

PUBLIC RECORD

Date: 12/08/2024

Medical Practitioner's name: Dr Ewere ONYEKPE

GMC reference number: 7027794

Primary medical qualification: Vrach 2003 Kharkov Medical University

Type of case Outcome on impairment

Misconduct Not impaired

Summary of outcome

Order revoked

Tribunal/Legally Qualified Chair:

Legally Qualified Chair:	Mrs Claire Lindley
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Review on the Papers

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

Overarching Objective

Throughout the decision making process the chair 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.

Review on the papers by a legally qualified chair of a direction under section 35(D)(5) of the Medical Act 1983

1. I have noted the background to Dr Onyekpe's case, which was considered by a fitness to practise medical practitioners' tribunal in February 2024. The tribunal found that, in June and July of 2020, Dr Onyekpe engaged in an improper emotional and sexual relationship with a patient who was vulnerable. It decided that Dr Onyekpe either knew, or ought to have known that the patient was vulnerable at the time.
2. In January 2023, an earlier tribunal heard Dr Onyekpe's case. His fitness to practise was found to be impaired by reason of misconduct and he was suspended by it for a period of six months. The Professional Standards Authority (PSA) successfully appealed this decision on the grounds that this earlier tribunal failed to sufficiently take into account the factor of the patient's vulnerability when deciding on sanction. While waiting for the appeal hearing to be listed, Dr Onyekpe did not return to medical practice.
3. Dr Onyekpe's case was heard again by a second tribunal, and on 29 February 2024, this tribunal also found Dr Onyekpe's fitness to practise impaired by reason of misconduct. It decided that Dr Onyekpe had breached a number of paragraphs of Good Medical Practice, especially those relating to 'maintaining professional boundaries.' It also decided that Dr Onyekpe's conduct had breached fundamental tenets of the medical profession and had brought the profession into disrepute. It noted that Dr Onyekpe had admitted the majority of the Allegation but denied the issues of vulnerability. Bearing in mind these denials, the tribunal could find no evidence of insight into the patient's vulnerability, which led it to conclude that there was a risk of repetition. However, later, and at the sanction stage of the hearing, the tribunal noted that there was "*an unusually comprehensive set of remediation documents,*" which enabled it to conclude that the risk of repetition was low. The tribunal decided that a period of suspension for 12 months would have been appropriate, but suspended Dr Onyekpe for a six month period only, bearing in mind the previous sanction. The Tribunal did not impose an Immediate Order of suspension, and therefore the tribunal's direction took effect on 5 April 2024. Dr Onyekpe's registration is presently suspended until 4 October 2024.
4. The tribunal did not make a list of recommendations, nor order a review. However, Dr Onyekpe has not practised since the start of the first suspension in January 2023. Therefore, an Assistant Registrar at the General Medical Council (GMC) directed a review and stated that it would be helpful if evidence could be provided that Dr Onyekpe had kept his knowledge and skills up to date during the period he had spent out of medical practice.
5. Dr Onyekpe 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.

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

7. I have taken into account that since the previous order was made, Dr Onyekpe's representatives have provided a letter dated 4 July 2024 entitled '*MPT review hearing: review on the paper submissions,*' and an accompanying bundle of evidence of Dr Onyekpe's continuing professional development comprising 90 pages.

8. 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.

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

10. In reaching this decision, I have noted that the tribunal in February 2024 was satisfied both with the amount of remedial work that Dr Onyekpe had undertaken, and the insight that he had developed. I have considered the bundle provided by Dr Onyekpe's representatives to address the request of the Assistant Registrar. The letter from them confirms that Dr Onyekpe "*has undertaken a significant number of online training courses that cover a multitude of areas consistent with the types of presentations that one might expect to see in emergency medicine.*" The letter then encloses a number of documents which are evidence of this. Dr Onyekpe attended a foundation doctor day simulation and training program ('FY1 Sim Training Day,') in July 2023, and set out the outcome of this course and his reflections on it. I have noted that Dr Onyekpe is booked on this course again in August 2024, as well as the 'eAdvanced Life Support Course' in September 2024. I have noted also that Dr Onyekpe has attended a number of relevant courses delivered by the Royal College of Emergency Medicine (RCEM), taken a number of their quizzes, and completed 'Single Best Answer' papers. The latter are revision papers for the RCEM examinations which he hopes to take in future. (He has not been able to sit any exams due to the current suspension.) The letter and bundle of evidence demonstrate sufficient evidence that Dr Onyekpe has kept his skills and knowledge up to date, and that he intends to continue in this vein in future.

11. In light of my decision, I direct that Dr Onyekpe's current period of suspended registration be revoked with immediate effect.

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