct that Dr Weledji should undertake a performance assessment to enable a Tribunal to obtain up to date objective evidence as to Dr Weledji's professional performance.

6. The Tribunal noted the evidence received to date included the following:

- Committee on Professional Performance Notification of a Direction – 30 November 2001 (Hearing 26-28 November 2001);
- Committee on Professional Performance Notification of a Direction – 21 June 2002;
- Committee on Professional Performances Notification of a Direction – 20 June 2003;
- Committee on Professional Performance minutes of meeting held 4 June 2004;
- Fitness to Practise panel minutes 11 November 2009;
- Email correspondence between the GMC and Dr Weledji, dated 12 November 2009, 23 September 2023, 1 December 2023, 8 January 2024 and February 2024.
- Email from Dr Weledji to MPTS, dated 19 December 2023 enclosing CV.

### Submissions

7. On behalf of the GMC, Ms Kaye submitted that the GMC's formal position is to proceed with the hearing today. She noted that due to the past history of the case the GMC would have concerns as to the Dr Weledji's willingness to engage with the assessment process. Upon taking instructions Ms Kaye said that if an assessment were to be directed it would have to take place in person in Manchester. It would involve Dr Weledji providing a portfolio of work, evidence that the issues raised by the previous Tribunal have been

addressed and evidence of appropriate remediation. The process will likely take five to six months.

8. Dr Weledji initially submitted that he would like to continue with the proceedings today. However, in the light of a clearer understanding of the options available to the Tribunal, Dr Weledji changed his mind and said that he would now prefer to undergo a Performance Assessment and made clear that he would cooperate to the best of his ability. He did, however, note that surgical log keeping in Cameroon may not be equivalent to that in the UK. Dr Weledji submitted that he would like the review hearing to be adjourned so that a performance assessment can take place.

### Tribunal's Determination

9. Having considered the submissions of both parties, the Tribunal determined that it was in the interests of justice to adjourn the hearing and direct a performance assessment.

10. In reaching its decision, the Tribunal had regard to MPTS Guidance (the Guidance), which provided that consideration should be given to whether such a decision would be appropriate and proportionate. Further, the Guidance stated that:

*'11 Tribunals may wish to consider the following factors when deciding whether an assessment is required:*

- a the stage the hearing has reached*
- b the nature of the alleged impairment*
- c the nature of the assessment, and*
- d the likelihood of the doctor complying with the assessment.'*

The Tribunal noted that if the hearing is adjourned as a result of this preliminary matter, it would not normally be regarded as 'seized' of the case. It further noted that the relevant impairment related to the issue of deficient professional performance and that there was limited objective evidence on this issue before it today. It took account of the following factors in particular:

- More than 20 years had elapsed since the previous performance assessment during which it was apparent that Dr Weledji had been in surgical practice in Cameroon and had also undertaken significant academic work. A new assessment would enable a Tribunal to make its determination based on objective, up to date evidence.
- Whilst Dr Weledji had not engaged with a number of previous hearings, he had initiated this further review process. Further, he had expressed a clear willingness to cooperate with the performance assessment process. If Dr Weledji failed to cooperate and comply with the performance assessment, this would be a matter which a future Tribunal would wish to take into account in making its determination. The sanctions available to the Tribunal at such a review hearing

would include (without limitation) a further period of suspension and erasure from the register.

11. The Tribunal also had regard to paragraph 25 of the Guidance:

*‘25 The tribunal should always consider whether there are any reasons that a performance assessment is not appropriate or necessary, and these reasons may include:*

*a the doctor has already completed a GMC performance assessment and there is no reason to believe that the doctor’s performance has changed*

*...’*

12. Given the time that has lapsed and Dr Weledji’s subsequent clinical experience, it may well be that his performance has changed but without undertaking an assessment this would extremely difficult to verify objectively.

13. The Tribunal has taken into account that it will take approximately six to nine months for a performance assessment to be arranged and conducted. Given the time that has already elapsed since the initial suspension, this did not seem to be an unreasonable or disproportionate delay. Furthermore, Dr Weledji brought to the attention of the Tribunal that a XXX family member was unwell and such a delay might therefore not be a problem.

14. The Tribunal therefore determined to adjourn this review hearing and direct a performance assessment. The Tribunal has made its directions in the form below.

#### Hearing details

Hearing	Dr Elroy Patrick Weledji
Hearing Dates	19 February 2024
Adjourned on	19 February 2024
Reconvene date(s)	NA

#### Parties details

GMC Details	Ms Laura Kaye, Counsel, instructed by GMC Legal
-------------	---

Doctor Details	Dr Weledji is present but not represented
----------------	---

## Directions

### Performance assessment

	Direction	GMC due date	Doctor due date
1	GMC to issue the doctor with a Performance Assessment Portfolio	31/03/2024	
2	Doctor to return fully completed Performance Assessment Portfolio		28/04/2024
3	GMC to appoint Performance Assessment Team	9/06/2024	
4	Assessment dates scheduled and confirmed	7/07/2024	7/07/2024
5	Assessment to be completed by	25/09/2024	25/09/2024
6	Report review date	6/11/2024	
7	Report finalised by	4/12/2024	
8	GMC to disclose assessment report to the doctor	18/12/2024	

15. A further preliminary issue had arisen as to the willingness of the Tribunal to proceed without hearing evidence on oath from Dr Weledji from Cameroon in the absence of a response or the requisite permission from the Cameroon authorities. In view of the Tribunal's decision to adjourn the hearing and direct a performance assessment, the hearing would not be proceeding today and therefore there was no requirement to determine this issue today.

16. As the hearing has been adjourned as a result of a preliminary matter, the Tribunal is not seized of the case and the hearing will be listed before a new Tribunal in due course. Accordingly, the existing suspension order will remain in place.

17. This hearing is now adjourned.