

**PUBLIC RECORD**

Dates: 13/05/2021 - 14/05/2021

Medical Practitioner's name: Dr Idowu ADEYEMI ADEBORO

GMC reference number: 7571458

Primary medical qualification: Doctor - Medic 2016 Universitatea din  
Oradea

Type of case	Outcome on facts	Outcome on impairment
New - Determination by other regulator	Facts found proved	Impaired
New - Misconduct	Facts found proved	Not Impaired

**Summary of outcome**

Erasure

Immediate order imposed

**Tribunal:**

Legally Qualified Chair	Mrs Aaminah Khan
Medical Tribunal Member:	Dr Kate Thomas
Medical Tribunal Member:	Dr Srinivasarao Babarao
Tribunal Clerk:	Miss Jan Smith

**Attendance and Representation:**

Medical Practitioner:	Not present and not represented
Medical Practitioner's Representative:	N/A
GMC Representative:	Mr Tim Grey, 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. 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 Facts - 13/05/2021

#### Background

1. At the material times, Dr Adeboro was a registrant with the GMC, having been included on the Medical Register on 4 April 2017. This case arises out of disciplinary proceedings taken against the doctor by the Irish Medical Council.
2. On 10 May 2018, the General Medical Council (GMC) received a letter from the Irish Medical Council (IMC) who advised that Dr Adeboro had been suspended from the IMC Register. At that time, although Dr Adeboro was registered with the GMC, he did not have a licence to practise.
3. The GMC began an investigation and contacted the IMC for confirmation of the details of its determination. The GMC Investigation Officer was told that the IMC's own investigation was still at an early stage and was being considered by the IMC's Preliminary Proceedings Committee.
4. On 18 September 2018, the GMC sent an email to Dr Adeboro to ask for details of the concerns raised by the IMC, namely if a patient was involved and the date(s) of the alleged incident. On 27 May 2019, Dr Adeboro responded to the GMC and stated that the concern did not involve a patient and that he had not worked or been to Ireland before.

5. On 14 February 2020, the IMC sent an email to the GMC which confirmed that Dr Adeboro had been the subject of an IMC Fitness to Practise Committee inquiry. The IMC found professional misconduct and, as a result, Dr Adeboro's registration with the IMC was cancelled and he was prohibited from applying for restoration to the IMC's Register for a period of 10 years. The IMC's email also stated that this decision had been confirmed by order of the High Court.

6. Dr Adeboro did not inform the GMC of the outcome of the IMC's fitness to practise process. The GMC became aware of the IMC's investigation and its outcome only when the IMC informed the GMC in May 2018.

### Application made during the Facts Stage

7. Dr Adeboro did not attend and was not represented at this hearing. The Tribunal granted the GMC's applications, made pursuant to Rules 40 and 31 respectively, of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), that notice of this hearing had been served on Dr Adeboro and that it was appropriate to proceed in his absence. Its full determination can be found at Annex A.

### The Allegation

8. The Allegation against Dr Adeyemi Adeboro is as follows:

1. At a hearing on 17, 18 and 21 October 2019, the Fitness to Practise Committee of the Medical Council of Ireland ('the Council') made a finding of professional misconduct against you. **To be determined**

2. On 12 December 2019, the Council determined that:

a. your registration with the Council should be cancelled; and

**To be determined**

b. you be prohibited for a period of ten years from applying for the restoration of your registration. **To be determined**

3. On 10 February 2020, the High Court of Ireland, upon application by the Council made an order (the 'High Court Order') confirming the decisions of the Council set out at paragraph 2a and 2b above. **To be determined**

4. You failed to inform the GMC without delay of the determination of the Council and/or the High Court Order. **To be determined**

And that by reason of the matters set out above your fitness to practise is impaired because of:

a. the determination by an overseas body that your fitness to practise is impaired as set out at paragraphs 1, 2 and 3; **To be determined**

b. your misconduct, in relation to paragraph 4.  
**To be determined**

### Evidence

9. The Tribunal received evidence on behalf of the GMC in the form of a witness statement from Ms A, Investigation Officer with the GMC, dated 10 February 2021. She was not called to give oral evidence.

10. The Tribunal was also provided with further documentary evidence, which included but was not limited to:

- Correspondence between the IMC and the GMC;
- Determination of the IMC's Fitness to Practise Committee, dated October 2019;
- High Court Order, dated 14 February 2020 and
- Correspondence between the GMC and Dr Adeboro

The Tribunal did not have any documentation before it provided by Dr Adeboro.

### The Tribunal's Approach

11. In reaching its decision on the facts, the Tribunal has borne in mind that the burden of proof rests on the GMC and it is for the GMC to prove the Allegation. Dr Adeboro does not need to prove anything. No adverse inference has been drawn from Dr Adeboro's absence. The standard of proof is that applicable to civil proceedings, namely the balance of probabilities, i.e. whether it is more likely than not that the events occurred.

12. The Legally Qualified Chair (LQC) reminded the Tribunal of Rule 34(4) of the Rules, that:

*“Production of a certificate signed by an officer of a regulatory body that has made a determination about the fitness to practise of a person shall be conclusive evidence of the facts found proved in relation to that determination.”*

13. The Tribunal has considered paragraphs 1 and 2 of the Allegation collectively but has considered paragraphs 3 and 4 separately. It has evaluated all of the evidence before it in order to make its findings on the facts.

### Findings of Fact

14. The Tribunal made the following findings on the facts:

#### Paragraphs 1 and 2 (a) and (b)

15. Between 17 and 21 October 2019, the IMC’s Fitness to Practise Committee considered the case of professional misconduct against Dr Adeboro. At the conclusion of the hearing the IMC determined that Dr Adeboro’s conduct amounted to conduct which doctors of experience, competence and of good repute would find disgraceful or dishonourable.

16. The Tribunal noted that the IMC had made 6 allegations against Dr Adeboro relating to:

- a. The submission of documents to the IMC in relation to his application for registration with the IMC which he claimed had been notarised when they had not been;
- b. Dr Adeboro created and registered a limited liability company in order to provide himself with a false employment history as a medical practitioner;
- c. Dr Adeboro claimed in his CV that he had worked previously in three posts in medical facilities in London, Dublin and Western Florida, which did not exist;
- d. Dr Adeboro had submitted a reference from the post in Western Florida which was false and had not been issued by the person who Dr Adeboro claimed was the author;

e. Dr Adeboro had submitted a reference from the post in London from a Consultant Cardiologist which had not been written or issued by the Cardiologist named by Dr Adeboro;

f. Dr Adeboro's actions in a – e above were grossly dishonest and solely for the purpose of obtaining registration with IMC and securing subsequent employment.

17. The Tribunal has noted from the determination of the Fitness to Practise Committee that the IMC found all 6 allegations proven as to fact and, on 12 December 2019, determined to cancel Dr Adeboro's registration with the IMC and prohibit him from applying for restoration for a period of 10 years. The Tribunal is satisfied that paragraphs 1 and 2 of the allegation have been found proved.

#### Paragraph 3

18. The Tribunal has had regard to the High Court Order which was signed on 14 February 2020 and which confirmed that Dr Adeboro's registration with the IMC had been cancelled and that he had been prohibited from making an application for restoration for a period of 10 years. As this is a document of fact, it therefore found paragraph 3 of the allegation proved.

#### Paragraph 4

19. In reaching a decision on this paragraph of the allegation, the Tribunal reminded itself of paragraph 75 of the current *Good Medical Practice (GMP)* which states that a medical practitioner must inform the GMC without delay if, anywhere in the world, another professional body has made a finding against his/her registration as a result of fitness to practise procedures.

20. The Tribunal has taken account of the email correspondence between Dr Adeboro and the GMC and has found no evidence that Dr Adeboro voluntarily informed the GMC that the IMC had made a finding of professional misconduct against him; that his registration with the IMC had been cancelled, and that he was prohibited from applying for restoration for a period of 10 years. Furthermore, he did not inform the GMC when the IMC's decision was ratified in the High Court order of 14 February 2020. The Tribunal is satisfied that this paragraph of the allegation has been found proved.

21. The Tribunal has made the following findings of fact:

1. At a hearing on 17, 18 and 21 October 2019, the Fitness to Practise Committee of the Medical Council of Ireland ('the Council') made a finding of professional misconduct against you. **Determined and found proved**
2. On 12 December 2019, the Council determined that:
  - a. your registration with the Council should be cancelled; and  
**Determined and found Proved**
  - b. you be prohibited for a period of ten years from applying for the restoration of your registration. **Determined and found proved**
3. On 10 February 2020, the High Court of Ireland, upon application by the Council made an order (the 'High Court Order') confirming the decisions of the Council set out at paragraph 2a and 2b above. **Determined and found proved**
4. You failed to inform the GMC without delay of the determination of the Council and/or the High Court Order. **Determined and found proved**

And that by reason of the matters set out above your fitness to practise is impaired because of:

- i. the determination by an overseas body that your fitness to practise is impaired as set out at paragraphs 1, 2 and 3; **To be determined**
- ii. your misconduct, in relation to paragraph 4.  
**To be determined**

#### **Determination on Impairment - 14/05/2021**

2. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Adeboro's fitness to practise is impaired by reason of the determination by an overseas regulatory body and/or by reason of his misconduct.

3. The Tribunal has taken into account all the documentary evidence received during the facts stage of the hearing.

## Submissions

4. On behalf of the GMC, Mr Tim Grey, Counsel, first dealt with impairment by reason of a determination by another regulatory body to which paragraphs 1, 2 and 3 of the allegation refer. He submitted that there was significant dishonesty in Dr Adeboro’s conduct which brought him to the attention of the IMC. Mr Grey reminded the Tribunal that Dr Adeboro had submitted falsified documentation to support his registration application; he had incorporated a limited liability company in order to provide himself with an employment history; and he had submitted references which were neither written nor issued by those persons he had named.

4. Mr Grey referred the Tribunal to paragraphs 65, 66 and 71 of *Good Medical Practice (GMP)* (April 2013) pertaining to acting with honesty and integrity. He submitted that Dr Adeboro’s conduct was in breach of these fundamental tenets of the medical profession and that the public should be able to rely on the honesty and integrity of registered medical practitioners.

5. Mr Grey submitted that Dr Adeboro has not expressed remorse for his dishonest misconduct, other than to offer an apology. He reminded the Tribunal that Dr Adeboro has not provided any evidence to demonstrate that he has developed insight into his behaviour or taken any steps in respect of remediation. Mr Grey submitted that Dr Adeboro’s dishonest behaviour was a potential risk to patient safety, which put public confidence in the medical profession and the maintenance of proper professional standards at risk. It was his contention that Dr Adeboro’s conduct fell far short of the required standards. In these circumstances, Mr Grey submitted, a finding of impairment by reason of a determination by another regulatory body was required.

6. In respect of the alleged misconduct relating to paragraph 4 of the allegation, Mr Grey submitted that Dr Adeboro’s conduct amounted to serious misconduct. He referred to paragraph 75(c) of *GMP* which states:

“75 You must tell us without delay if, anywhere in the world:

a ...

b ...

*c another professional body has made a finding against your registration as a result of fitness to practise procedures.”*

7. Mr Grey submitted that Dr Adeboro had a duty to report his involvement in the IMC’s fitness to practise proceedings and the resulting sanction to the GMC but he did not do so. He stated this was in serious breach of paragraph 75(c) above which frustrates the regulatory process. Mr Grey submitted that Dr Adeboro has not provided any evidence of remorse, insight or rehabilitation. In these circumstances, Mr Grey submitted that a finding of impairment is necessary to fulfil the misconduct element of the allegation, in order to maintain public confidence in the profession and to maintain and uphold proper professional standards and conduct within the profession.

### **The Relevant Legal Principles**

5. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision on impairment is a matter for the Tribunal’s judgment alone.

6. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted in respect of misconduct: first whether the facts as found proved amounted to misconduct that was serious, and then whether the finding of that misconduct could lead to a finding of impairment. Similarly, in respect of the determination by another regulatory body, the Tribunal was mindful that it had to first consider whether there had been a determination of impairment by another regulatory body within the meaning of section 35C(2)(e) of the Medical Act 1983, as amended, and if so, whether Dr Adeboro’s fitness to practise is impaired as a result.

10. The Tribunal must determine whether Dr Adeboro’s fitness to practise is impaired today, taking into account Dr Adeboro’s conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

11. When considering impairment, the Tribunal must have particular regard to the statutory overarching objective which is,

- a. To protect, promote and maintain the health, safety and wellbeing 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 the profession.

## The Tribunal’s Determination on Impairment

### Determination by a Regulatory Body

7. The Tribunal first considered whether Dr Adeboro’s fitness to practise is currently impaired by reason of a determination by an overseas regulatory body. In doing so, it has borne in mind the background to the fitness to practise proceedings conducted by the IMC. It was also mindful of the guidance of Dame Janet Smith in the Fifth Shipman Report, which was adopted by the High Court in the case of *CHRE v NMC & Paula Grant* [2011] EWHC 927 [Admin]:

*Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practise is impaired in the sense that s/he:*

- a. has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b. has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c. has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession*
- d. has in the past acted dishonestly and/or is liable to act dishonestly in the future.*

13.8. The Tribunal had regard to the determination of the Fitness to Practise Committee of the IMC and the confirmation of that decision by the Irish High Court. The Tribunal was satisfied in the circumstances that there had been a determination by another regulatory body that Dr Adeboro’s fitness to practise was impaired, for the purposes of section 35(2)(e). It took account of the observations made by the Committee in relation to its findings. These observations included the following:

*“The Committee found, based on its findings of fact and the evidence ... the conduct of Dr Adeboro individually, or in combination, or cumulatively, amounted to conduct which*

*doctors of experience, competence and good repute considers disgraceful and dishonourable.”*

14. The Tribunal considered that Dr Adeboro’s misconduct when applying for registration with the IMC and subsequent employment amounted to persistent dishonesty which was elaborately planned, and which took place over a long period of time. It has borne in mind the guidance provided by Dame Janet Smith, as set out above, and concluded that paragraphs (b), (c) and (d) were engaged in this case.

15. The Tribunal was of the view that it was open to Dr Adeboro to provide an explanation for his conduct in respect of the IMC, although he did not do so; he could have submitted documentary evidence to support his case, but he chose not to do so; and he could have attended this hearing and put his case before the Tribunal, but he declined to do so. The Tribunal has considered all the documentary evidence provided to it and has concluded that, in view of the serious and persistent dishonesty in this case, a finding of impairment is necessary in order to maintain public confidence in the profession and to promote and maintain proper professional standards and conduct for members of the profession.

16. The Tribunal has therefore determined that Dr Adeboro’s fitness to practise is impaired by reason of a determination by another regulatory body.

#### Misconduct

17. The Tribunal went on to consider whether its findings of fact in relation to paragraph 4 of the allegation amounted to misconduct. It was mindful of the two-stage process to be adopted in respect of misconduct.

18. The Tribunal first considered whether the fact that Dr Adeboro had not reported the IMC’s fitness to practise proceedings or the resulting sanction to the GMC amounted to misconduct which was serious. It has taken account of all the documentary evidence, namely email correspondence, between the IMC, the GMC and Dr Adeboro. It has also borne in mind paragraph 75(c) of *GMP*.

19. The Tribunal noted that the GMC was notified by letter from the IMC on 10 May 2018 which stated that proceedings had commenced involving Dr Adeboro. On 5 June 2018 the IMC notified the GMC that the IMC’s investigation was at an early stage and was being considered by the IMC’s Preliminary Proceedings Committee. On 18 September

2018 the GMC sent an email to Dr Adebora to ask if the concerns raised involved a patient and when the alleged incident(s) took place. At that time, Dr Adebora did not respond immediately to the GMC. However, he sent an email on 27 May 2019 in which he confirmed that the concerns raised did not involve a patient and that he had not been or worked in Ireland before.

20. The Tribunal accepted that Dr Adebora did not report the IMC's determination and subsequent sanction to the GMC. However, the GMC had sent an email to Dr Adebora on 18 September 2018 to enquire into the concerns raised by the IMC. In the Tribunal's view, Dr Adebora would have been aware in September 2018 that the GMC had already been informed of the IMC's investigation into his fitness to practise and, therefore, did not refer the matter to the GMC himself. Similarly, Dr Adebora did not report the determination of the IMC and subsequent sanction; however, the GMC already had knowledge of the ongoing IMC fitness to practise investigation. The Tribunal has noted that, notwithstanding his failure to inform the GMC personally of the IMC's fitness to practise proceedings, Dr Adebora has continued to engage with the GMC's regulatory process, as evidenced by the email correspondence between Dr Adebora and the GMC's Investigation Officer.

21. The Tribunal considered that Dr Adebora's conduct in not informing the GMC without delay was negligent and technically in breach of paragraph 75(c) of *GMP* but did not fall so seriously short of the standards expected of a registered medical practitioner. In the circumstances of this case, the Tribunal considered that fellow medical practitioners would not find Dr Adebora's conduct in not informing the GMC deplorable.

22. In these circumstances, the Tribunal determined that Dr Adebora's conduct in not reporting the determination of the IMC and/or the resulting sanction was not sufficiently serious for it to conclude that it amounts to misconduct.

23. Accordingly, in the light of its findings, the Tribunal has determined that Dr Adebora's fitness to practise is not impaired by reason of misconduct.

#### **Determination on Sanction - 14/05/2021**

1. Having determined that Dr Adebora's fitness to practise is impaired by reason of a determination by another regulatory body, the Tribunal now has to decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

## The Evidence

9. The Tribunal has taken into account evidence received during the earlier stages of the hearing, where relevant, to reaching a decision on sanction.

## GMC Submissions

10. On behalf of the GMC Mr Grey submitted that the Tribunal should consider all the sanctions available to it, starting with the least restrictive. He submitted that conditions would simply not be appropriate in a case involving a serious lack of honesty and probity, nor sufficient to maintain public confidence in the profession and proper standards and conduct within the profession.

11. In respect of a period of suspension, Mr Grey referred to a number of paragraphs of the Sanctions Guidance (SG), in particular paragraphs 92 and 93. Paragraph 92 indicates that suspension may be appropriate in a case where the misconduct is serious but falls short of being fundamentally incompatible with continued registration. Paragraph 93 indicates that suspension may be appropriate where there is an acknowledgement of fault. Mr Grey submitted that the misconduct in this case is so serious that suspension would not be the appropriate sanction.

12. Mr Grey also referred to paragraph 97 (e), (f) and (g) which deal with remediation, insight and the likely repetition of such behaviour. He submitted that there is no evidence that Dr Adeboro has taken any steps towards remediation or development of insight into his misconduct and no evidence to suggest that this behaviour is unlikely to be repeated. Indeed, the only evidence available was an email to the GMC in which he apologised for his misconduct.

6. Mr Grey reminded the Tribunal that Dr Adeboro had lied to a professional regulator when applying for registration with the IMC. He submitted that this misconduct was so serious as to be fundamentally incompatible with continued registration and that the ultimate sanction of erasure is the only appropriate sanction in this case.

7. Mr Grey referred to paragraphs 109 (a), (b) and (d) of the SG and submitted that Dr Adeboro's serious misconduct was a "*serious departure from the principles set out in GMP*", "*a deliberate or reckless disregard for the principles set out in GMP*", and "*an abuse of position/trust*". Mr Grey submitted that the dishonesty in this case had breached a number

of principles of *GMP*, particular paragraphs 65, 66 and 71. He also submitted that Dr Adeboro had abused the trust of the IMC when he provided false documentation to obtain registration and set up a company to provide an employment history.

8. Mr Grey submitted that it cannot be said that any sanction other than erasure would be appropriate and erasure is appropriate in order to protect the public and the wider public interest.

### The Tribunal's Determination on Sanction

9. The decision as to the appropriate sanction to impose, if any, in this case is a matter for this Tribunal exercising its own judgement.

10. In reaching its decision, the Tribunal has taken account of the Sanctions Guidance (SG). It has borne in mind that the purpose of the sanctions is not to be punitive, but to protect patients and the wider public interest, although they may have a punitive effect.

11. Throughout its deliberations, the Tribunal has applied the principle of proportionality, balancing Dr Adeboro's interests with the public interest.

12. The Tribunal gave careful consideration to the aggravating and mitigating factors present in Dr Adeboro's case.

13. The Tribunal considered that the only mitigating factors in this case are that Dr Adeboro has apologised for his misconduct on two occasions and has expressed some regret. The Tribunal also took into account that Dr Adeboro has engaged with the GMC's regulatory process on a limited basis insofar as he has responded to enquiries from the GMC.

14. The Tribunal balanced the mitigating factors against what it considered to be the aggravating factors in this case:

- Another regulatory body found the misconduct serious enough to cancel Dr Adeboro's registration;
- Dr Adeboro's elaborate plan to provide false documentation to the IMC when making an application for registration;
- The setting up of a company to provide a false employment history;
- Providing false references to support his employment history;

- Dr Adeboro’s persistent dishonesty over a protracted period of time; and
- No evidence of insight on behalf of Dr Adeboro.

### No action

15. In coming to its decision as to the appropriate sanction, if any, to impose in Dr Adeboro’s case, the Tribunal first considered whether to conclude the case by taking no action.

16. The Tribunal determined that there are no exceptional circumstances in this case to justify taking no action. Furthermore, in view of the serious nature of the Tribunal’s findings on impairment, it would be neither sufficient, proportionate nor in the public interest to conclude this case by taking no action.

### Conditions

17. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Ahmed’s registration. It has borne in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable.

18. The Tribunal had regard to the circumstances of Dr Adeboro’s serious misconduct which resulted in the determination and subsequent sanction by the IMC. It determined that the imposition of conditions would not address the gravity of the misconduct in this case. The Tribunal further noted that Dr Adeboro is not currently in clinical practice in the UK. The Tribunal also determined that there are no appropriate, workable or proportionate conditions that would meet the overarching objective, in particular the risk to maintenance of public confidence in the profession and upholding of proper standards and conduct within the profession.

### Suspension

19. The Tribunal then went on to consider whether suspending Dr Adeboro’s registration would be appropriate and proportionate. The Tribunal bore in mind the mitigating and aggravating factors already identified in this case.

20. The Tribunal has had regard to paragraphs 92, 93 and 97 of the SG to which it has been referred:

*“92 Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (ie for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession).”*

*“93 Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions.”*

*“97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.*

*a A serious breach of Good medical practice, but where the doctor’s misconduct is not fundamentally incompatible with their continued registration, therefore complete removal from the medical register would not be in the public interest. However, the breach is serious enough that any sanction lower than a suspension would not be sufficient to protect the public or maintain confidence in doctors.”*

The Tribunal determined that Dr Adebora has fallen short in all aspects of these paragraphs, given the extent of his significant and sustained acts of dishonesty and misconduct.

21. In all the circumstances, the Tribunal determined that suspension would not be sufficient or appropriate in order to protect the public interest given the need to maintain public confidence and uphold proper professional standards.

## **Erasure**

22. Having determined that all other sanctions would be inappropriate and insufficient to address the seriousness of the misconduct in this case, the Tribunal has turned to the sanction of erasure.

23. The Tribunal has had regard to paragraph 108 of the SG which provides that erasure may be appropriate even in cases where there is no risk to patient safety but where it is necessary nonetheless to maintain public confidence. In the judgment of the Tribunal, erasure is necessary to maintain the reputation of the profession and to uphold proper professional standards.

24. The Tribunal has also considered the factors within paragraph 109 of the SG which, where present, may indicate that erasure is the appropriate sanction. In the Tribunal's view, the following factors are engaged in this case:

*"a. A particularly serious departure from the principles set out in Good medical practice where the behaviour is fundamentally incompatible with being a doctor.*

*b. A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.*

...

*h. Dishonesty, especially where persistent and/or covered up"*

Furthermore, the Tribunal considers that Dr Adeboro is also in breach of paragraphs 65, 66 and 71 of *GMP*, by virtue of his sustained dishonesty over a protracted period of time.

25. The Tribunal has borne in mind Dr Adeboro's serious misconduct involving lying to the Irish Medical Council on his application for registration and no evidence of any meaningful insight or remediation. In these circumstances, the Tribunal has concluded that such behaviour is fundamentally incompatible with continued registration and has determined to impose the sanction of erasure on Dr Adeboro.

26. The Tribunal therefore directs that Dr Adeboro's name be erased from the Medical Register. It has concluded that this was the appropriate and proportionate sanction and that no lesser sanction would meet the requirements of the overarching objective.

#### **Determination on Immediate Order - 14/05/2021**

1. Having determined to erase Dr Adeboro's registration, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Adeboro's registration should be subject to an immediate order.

## Submissions

2. On behalf of the GMC, Mr Grey referred to paragraphs 172 and 173 of the SG which deal with the imposition of an immediate order and submitted that an immediate order of suspension is necessary, in light of the Tribunal's findings on impairment and its decision to erase Dr Adeboro's name from the Medical Register.

## The Tribunal's Determination

3. The Tribunal has had regard to paragraph 173 of the SG which states:

*"173 An immediate order might be particularly appropriate in cases ... where immediate action must be taken to protect public confidence in the medical profession."*

4. In view of the seriousness of the misconduct in Dr Adeboro's case, the Tribunal has determined that it is necessary to impose an immediate order on his registration in order to maintain public confidence in the profession and to maintain and uphold proper standards and conduct within the profession.

5. This means that Dr Adeboro's registration will be subject to an immediate order of suspension from when notification is deemed to have been served. The substantive direction, as already announced, will take effect 28 days from when written notice of this determination has been served upon Dr Adeboro, unless an appeal is lodged in the interim. If an appeal is lodged, the immediate order will remain in force until the appeal has concluded.

6. The current interim order of suspension will be revoked when this immediate order comes into force.

7. That concludes the case.

**Confirmed**

**Date** 14 May 2021

Mrs Aaminah Khan, Chair

ANNEX A – 13/05/2021

**Application on Service of the Notice of hearing and Proceeding in the Absence of  
Dr Adeyemi Adebora**

Service of Notice of the Hearing

1. Dr Adeyemi Adebora (Dr Adebora) is neither present nor legally represented at this hearing. The Tribunal has considered whether notice of this hearing has been properly served upon Dr Adebora in accordance with Rules 20 and 40 of the General Medical Council (Fitness to Practise) Rules 2004 (as amended) (the Rules), and Schedule 4, Paragraph 8 of the Medical Act 1983 (as amended). In so doing, the Tribunal has taken into account all the information provided to it, together with Mr Grey's submissions on behalf of the General Medical Council (GMC).

2. The Tribunal has been provided with bundle of documents which included the following:

- A screenshot of Dr Adebora's registered address as it appears on the Medical Register;
- Notice of Hearing, dated 8 April 2021, from the Medical Practitioners Tribunal Service (MPTS);
- Dr Adebora's acknowledgement of receipt of the Notice of Hearing, dated 8 April 2021;
- Email from Dr Adebora to the GMC, dated 3 February 2021, confirming he would not attend today's proceedings; and
- A further email from Dr Adebora to the GMC, dated 30 March 2021, confirming he did not wish to receive any documents and reiterating that he would not attend this hearing.

3. The Tribunal has also had regard to the email from Dr Adebora to the GMC, dated 30 March 2021 in which he stated:

*"I hereby confirm receipt of your email and that I don't have any supporting document to be presented in the hearing but I express my total regret for all inconveniences my action have caused the noble profession, the council and the tribunal."*

4. Mr Grey submitted that, according to the Rules, the Notice of Hearing must be served at least 28 days prior to the commencement of the hearing. He drew the Tribunal's attention to the email from the MPTS, dated 6 April 2021, to which the Notice of Hearing was attached. Mr Grey submitted that the Tribunal could be satisfied that Notice of this hearing has been effected in accordance with the Rules.
5. The Tribunal was satisfied, based on the evidence placed before it, that all reasonable efforts have been made to serve notice of these proceedings on Dr Adeboro in accordance with the Rules.

#### Proceeding in Absence

6. Having been satisfied that the Notice of Hearing has been properly served, the Tribunal went on to consider whether to exercise its discretion under Rule 31 of the Rules to proceed with the hearing in Dr Adeboro's absence.
7. Mr Grey submitted that Dr Adeboro's hearing should proceed today and that Dr Adeboro had made it clear that he did not wish to attend these proceedings. Mr Grey also submitted that Dr Adeboro has not made an application for an adjournment and it was his contention that if this hearing were to adjourn today, there is no indication that Dr Adeboro would attend any future hearing.
8. Mr Grey submitted that it is clear that Dr Adeboro has known about this hearing for a considerable period of time and has been aware of this hearing since February 2021. He referred to the emails from Dr Adeboro to the GMC which confirmed that he had no representations to make and has nothing further to say. Mr Grey submitted that Dr Adeboro has chosen to absent himself voluntarily from these proceedings and that it is right and just to proceed in these circumstances.
9. The Tribunal has balanced Dr Adeboro's interests with the public interest in deciding whether to proceed in his absence. In doing so it took account of the submissions of Mr Grey and the relevant case law. The Tribunal had regard to the factors which the Tribunal must bear in mind when exercising its discretion to proceed in the absence of the registrant, as set out in the case of *GMC v Adeogba [2016] EWCA Civ 162*.
10. The Tribunal took account of the potential disadvantage to Dr Adeboro in not attending the hearing but weighed that against the wider public interest. The Tribunal bore in mind that the GMC has been in regular contact with Dr Adeboro who has consistently responded that

he would not attend this hearing. It is satisfied that Dr Adeboro has voluntarily absented himself from today's proceedings.

**11.** The Tribunal noted that, whilst Dr Adeboro has engaged with the regulatory process thus far, it is clear that he does not wish to participate in this hearing. It considers that were it to adjourn today and reconvene at a later date, it is very unlikely that Dr Adeboro would attend given his previous communications with the GMC.

**12.** On the basis of the information provided and in accordance with Rule 31, the Tribunal has determined that it is appropriate and in the interests of justice to proceed with the hearing in the absence of Dr Adeboro.