

PUBLIC RECORD

Dates: 17/03/2021 - 19/03/2021

Medical Practitioner's name: Dr Joy BEDIAKO-NTIM

GMC reference number: 6159931

Primary medical qualification: MB ChB 2005 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:

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| Legally Qualified Chair | Mr Sean Ell |
| Medical Tribunal Member: | Dr Christopher Simpson |
| Medical Tribunal Member: | Professor Irving Benjamin |
| | |
| Tribunal Clerk: | Ms Angela Carney |

Attendance and Representation:

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| Medical Practitioner: | Present and represented |
| Medical Practitioner's Representative: | Ms Penny Maudsley, Counsel, directly instructed. |
| GMC Representative: | Mr Bob Sastry, 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 Restoration - 19/03/2021

Background

The 2011 Panel

1. A Fitness to Practise Panel was held in October 2011 (The 2011 Panel) to consider Dr Bediako-Ntim's misconduct. Dr Bediako-Ntim was not present at that hearing and the 2011 Panel did not draw any adverse inference from this. Dr Bediako-Ntim provided written submissions in which she admitted that she falsified her ePortfolio work in May 2009 which was the deadline given for ePortfolio submission.
2. Dr Bediako-Ntim commenced working as a Foundation Year 1 trainee at the North Tees and Hartlepool NHS Foundation Trust in August 2008.
3. The 2011 Panel found that during May 2009 whilst working as a Foundation Year 1 trainee Dr Bediako-Ntim had falsified four Multi Source Feedback Assessments (MSFs), three Clinical Evaluation Exercise Assessments (MiniCEX) and nine Directly Observed Procedural Skills (DOPS) in her ePortfolio, fabricating the entries and purporting that they had been carried out by different members of staff. The 2011 Panel found Dr Bediako-Ntim's actions to have been dishonest. Furthermore, it found that her dishonesty was not isolated, but persistent and premeditated. The 2011 Panel determined that Dr Bediako-Ntim's conduct constituted a serious departure from the fundamental principles of Good Medical Practice and that her fitness to practise was impaired by reason of her misconduct.
4. At the Sanction stage, as Dr Bediako-Ntim was neither present nor represented, GMC Counsel identified points raised by Dr Bediako-Ntim that might be considered mitigation, including the pressures that Dr Bediako-Ntim was under at the time due to:
 - XXX
 - XXX
 - the ill-health of a relative
 - the absence of a supportive network.
5. The 2011 Panel took into account that, when discovered, Dr Bediako-Ntim admitted to her actions and had co-operated fully with the Trust's investigation.

6. The 2011 Panel determined that to conclude Dr Bediako-Ntim's case by taking no action would be wholly insufficient because it would not reflect the seriousness of the findings of dishonesty, nor would it maintain public confidence in the medical profession nor uphold proper standards of behaviour and conduct.

7. In relation to conditions, the 2011 Panel noted that the matters before it concerned a lack of probity. It considered that, in those circumstances, conditions would not be appropriate or workable and would not address the issues. The 2011 Panel noted that there had been no evidence of clinical deficiency in Dr Bediako-Ntim's case. The 2011 Panel determined that conditions would not be sufficient to protect the public interest and maintain confidence in the medical profession.

8. The 2011 Panel took account of those paragraphs 69, 75, 108 and 111 in the Indicative Sanctions Guidance (2006 edition) which dealt with suspension and erasure. The 2011 Panel was conscious that erasure was frequently the sanction that was imposed in cases involving dishonesty. However, the 2011 Panel accepted the personal mitigation put forward by Dr Bediako-Ntim.

9. The 2011 Panel accepted that Dr Bediako-Ntim's judgment was clouded during the two-week period in May 2009. It noted that when discovered she admitted to her actions and had co-operated with the Trust from the outset. The 2011 Panel noted her apologies and expressions of remorse. The 2011 Panel noted that these factors did not excuse Dr Bediako-Ntim's behaviour in falsifying the ePortfolio entries, but it considered that they were matters that justified the lesser sanction of suspension. The 2011 Panel balanced the seriousness of dishonesty against these factors. The 2011 Panel determined that a period of suspension would be sufficient to maintain public confidence in the medical profession and ensure and declare the upholding of proper standards of behaviour. Further, that such a sanction would mark the seriousness of the conduct and send out a message to the public and the profession that such dishonesty is not acceptable and will not be tolerated.

10. The 2011 Panel suspended Dr Bediako-Ntim's registration for a period of 9 months and directed a review. It considered that any reviewing Panel would be assisted by Dr Bediako-Ntim providing:

- efforts made to keep up to date with medical practice
- references from individuals of good standing as to the doctor's conduct in the intervening period
- evidence that the doctor fully understands the gravity of her actions.

11. The 2011 Panel determined that in view of the fact that there were no patient safety issues it was not necessary to impose an order for immediate suspension.

The 2012 Panel

12. In July 2012 Dr Bediako-Ntim's case was reviewed by a Fitness to Practise Panel (the 2012 Panel). The 2012 Panel noted that Dr Bediako-Ntim was not present or represented as she was currently out of the country and unlikely to return for a few months. The 2012 Panel considered that as Dr Bediako-Ntim was aware of the hearing and had not applied for an adjournment, it determined that Dr Bediako-Ntim had voluntarily waived her right to attend the hearing and be represented. It concluded that it was in the public interest and appropriate to proceed with the hearing. The 2012 Panel emphasised that it would not draw any adverse conclusions from Dr Bediako-Ntim's absence.

13. The 2012 Panel noted that the GMC had written to Dr Bediako-Ntim on numerous occasions, since the conclusion of her hearing in October 2011, to inform her of the review hearing and to ask her to provide the information requested by the 2011 Panel. However, Dr Bediako-Ntim had not replied, save for her correspondence on 18 June 2012, acknowledging the review hearing.

14. The 2012 Panel considered that nothing had changed since Dr Bediako-Ntim's original fitness to practise hearing in 2011. The 2012 Panel found that there was no new information before it regarding Dr Bediako-Ntim's insight or the steps she had taken to maintain and update her medical knowledge. It found there was no evidence that Dr Bediako-Ntim had fully understood the seriousness of her misconduct. It had not received references from individuals of good standing as to Dr Bediako-Ntim's conduct during the period of her suspension. The 2012 Panel considered that Dr Bediako-Ntim lacked insight into her responsibility to engage with her regulatory body and referenced Paragraph 68 of Good Medical Practice (2006 edition).

15. The 2012 Panel was of the view that the onus was on Dr Bediako-Ntim to demonstrate that her fitness to practise was no longer impaired. Therefore, the 2012 Panel concluded that Dr Bediako-Ntim's fitness to practise was impaired by reason of her misconduct pursuant to Section 35C(2)(a) of the Medical Act 1983, as amended.

16. The 2012 Panel found that as Dr Bediako-Ntim had not provided any evidence that she fully understood the gravity of her actions, it determined that it would be insufficient to take no action on her registration.

17. The 2012 Panel recognised that in cases of dishonesty it is difficult to formulate appropriate conditions. Furthermore, in view of Dr Bediako-Ntim's lack of engagement with the GMC, the 2012 Panel had no evidence to assist it to formulate appropriate and workable conditions nor was it satisfied that Dr Bediako-Ntim would engage with conditions. Therefore, the 2012 Panel determined that conditions were not an appropriate, proportionate or workable sanction.

18. The Panel then went on to consider whether it would be sufficient to suspend Dr Bediako-Ntim's registration and considered the non-exhaustive list of factors set out in paragraph 75 of the Indicative Sanctions Guidance.
19. The 2012 Panel considered that Dr Bediako-Ntim's misconduct constituted a serious breach of Good Medical Practice. It noted that it had received no evidence to demonstrate that Dr Bediako-Ntim had reflected further on her misconduct and that she fully understood the gravity of her actions. Furthermore, the 2012 Panel was not satisfied that she would not repeat her behaviour.
20. The 2012 Panel was concerned by Dr Bediako-Ntim's failure to engage with her regulatory body and provide the requested information. The 2012 Panel noted that although Dr Bediako-Ntim was not present at her Fitness to Practise hearing in October 2011 she provided a letter which included matters of mitigation. The 2012 Panel noted that, on the basis of the mitigation, the 2011 Panel determined that the appropriate sanction was one of suspension, rather than erasure. It noted that the sanction of suspension reflected the seriousness of her misconduct but also afforded Dr Bediako-Ntim the opportunity to demonstrate that she fully understood the gravity of her actions and provide reassurance that such misconduct would not be repeated.
21. The 2012 Panel noted that it had received no information from Dr Bediako-Ntim about her situation or how she had addressed the specific issues highlighted by the 2011 Panel, despite the GMC's repeated invitations for her to supply the required information.
22. The Panel considered that Dr Bediako-Ntim had deliberately chosen not to engage with her regulatory body. The 2012 Panel considered whether it should afford Dr Bediako-Ntim a further opportunity to engage with the GMC and to provide evidence of insight and remediation. The 2012 Panel noted that nine months had elapsed since Dr Bediako-Ntim's original Fitness to Practise hearing. The 2012 Panel was not persuaded that, in light of her failure to engage with the GMC and provide the required information, despite the clear advice she has received, such further opportunity would have any worthwhile outcome. The 2012 Panel considered that Dr Bediako-Ntim had been given ample opportunity to at least begin the process of remediation. However, it had no evidence before it that she has done so.
23. The 2012 Panel considered that Dr Bediako-Ntim's failure to engage with her regulatory body was serious and was behaviour which was fundamentally incompatible with her continuing to practise medicine. In all the circumstances, the 2012 Panel determined that it would be neither appropriate nor proportionate to suspend Dr Bediako-Ntim's registration. Consequently, it determined that Dr Bediako-Ntim's name must be erased from the Medical Register in order to maintain public confidence in the profession and declare and uphold proper standards of conduct and behaviour.

Today's hearing

Evidence

24. This Tribunal took account of the documentary evidence provided, which included, but was not limited to:

- Record of Determination Fitness to Practise Panel 3-10 October 2011
- Record of Determination Fitness to Practise Review Panel 11 July 2012
- Dr Bediako-Ntim's Application for restoration and supporting evidence
- Dr Bediako-Ntim's reflective statement dated 9 February 2021
- Dr Bediako-Ntim's Curriculum Vitae
- Dr Bediako-Ntim's Training and CPD Certificates
- Dr Bediako-Ntim's letter of apology to University Hospital of North Tees dated 7 February 2021

Dr Bediako-Ntim's oral evidence

25. Dr Bediako-Ntim confirmed the contents of her reflective statement dated 9 February 2021.

26. Dr Bediako-Ntim apologised to the GMC and MPTS for not attending her substantive hearing in 2011. She also apologised for her misconduct and the lack of engagement with the GMC. She accepted that the letter she submitted to the 2011 Panel was insufficient and that she should have attended in person. She stated that it is important to engage with the GMC but at the time she had personal issues. She stated she thought she could attend to her personal issues and then engage.

27. Dr Bediako-Ntim stated that she currently works as a health care worker and described the transferrable skills she has gained in that position. Dr Bediako-Ntim identified that the standards of a doctor must be maintained at all time. She acknowledged the protection of the public is paramount and informed the Tribunal that in her current position she is responsible for safeguarding.

28. Dr Bediako-Ntim stated that her dishonest behaviour was out of character and there were a number of personal issues at the time which contributed to her dishonesty. She said that she made a mistake, used bad judgement and made poor choices. She stated that she had '*spoken out*' at work asking for support. She informed the Tribunal that she has learnt that there is now a lot more support available to help care for her relative, as a result of the introduction of 2014 Care Act. She accepted that her personal circumstances at the time were not an excuse for her dishonesty.

29. Dr Bediako-Ntim stated that her dishonesty happened at a time in her life when there were a number of stressors which she has not experienced since. She stated that she now

has coping mechanisms to manage stress and not only is she more self-aware, but that she is aware of the support available to her.

30. On reading the 2011 Panel's determination she said that she felt she had come across as a dishonest person, which she is not. She said her actions at the time were dishonest, but she did not intend to portray herself as a dishonest person. She had always wanted to do the best as a doctor by taking care of people and that her close friends would know that she is not a person who would intentionally harm others.

31. Dr Bediako-Ntim accepted that she was dishonest, and that her dishonesty was persistent because it was repeated. She accepted that she had covered up her dishonesty. Dr Bediako-Ntim explained it was an isolated event in her life and that she had not intended to be dishonest. She has never denied her dishonesty. Dr Bediako-Ntim stated that she wished she had attended the substantive hearing in order to apologise and to provide an explanation of how and why she had falsified documents.

32. Dr Bediako-Ntim explained that she remains very much aware of her dishonesty and what she did. She said that following the hearing she reflected on what she had done and made the decision to remove herself from clinical practice due to her personal issues. She stated that she knows her dishonesty was wrong, and that she knew at the time it was wrong.

33. Dr Bediako-Ntim confirmed that she has not practised medicine since her suspension in October 2011. She stated that she lived in the USA *'on and off'* for a number of years and returned to the UK in 2016. She has undertaken a clinical observership at the Princess Alexander Hospital under Dr A between 3 July 2019 and 9 August 2019.

34. Dr Bediako-Ntim stated that she has also undertaken a clinical observership with Dr C in the USA in 2012. She informed the Tribunal that she had kept her medical knowledge up to date by continually having discussions with other medical professionals and by daily reading of medical journals, specifically on dishonesty. She also stated she had a subscription to 'GP on-line' and has been reading cases. She has not kept a record of what she has been reading. She referred the Tribunal to the Continuing Professional Development (CPD) courses that she completed in September and October 2020 and confirmed to the Tribunal that these are the only clinical practice courses she has undertaken since 2009.

35. Dr Bediako-Ntim accepted that the role of a doctor is inherently stressful but stated that she is now in a different position in her life. She said she has a good support system and is financially secure. She said that she discusses personal issues with friends and described the benefits of having a mentor.

36. Dr Bediako-Ntim informed the Tribunal that she did written reflections on her reading and during her clinical observership, but they were personal notes. She said that she did not provide her personal notes for the hearing as she was not aware that they would be of any value because she has not attended a hearing before. Dr Bediako-Ntim told the

Tribunal that she is aware of current guidance, Good Medical Practice and the British National Formulary.

37. Dr Bediako-Ntim accepted that she had not sought to shadow other professional colleagues, such as GPs. She said that she briefly discussed observerships with her own GP but did not follow up on it. In relation to Advanced Life Support (ALS) courses she stated that her certificate expired in 2008.

38. Dr Bediako-Ntim told the Tribunal that she did not know what the current annual CPD requirements were. She told the Tribunal that she had undertaken XXX in relation to her actions and the effects on her of the care of her relative with long term illness. Dr Bediako-Ntim stated that if she returned to clinical practice and found herself in difficulty, she would assess her situation and her work/life balance. She said that she would also speak to friends to seek support, advice and encouragement. She would ensure that she is upholding and maintaining the standards of a doctor. Dr Bediako-Ntim told the Tribunal that if she returned to clinical practice she would look into whatever support was available at the hospital to assist her.

Submissions

39. Mr Sastry, on behalf of the GMC, told the Tribunal that the GMC is opposed to Dr Bediako-Ntim's restoration application. He referred the Tribunal to the '*Guidance for medical practitioners tribunals on restoration following disciplinary erasure*'. (the Guidance) and reminded the Tribunal of the test to be applied as set out in *GMC v Chandra [2018] EWCA Civ 1898* and *[2019] EWCA Civ 236*.

40. Mr Sastry referred the Tribunal to the reasons in the 2012 Panel's determination on erasure. He reminded the Tribunal of the circumstances in 2009 that led to Dr Bediako-Ntim's erasure and the finding that Dr Bediako-Ntim's dishonesty was repeated and pre-meditated.

41. Mr Sastry acknowledged that Dr Bediako-Ntim has demonstrated some insight and shown remorse. However, he submitted that despite the remorse shown, Dr Bediako-Ntim appeared not to have reflected on or understood the term 'pre-meditated'. It is important that a doctor reflects on the findings made and considered what is said about them in the decision, in order to alter that behaviour. Mr Sastry submitted that Dr Bediako-Ntim in her oral evidence today has not demonstrated that she has reflected on the gravity of her actions. He reminded the Tribunal that it is difficult to remediate dishonesty and it is for the Tribunal to determine whether the concerns have been remedied and if her behaviour is likely to be repeated.

42. Mr Sastry referred the Tribunal to Dr Bediako-Ntim's statement in which she described her personal issues at that time. He submitted that there remains a real issue of repetition as there are still difficulties and stressors in Dr Bediako-Ntim's life. He further submitted that Dr Bediako-Ntim's remediation only amounts to a two-hour ethics course and

reading topics which relate to dishonesty which are insufficient in the circumstances. These factors point to there being a risk of repetition.

43. Mr Sastry took the Tribunal through Dr Bediako-Ntim's evidence on what she has done since her name was erased from the Medical Register. He acknowledged that Dr Bediako-Ntim is currently employed in social care and drew the Tribunal's attention to the character reference from her current employer Mr B. He submitted that it is difficult to see how Dr Bediako-Ntim's current position is related and relevant to clinical medicine. He reminded the Tribunal of the limited CPD that Dr Bediako-Ntim has undertaken and submitted that it falls a long way short of what is required to restore Dr Bediako-Ntim to the Medical Register. The onus is on Dr Bediako-Ntim to demonstrate she has kept her skills and knowledge up to date.

44. Mr Sastry submitted that since 2009 Dr Bediako-Ntim has only undertaken an observership in 2019, an externship in 2012 as well as a 2 day observership in the USA in 2012. That is the extent of her medical work. He submitted that this was insufficient in the circumstances for the Tribunal to be satisfied that she has maintained her skills and kept her clinical knowledge up to date. Mr Sastry reminded the Tribunal that Dr Bediako-Ntim accepted that clinical skills can be eroded over time. He submitted there is a risk to the public if Dr Bediako-Ntim is permitted to return given her deskilling.

45. Mr Sastry submitted that restoration is unlikely to meet the overarching objective under all three limbs. He reminded the Tribunal that the onus is on Dr Bediako-Ntim to satisfy it that she is fit to practise and to be restored to the Medical Register.

44. Ms Maudsley, on behalf of Dr Bediako-Ntim, acknowledged that the onus is on Dr Bediako-Ntim to satisfy the Tribunal that she is fit to practise and to be restored to the Medical Register. She reminded the Tribunal of Dr Bediako-Ntim's dishonest conduct in May 2009. She stated that it is for the Tribunal, when deciding whether to grant the application, to consider all the evidence and be satisfied the overarching objective is met by its decision.

45. Ms Maudsley stated that in May 2009 whilst working on a surgical rotation Dr Bediako-Ntim made false entries into her ePortfolio but on discovery she admitted her dishonesty and resigned from her position. Ms Maudsley acknowledged that Dr Bediako-Ntim did not attend the 2011 or 2012 hearings. Ms Maudsley reminded the Tribunal that Dr Bediako-Ntim's actions are historical acts, she admitted them at the time and has always taken full responsibility. She stated that the doctor has also taken responsibility for not engaging with her regulator. She said that Dr Bediako-Ntim has demonstrated genuine remorse and apologised to the Trust and her Deanery. She stated that the doctor has also apologised to the GMC for her lack of engagement. Ms Maudsley stated that Dr Bediako-Ntim has shown a high level of insight into what went wrong.

46. Ms Maudsley stated that on reflection, Dr Bediako-Ntim realises that there were consequences to her actions that could have caused harm to patients and caused disappointment to her professional colleagues and employers. She stated that Dr Bediako-

Ntim accepted that her dishonesty could impact on public confidence in the profession. Ms Maudsley submitted that Dr Bediako-Ntim has reflected on her dishonesty and knows that she should have acted differently.

47. Ms Maudsley acknowledged that dishonesty is difficult to remediate but in some circumstances the passage of time can remediate that dishonesty. She reminded the Tribunal that there has been no repetition of Dr Bediako-Ntim's dishonesty. She said if placed in the same position Dr Bediako-Ntim would act very differently and be more organised in order not to repeat her misconduct. Ms Maudsley stated that Dr Bediako-Ntim's maturity has developed and she has been able to describe to the Tribunal the steps that she has put in place to avoid the risk of repetition. She submitted that Dr Bediako-Ntim is in a much more stable position now than she was in 2009. The dishonesty, which occurred years ago, appears to have been very much out of character.

48. Ms Maudsley referred the Tribunal to the positive testimonials, in particular from Dr Bediako-Ntim's employer, Mr B, in which he confirmed there are no concerns about her honesty.

49. Ms Maudsley reminded the Tribunal that Dr Bediako-Ntim completed a probity and ethics course. Ms Maudsley submitted that Dr Bediako-Ntim has shown significant remorse, demonstrated a high level of insight and understands the gravity of her actions. She stated that this is evidenced in Dr Bediako-Ntim's reflections. She submitted that Dr Bediako-Ntim is extremely unlikely to repeat her dishonesty.

50. Ms Maudsley referred the Tribunal to the clinical observership that Dr Bediako-Ntim had completed and the positive comments from Dr A, in particular that Dr Bediako-Ntim has the right attitude for a junior doctor. Ms Maudsley stated that it has been difficult for Dr Bediako-Ntim to undertake further courses due to the current pandemic.

51. Ms Maudsley reminded the Tribunal that Dr Bediako-Ntim, if restored, would only be restored to the Medical Register provisionally, starting over as a junior doctor and her knowledge and skills would be re-learned.

52. In conclusion, Ms Maudsley submitted that Dr Bediako-Ntim has reflected on her actions and is no longer untrustworthy. She submitted that if the public were aware of all the circumstance of the case, restoring Dr Bediako-Ntim would not damage the reputation of the profession. She submitted that Dr Bediako-Ntim is fit to practise and the overarching objective would be met by her restoration.

The Relevant Legal Principles

53. The Tribunal noted it has a broad discretion when considering an application for restoration. It has taken into account the test as set out in *GMC v Chandra [2018] EWCA Civ 1898 and [2019] EWCA Civ 236*, and noted that it must consider all matters in order to

determine if the doctor is fit to practise, and whether restoration to the Medical Register would be consistent with the overarching objective.

54. The Tribunal reminded itself that it should not seek to go behind the 2011 Fitness to Practise Panel's findings on facts, impairment and sanction or the 2012 determination to erase Dr Bediako-Ntim's name from the Medical Register.

55. The Tribunal also noted that the onus is on Dr Bediako-Ntim to persuade it that she is fit to practise and should be returned to unrestricted practise. The Tribunal has borne in mind that, should it determine to restore Dr Bediako-Ntim's name to the Medical Register, there is no provision for this to be on the basis of anything other than unrestricted registration, albeit that this would be in the capacity of a Foundation doctor with provisional registration.

The Tribunal's Decision

56. The Tribunal bore in mind the test to be applied when considering if a doctor should be restored, which 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'*.

57. The statutory overarching objective, which includes to:

- a. protect and promote the health, safety and wellbeing of the public
- b. promote and maintain public confidence in the medical profession
- c. promote and maintain proper professional standards and conduct for the members of the profession

58. The Tribunal has taken account of the *'Guidance for medical practitioners tribunals on restoration following disciplinary erasure'*. The Tribunal took account of the factors for it to consider as set out in paragraphs B4 to B34 of that guidance.

The circumstances that led to disciplinary erasure

61. The Tribunal has taken account of the background of the case, as stated above. In particular, it noted that the 2011 Panel found that Dr Bediako-Ntim's dishonesty was not isolated, but persistent and premeditated. Further, the 2011 Panel determined that Dr Bediako-Ntim's conduct constituted a serious departure from the fundamental principles of Good Medical Practice and that her fitness to practise was impaired by reason of her misconduct.

62. The Tribunal also noted that the 2012 Panel considered that nothing had changed since Dr Bediako-Ntim's original fitness to practise hearing in 2011. That Panel found that

there was no new information before it regarding Dr Bediako-Ntim's insight or the steps she had taken to maintain and update her medical knowledge or that she had fully understood the seriousness of her misconduct. The 2012 Panel had not received references from individuals of good standing as to Dr Bediako-Ntim's conduct during the period of her suspension and it considered that she lacked insight into her responsibility to engage with her regulatory body.

63. The Tribunal noted paragraphs 71 and 72 of Good Medical Practice (2013) (GMP), which state:

'71. You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading.

- a. You must take reasonable steps to check the information is correct.*
- b. You must not deliberately leave out relevant information.*

72. You must be honest and trustworthy when giving evidence to courts or tribunals. You must make sure that any evidence you give or documents you write or sign are not false or misleading.

- a. You must take reasonable steps to check the information.*
- b. You must not deliberately leave out relevant information.'*

64. The Tribunal considered that the onus is on Dr Bediako-Ntim to demonstrate that she has insight into the dishonest behaviour and remediated her misconduct.

Insight and remorse

65. The Tribunal noted that Dr Bediako-Ntim was not present or represented at the 2011 and 2012 Panel hearings. Due to her non-attendance, Dr Bediako-Ntim deprived herself of the opportunity to demonstrate she had developed insight at that time. In the absence of evidence of her insight, the 2012 Panel determined that Dr Bediako-Ntim's name must be erased from the Medical Register.

66. The Tribunal noted that prior to the 2011 hearing Dr Bediako-Ntim had admitted her dishonesty to the Trust at the outset. Dr Bediako-Ntim also expressed remorse and apologised. The Tribunal is satisfied that Dr Bediako-Ntim has carefully considered her dishonest conduct, understands how she ended up in the situation that she found herself in May 2009, as evidenced in both her statement and oral evidence. It was clear to the Tribunal that Dr Bediako-Ntim has fully accepted that she should have acted differently and the impact her dishonest conduct had on her professional colleagues as well as the potential impact it could have had on patients.

67. The Tribunal noted that prior to the 2011 hearing Dr Bediako-Ntim expressed remorse and apologised. It also took into account that since her erasure, Dr Bediako-Ntim has formally apologised to the Trust and her colleagues in letters dated 7 February 2021. Dr Bediako-Ntim received an acknowledgement of her apology dated 12 February 2021 from the Chief Executive of the Trust in which she wished her the best of luck for the future.

68. At the outset of her oral evidence Dr Bediako-Ntim apologised to the GMC, the MPTS and the Tribunal for her misconduct and her failure to engage in the fitness to practise process. She emphasised that she understood the importance of engaging with her regulator and accepts she should have attended the previous hearings.

69. The Tribunal was satisfied that Dr Bediako-Ntim's remorse for her dishonesty is genuine and that she has now demonstrated full remorse for her misconduct.

70. Dr Bediako-Ntim told the Tribunal that she is a very private person. The Tribunal was concerned that whilst she identified that she could seek support from within the hospital if she returned to the Medical Register, she would prefer to receive support from her own network of family and friends. Nevertheless, the Tribunal was satisfied that overall Dr Bediako-Ntim understood what had led to her dishonesty and that she had on reflection, identified how she would act differently if she were to find herself in the same difficult and stressful position in the future. The Tribunal was satisfied that Dr Bediako-Ntim has gained insight into her dishonest conduct and that she now fully recognises the seriousness and gravity of her actions.

Remediation and risk of repetition

71. The Tribunal was mindful that dishonesty can be difficult to remediate.

72. In her oral evidence Dr Bediako-Ntim described how she has taken steps to remediate her dishonesty by speaking to friends and family and XXX. Dr Bediako-Ntim has also undertaken a course on medical ethics and probity. She has apologised to the Trust, her colleagues, the GMC and the Tribunal.

73. The Tribunal noted that this is Dr Bediako-Ntim's first application for restoration, nine years following her erasure. She told the Tribunal that circumstances in her private life were settled and now was the right time in her life to apply for restoration. The Tribunal considered that this demonstrated insight and maturity. It was also clear that Dr Bediako-Ntim understands the pressures that her caring responsibilities may have on her clinical practice and that she has taken steps to ensure that they would not impact on her, if she were to be restored to the Medical Register.

74. The Tribunal noted that for the past two years Dr Bediako-Ntim has worked in the social care sector, which can be a stressful environment. It took into account the testimonial provided by her employer, who confirmed that there have been no concerns about her

honesty. There is no evidence that there has been a repetition of Dr Bediako-Ntim's dishonest behaviour in the twelve years since the misconduct.

75. In all the circumstances, the Tribunal was satisfied that Dr Bediako-Ntim has remediated her misconduct. The Tribunal concluded that given Dr Bediako-Ntim's insight and her remediation the risk of her repeating her misconduct was now low.

Skills and Knowledge

76. The Tribunal considered the steps Dr Bediako-Ntim has undertaken to keep her skills and knowledge up to date since her name was erased from the Medical Register. The Tribunal noted that it was almost twelve years since Dr Bediako-Ntim last practised medicine.

77. The Tribunal considered that the lapse of time since Dr Bediako-Ntim's erasure was a significant factor. The Tribunal noted that Dr Bediako-Ntim has worked in the social care sector for two years but is of the opinion that there is a difference between social care and health care.

78. The Tribunal took into account that if Dr Bediako-Ntim is restored to the Medical Register she would return to Foundation Year 1 training. It noted that as an FY1 trainee Dr Bediako-Ntim would only have provisional registration.

79. The Tribunal noted that Dr Bediako-Ntim undertook a clinical observership in 2019 for a period of six weeks. Prior to that she had undertaken an externship in 2012. The Tribunal was provided little information about the externship. Dr Bediako-Ntim told the Tribunal that her Advance Life Support Certificate expired in 2008 and that she has not renewed it. In addition to the ethics course, Dr Bediako-Ntim provided the Tribunal with certificates from three CPD courses she undertook between September and October 2020. This was the extent of the courses she has undertaken in respect of her medical knowledge and skills. Dr Bediako-Ntim told the Tribunal that she discussed medicine with other medical professionals but did not provide any documentary evidence of these discussions or her reflections on them. She also told the Tribunal that she has been reading and made personal notes as part of her learning and reflection but did not provide the Tribunal with any documentary evidence of this.

80. The Tribunal noted that the onus is on Dr Bediako-Ntim to satisfy the Tribunal that she is fit to return to the Medical Register. The Tribunal considered that the evidence that Dr Bediako-Ntim has kept her knowledge and skills up to date is limited. The Tribunal is of the view that given the period of time since Dr Bediako-Ntim was last in practice she has not kept her knowledge and skills sufficiently up to date such that the Tribunal can be satisfied that there would be no risk to patients if Dr Bediako-Ntim returned to clinical practice at this time.

Whether restoration will meet the statutory overarching objective

81. Having considered the reasons for Dr Bediako-Ntim's erasure and the factors set out above, the Tribunal went on to determine whether she is fit to practise and should be restored to the Medical Register. The Tribunal considered whether restoring Dr Bediako-Ntim to the Medical Register would satisfy each limb of the overarching objective.

82. Although the Tribunal is satisfied that Dr Bediako-Ntim has gained insight into her misconduct, understands the gravity of her dishonesty and there is a low risk of repetition, it is not satisfied that Dr Bediako-Ntim is currently fit to practise, due to the failure to keep her knowledge and skills up to date since she was last in medical practice in June 2009. The Tribunal concluded that restoring Dr Bediako-Ntim's name to the Medical Register at this time would not meet the need to protect and promote the health, safety and wellbeing of the public.

83. The Tribunal was also of the view that a well-informed member of the public, aware of all the relevant facts, would be concerned to learn that a doctor had been allowed to return to unrestricted practice after almost twelve years without having kept their medical skills and knowledge up to date. Therefore, the Tribunal determined that allowing Dr Bediako-Ntim's name to be restored to the Medical Register at this time would not meet the need to maintain public confidence in the profession. The Tribunal also concluded that the need to promote and maintain professional standards would not be met if Dr Bediako-Ntim were allowed to return to the Medical Register at this time.

84. In all the circumstances and for the reasons given above, the Tribunal determined that Dr Bediako-Ntim is not fit to return to unrestricted practice. Accordingly, Dr Bediako-Ntim's application for a return to unrestricted registration is refused.

85. That concludes this case.

Confirmed

Date 19 March 2021

Mr Sean Ell, Chair