

PUBLIC RECORD

Dates: 24/06/2024 - 26/06/2024

Medical Practitioner's name: Dr Kelechi OPARA

GMC reference number: 7616753

Primary medical qualification: MB BS 2015 University of Port Harcourt

Type of case	Outcome on facts	Outcome on impairment
New - Misconduct	Facts relevant to impairment found proved	Impaired

Summary of outcome

Suspension, 9 months.
Review hearing directed

Tribunal:

Legally Qualified Chair	Ms Louise Sweet
Lay Tribunal Member:	Ms Rama Krishnan
Medical Tribunal Member:	Dr Liz Ball

Tribunal Clerk:	Mx Nate Caruso-Kelly
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Attendance and Representation:

Medical Practitioner:	Present, represented
Medical Practitioner's Representative:	Mr Tariq Mahmood, Counsel, instructed by direct access
GMC Representative:	Ms Janet Ironfield, 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 Facts and Impairment - 25/06/2024

Background

1. Dr Opara qualified in 2015 at the University of Port Harcourt, Nigeria. He came to the UK as a trainee doctor, at the time of the events Dr Opara was practising in the spinal department of Queen's Medical Centre at Nottingham University Hospitals NHS Trust ('the Trust') and was also undertaking locums shifts in the emergency department at the same hospital.
2. The allegation that has led to Dr Opara's hearing can be summarised as follows. It is alleged that, on 6 July 2022, Dr Opara dishonestly submitted a time sheet ('the time sheet') for work undertaken in the emergency department at Queen's Medical Centre between 8pm on 5 July 2022 and 6am on 6 July 2022 which was purported to be signed by Dr A, when Dr Opara did not work the shift set out in the time sheet and had dishonestly signed the time sheet purporting to be Dr A. It is alleged that Dr Opara knew that the information in the time sheet to be untrue and that it had not been signed by Dr A and was therefore acting dishonestly.
3. It is further also alleged that on 18 July 2022 to 19 July 2022 Dr Opara was on the rota to work a shift at the spinal department at Queen's Medical Centre ('Rota Shift 1') and was also booked to work an overlapping bank shift at the emergency department at Queen's Medical Centre ('Rota Shift 2'). It is alleged that Dr Opara dishonestly submitted a time sheet to claim pay for working Bank Shift 1, when he knew he should not work the overlapping shifts and should not have been paid for both.
4. It is further alleged that on 19 July 2022 to 20 July 2022, Dr Opara was again booked for a rota shift at the spinal department of Queen's Medical Centre ('Rota Shift 2') and an

overlapping bank shift at the emergency department at Queen’s Medical Centre (‘Bank Shift 2’), which was dishonest, as he knew he could not work both shifts.

5. The initial concerns were raised with the GMC on 12 December 2022 by 360 Assurance, Dr Opara’s locum agency. This followed concerns being raised with 360 Assurance by the Trust.

The Allegation and the Doctor’s Response

6. The Allegation made against Dr Opara is as follows:

That being registered under the Medical Act 1983 (as amended):

1. On 6 July 2022 you submitted a time sheet (‘the Time Sheet’):
 - a. for work undertaken on the emergency department at Queen’s Medical Centre between 20:00 on 5 July 2022 and 06:00 on 6 July 2022;

Admitted and found proved.

- b. purported to be signed by Dr A.

Admitted and found proved.

2. You:
 - a. did not work on the emergency department at Queen’s Medical Centre between approximately 00:00 and 06:00 on 6 July 2022;

Admitted and found proved.

- b. signed the Time Sheet purporting to be Dr A.

Admitted and found proved.

3. At the time of your actions as described in paragraph 1, you knew that:
 - a. you included information in the Time Sheet that was untrue;

Admitted and found proved.

- b. Dr A had not signed the Time Sheet.

Admitted and found proved.

4. Your actions as set out at paragraph 1a were dishonest by reason of paragraphs 2a and 3a.

Admitted and found proved.

5. Your actions as set out at paragraph 1b were dishonest by reason of paragraphs 2b and 3b.

Admitted and found proved.

6. On 18 July 2022 to 19 July 2022 you:
- a. were on the rota to work a shift on the spinal department at Queen’s Medical Centre (‘Rota Shift 1’);

Admitted and found proved.

- b. were booked to work a bank shift on the emergency department at Queen’s Medical Centre (‘Bank Shift 1’) having previously booked that shift yourself;

Admitted and found proved.

- c. submitted a time sheet to claim pay for working Bank Shift 1.

Admitted and found proved.

7. You knew that:
- a. you could not work Rota Shift 1 and Bank Shift 1 as they overlapped;

Admitted and found proved.

- b. Rota Shift 1 and Bank Shift 1 overlapped so you should not be paid for both.

Admitted and found proved.

8. Your actions as described at:
- a. paragraph 6b were dishonest by reason of paragraph 7a;

Admitted and found proved.

- b. paragraph 6c were dishonest by reason of paragraph 7b.

Admitted and found proved.

9. On 19 July 2022 to 20 July 2022 you:

- a. were on the rota to work a shift on the spinal department at Queen’s Medical Centre (‘Rota Shift 2’);

Admitted and found proved.

- b. were booked to work a bank shift on the emergency department at Queen’s Medical Centre (‘Bank Shift 2’) having previously booked that shift yourself.

Admitted and found proved.

10. You knew that you could not work Rota Shift 2 and Bank Shift 2 as they overlapped.

Admitted and found proved.

11. Your actions as described at paragraph 9b were dishonest by reason of paragraph 10.

Admitted and found proved.

And that by reason of the matters set out above your fitness to practise is impaired because of your misconduct. **To be determined.**

The Admitted Facts

7. At the outset of these proceedings, through his Counsel, Mr Mahmood, Dr Opara made admissions to all paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (‘the Rules’). In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced all paragraphs of the Allegation as admitted and found proved.

Impairment

8. The Tribunal now must 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 Opara’s fitness to practise is impaired by reason of misconduct.

9. The Tribunal took into account written and oral witness evidence as follows:
- a) Witness statement of Dr Opara, undated;
 - b) Witness statement of Dr B, dated 17 April 2024; and
 - c) Testimonial statement of Mr C, undated.
10. The Tribunal took into account the written statements and documents that were provided by the GMC as follows:
- a) Witness statement of Dr D, dated 12 July 2023;
 - b) Witness statements of Dr A, dated 19 June 2023 and 6 February 2024;
 - c) Witness statements of Mr E, dated 17 April 2023 and 30 January 2024;
 - d) Witness statement of Dr F, dated 1 August 2023;
 - e) Witness statement of Ms G, dated 5 February 2024;
 - f) Various emails between Dr D, Dr A and the Trust HR department, dated between 20 July and 13 July 2022;
 - g) Email from 'Patchwork' to Dr A, dated 6 July 2022;
 - h) Productivity charts produced by Dr A, dated 5 July 2022;
 - i) Screenshots of Dr Opara's payroll, dated throughout July 2022;
 - j) Email from Mr E to Dr Opara regarding the meeting on 5 August 2022;
 - k) Rota in the spinal department, dated throughout July 2022;
 - l) Email from Dr Opara to Mr E dated March 2023; and
 - m) Floorplan of Queen's Medical Centre.
11. On the 5 August 2022 there was a meeting between Mr E, human resources representative of the Trust, and Dr Opara. Dr Opara stated that he told Mr E that it had been his intention to email Dr A about the shift on 5 July 2022 to tell him he had signed on his behalf. He had not done so. He further stated that he understood he should have spoken to someone about the timesheet but said he was unsure of who to inform, so had not told anyone.
12. The Trust did not know about the double booked shifts at this meeting. Nor were the shifts raised by Dr Opara. Dr Opara stated that he did not mention the double-booked shifts on 18-19 July 2022 and 19-20 July 2022 because he felt that after the meeting "the matter was resolved". He stated that he did not have the confidence to bring it up himself, he did not want to jeopardise his job if he raised the double-booked shifts, partly due to financial pressures but also due to shame. Dr Opara confirmed that he was offered support by Mr E at this meeting and declined it.
13. Dr Opara changed jobs on 5 September 2022 working in the Emergency Department at University Hospitals Birmingham Trust (The Birmingham Trust). The GMC investigation

commenced in December 2022. The issue of double shifts was now part of the investigation. Dr Opara stated he sought support from his clinical supervisor Dr B, Locum Consultant of the Birmingham Trust. Dr Opara stated that he informed Dr B when the matter came to light, as well as his employer and other Consultants he worked with.

14. Dr Opara explained the emotional and financial pressure he was under at the time he committed the acts of misconduct. Dr Opara stated that while he was growing up in Nigeria he saw how much his parents struggled to make ends meet and he was motivated to study and become a medical doctor. Dr Opara spoke about seeing his parents struggle and wanted to help them. Dr Opara stated that shortly after he moved to the UK and at the time of these allegations, XXX and he was the sole earner in the family, meaning he was under great pressure.

15. Dr Opara admitted that he did not think about integrity, patient safety, or professionalism, as he was acting selfishly and was clouded by the emotions that XXX. Dr Opara stated that his main motivation was a quick way of getting money by hard work. Dr Opara stated that he booked the bank shifts because he would get paid for them before his salary came in. Dr Opara stated he should have spoken to someone and asked for help, but he did not.

16. Dr Opara stated that he has struggled to cope with the investigation. He stated he XXX. He has tried to continue to work hard to help people and has intentionally sought support to assist him. After telling Dr B and others at the Birmingham Trust, Dr Opara stated that he became subject to increased clinical supervision, he did not work nights, he had regular sessions with Dr B regarding his performance as a doctor which included reflecting upon ethics and probity.

17. The Tribunal heard from Dr B who provided evidence of her positive experiences of Dr Opara both as to his good clinical abilities and her knowledge of him from acting as his supervisor.

18. Dr Opara also gave evidence that he has sought out a financial mentor and has sorted out his finances so that he would not act the same way in the future, as well as getting a new job with higher pay. He stated that he was now more financially stable. The Tribunal heard from Mr C, director of operations for Vue Cinema. Mr C confirmed that he had been a financial mentor for Dr Opara for two years. Dr Opara had admitted the allegations to him. Mr C provided supportive evidence and his assessment of Dr Opara's character.

19. Dr Opara stated that his situation has now changed and he would not act in the same way again. Dr Opara stated that this was because he now has better budgeting and money management, XXX. Dr Opara further stated that he now has a better understanding of the etiquette and guidance in the UK and has learnt to ask for advice and help when making decisions and when under pressure. Dr Opara accepted that his actions were not a mistake, he described them as more like wrong actions.

20. When questioned before this Tribunal about his stance in the meeting on 5 August 2022, Dr Opara admitted forging Dr A's signature to sign off the shift. He admitted he had the opportunity to be open about the double booked shifts. Dr Opara stated that he had, however, been honest with the GMC once an investigation had begun into the double-booked shifts. Dr Opara stated that he has sent an email to Dr A apologising for forging his signature. Dr Opara stated that the time, he did not consider how Dr A might feel having his name attached to a forged document, as he was thinking selfishly.

21. Dr Opara stated that, in Nigeria it is acceptable to work in two places at the same time. However, he acknowledged that in this situation it was not acceptable and while he tried to ensure no harm came to patients, he did create a potential for harm.

22. Dr Opara stated that he returned the money in March 2023 for the double booked shifts, it was because he had done something wrong, and he was attempting to make it right. Dr Opara stated that in the future he would aim to uphold the oath he took when he qualified and act as a role model for his potential future children. He stated that he understood that patients needed to place their lives in doctors' hands, and they needed to trust them.

23. Dr B, further stated that she did not do ethical mentoring directly with Dr Opara, but it is discussed as part of the holistic approach to clinical mentoring. Dr B stated that she meets with Dr Opara formally every 2-3 months and more often if their rota aligns. She stated that Dr Opara informed her about the GMC investigation in or around February 2023 when he returned from a leave of absence XXX. Dr B stated that she had been previously unaware of any issues Dr Opara had at his previous job. Dr B stated that Dr Opara informed her that he had done a shift in surgery and A&E at the same time and that he forged a signature of someone who approves the time sheets.

24. Dr B stated that, once she became aware of the investigation, Dr Opara's supervision was increased. He had regular discussions with her and help from XXX. Dr B stated that she had discussed with Dr Opara the risk to patients from working two shifts at the same time, and that had been told that he had apologised to the Consultant whose signature he had

forged. Dr B stated that she is confident that Dr Opara would not act dishonestly again and thought that he had reflected sufficiently on probity and integrity.

25. Mr C further stated that when he described Dr Opara's conduct as an 'honest mistake' and an 'innocent mistake' this was in the context of him having known Dr Opara for several years and that he had always come across as an honest and trustworthy individual and that Dr Opara's judgement was clouded by the pressure from his family situation. Mr C stated that he believed that Dr Opara had taken his financial advice on board, based on the conversations they have had, the resources Dr Opara has engaged with and the plans written for his budget and savings goals.

Submissions

26. On behalf of the GMC, Ms Ironfield submitted that Dr Opara's behaviour amounts to serious misconduct. Ms Ironfield submitted that this is not a case of negligence, mistake, accident, or a clouded judgement but dishonesty over a period time which included a number of instances of dishonesty. Ms Ironfield submitted that this was a deliberate and planned fraud for financial gain which persisted over a number of shifts and comprised two different methods.

27. Ms Ironfield also submitted that the Tribunal may wish to consider that Dr Opara was not open and frank at the meeting with the Trust HR on 5 August 2022, as Mr E only became aware of the double-booked shifts after the meeting. Ms Ironfield submitted that the Tribunal may also want to consider why Dr Opara did not accept the support that was offered to him by the Trust at that meeting. This, she submitted, suggested that it may be because he was hoping that the full extent of his dishonesty would not be uncovered.

28. In relation to the first instance of dishonesty on 5 August 2022, Ms Ironfield submitted that while Dr Opara had used Dr A's signature to submit the shift for payment, he may not have been aware that this triggered an email to be sent to Dr A, and the Tribunal cannot be sure that it was his intention to inform Dr A that he had signed off the shift. Ms Ironfield submitted that it may be the case that Dr Opara never intended to tell Dr A about the forged signature because it could have revealed what he had done.

29. In relation to the second and third instances of dishonesty, Ms Ironfield submitted, that if the Tribunal accepts that Dr Opara did not make the full admissions he might have done at the 5 August meeting, then this showed that he was acting cautiously to the point of calculating. Ms Ironfield submitted that the paragraphs of the Allegation relating to the 18-20 July indicate a second method utilised by Dr Opara to obtain money he was not entitled to

by working simultaneous shifts. Ms Ironfield submitted that there was nothing accidental or momentary about Dr Opara's actions in doing this and it was not an innocent or honest mistake but deliberate dishonesty. Ms Ironfield further submitted, that there was a potential risk to patient safety by Dr Opara attempting to work two simultaneous shifts on different wards as he was absent for some time.

30. Ms Ironfield submitted that the Tribunal should consider the following paragraphs of Good Medical Practice (2013, as amended) ('GMP'): 1, 15(b), 34, 38, 65, 71, 77, 72 (as it relates to false documents only), and 73.

31. Turning to impairment, Ms Ironfield submitted that this is a serious case of dishonesty, which consisted of violating fundamental rules and tenets of the profession, and a finding of impairment is therefore required to reaffirm standards of professional conduct, and to uphold the public interest. Ms Ironfield submitted that public confidence in the profession would be undermined if a finding of impairment was not made in the circumstances.

32. On behalf of Dr Opara, Mr Mahmood submitted that Dr Opara's fitness to practise is not currently impaired. Mr Mahmood submitted that it is clear that Dr Opara is very remorseful, and he has apologised for his actions, as well as giving evidence on the importance he places on the principles enshrined in GMP. Mr Mahmood submitted that Dr Opara has learnt his lesson and his early admissions showed insight which can satisfy the Tribunal that the risk of repetition has been eliminated or is very minimal.

33. Mr Mahmood submitted, as the matter came before the GMC, Dr Opara made full admissions and has been frank and open. Mr Mahmood further submitted that public confidence would not be undermined if no finding of impairment was made.

34. Mr Mahmood further submitted that while he accepted that the admitted dishonesty was very serious, Dr Opara's developing insight and rehabilitation should be taken into account when addressing the issue of impairment and misconduct. Mr Mahmood submitted that Dr Opara feels extremely embarrassed about his actions and accepts that he has brought the profession into disrepute. Mr Mahmood submitted that any risk which Dr Opara poses can be managed by his close supervision under Dr B, who has confidence that safeguards are in place.

35. Mr Mahmood submitted that in relation to remediation, Dr Opara has done several courses since the allegations, including leadership courses, senior clinical courses and has developed a support network. Mr Mahmood submitted that Dr Opara has remediated the

concerns, admitted his wrongdoing and now appreciates why honesty is a fundamental tenet and the reasons why professionalism is required from a doctor in the UK.

36. Mr Mahmood relied on the fact that there has been no evidence of repetition of the dishonesty in the last two years. Dr Opara has improved his finances to include various savings 'pots' to deal with similar issues that might arise in the future.

37. In summary, Mr Mahmood submitted that although public confidence is an important factor to take into account, the dishonesty in this case is on the lower end given the timescale and background to it. He submitted it was of low value and Dr Opara has made full admissions and shown remorse and regret.

The Relevant Legal Principles

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

39. In approaching the decision, the Tribunal was mindful of the two stage process to be adopted: first whether the facts as found proved amounted to misconduct, and that the misconduct was serious and then whether the finding of that misconduct which was serious could lead to a finding of impairment.

40. The Tribunal must determine whether Dr Opara's fitness to practise is impaired today, considering Dr Opara'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.

The Tribunal's Determination on Impairment

Misconduct

41. The Tribunal first considered whether the conduct admitted and found proved amounted to serious misconduct. The Tribunal first considered the nature of the dishonesty. The Tribunal found that Dr Opara had repeated his dishonesty three times in a period of several weeks and had used two different methods to obtain payments for work that he was not entitled to.

42. With regard to the first incident of dishonesty on 5 July 2022, the Tribunal noted that Dr Opara had approved his own time sheet using the signature of Dr A, a senior colleague, and had not informed him that he had done so.

43. With regard to the second and third incidents of dishonesty between 18 and 20 July 2022, Dr Opara had booked simultaneous shifts on two separate occasions in the emergency department and the spinal department. The Tribunal noted that on these occasions Dr Opara was seen moving between departments quite some distance away from the relevant department, this posed a risk to patient safety, although it was mindful that no harm occurred. It also meant that he saw less patients himself and therefore placed a greater burden on his colleagues.

44. The Tribunal determined that this showed deliberate, planned, and sustained dishonesty for financial gain, albeit over a short period of time. The Tribunal noted that integrity and honesty are at the core of the profession. Any act of dishonesty puts in doubt the integrity, not only of the doctor concerned but integrity of the profession as a whole.

45. The Tribunal determined that this misconduct was in breach of a fundamental tenet of the medical profession. The Tribunal noted he was also in breach of the following paragraphs of GMP:

‘1 Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.

34 When you are on duty you must be readily accessible to patients and colleagues seeking information, advice or support.

65 You must make sure that your conduct justifies your patients’ trust in you and the public’s trust in the profession.

71 You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. 22 You must make sure that any documents you write or sign are not false or misleading. ...

77 You must be honest in financial and commercial dealings with patients, employers, insurers and other organisations or individuals.’

46. The Tribunal also noted that the misconduct occurred over a short period of time of two weeks, that the monies had been paid back and Dr Opara had, despite his initial lack of transparency in the meeting on 5 August 2022, been honest and open with the GMC investigation from the start, showing full cooperation with his regulator.

47. The Tribunal further bore in mind that Dr Opara was new to the UK at the time, having qualified in Nigeria and he was therefore unfamiliar with the systems and practices. This was the context of him failing to share his emotional and financial stresses with his employer.

48. The Tribunal accepted that Dr Opara was under great pressure at the time from his family circumstances, as he was the sole earner XXX. Finally, the Tribunal accepted that Dr Opara has not repeated the misconduct in the last two years and has shown genuine remorse and regret.

49. The Tribunal noted the difficult circumstances that Dr Opara faced at the time, however it was concerned at the serious nature of the dishonesty, being repeated, planned and for financial gain. The Tribunal has therefore concluded that Dr Opara's conduct fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to serious misconduct.

50. The Tribunal having found that the facts found proved amounted to misconduct went on to consider whether, as a result of that misconduct, Dr Opara's fitness to practise is currently impaired.

Impairment

51. The Tribunal first considered Dr Opara's insight into the misconduct. The Tribunal took into account the evidence of Dr Opara's clinical supervisor, Dr B, that he had shown genuine insight and was engaging in reflection and remediation. In her testimonial letter, she stated:

'I believe that Dr Opara is genuinely remorseful and regrets his actions.

...

Based on the evidence available to me and my professional experience alongside Dr Opara, I firmly believe in his integrity and I am confident that he will not repeat the same offence in the future.'

52. The Tribunal accepted that Dr Opara regrets his actions and has shown genuine remorse. The Tribunal was concerned that Dr Opara’s reflections and remediation appeared to have been focused on improving his financial situation to prevent future instances of dishonesty for financial gain rather than honesty and probity.

53. The Tribunal found that Dr Opara had also shown insight into the impact of his actions. It noted, in particular, that Dr Opara stated, *‘I understood in my reflections that this job is not ‘me first’, this is ‘patient safety first’, which is the core of who I am’*. The Tribunal remained concerned that Dr Opara had not produced certificates or reflections for the courses he has undertaken on probity and integrity, nor had he produced evidence of discussions of probity and integrity during his appraisals.

54. The Tribunal therefore found that Dr Opara has some developing insight into his misconduct, although it appeared that this has, so far, been incidental to his reflections on other matters, such as finances and family difficulties and less focused on probity and integrity.

55. The Tribunal concluded that, on all of the evidence before it there is a low risk of repetition, however it was unable to conclude that the risk was so low as to be negligible.

56. The Tribunal then considered how a member of the public would view Dr Opara’s misconduct. The Tribunal noted Dr Opara stated in evidence that, at the time, he was looking out for his family and did not think about the possible detriment to patients or the impact the misconduct would have on his colleagues or the profession as a whole. The Tribunal bore in mind that Dr Opara’s misconduct had involved defrauding the NHS and not being present for patients whom he was supposed to be caring for. The Tribunal found that a member of the public would be likely to be very concerned by Dr Opara’s misconduct.

57. The Tribunal therefore found that a finding of impaired fitness to practise was necessary to promote and maintain public confidence in the medical profession and to promote and maintain proper professional standards and conduct for members of the profession.

58. The Tribunal has therefore determined that Dr Opara’s fitness to practise is impaired by reason of misconduct.

Determination on Sanction - 26/06/2024

59. Having determined that Dr Opara's fitness to practise is impaired by reason of misconduct, the Tribunal now must decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

The Outcome of Applications Made during the Sanction Stage

60. The Tribunal granted Dr Opara's application, made pursuant to Rule 34 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), that an appraisal of Dr Opara's work be admitted into evidence. The Tribunal's full decision on the application is included at Annex A.

The Evidence

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

62. The Tribunal received Dr Opara's appraisal document dated 28 September 2023, as set out above.

Submissions

On behalf of the GMC

63. On behalf of the GMC, Ms Ironfield submitted that the appropriate sanction in this case is suspension.

No action

64. She began with the least restrictive sanction of no action. Ms Ironfield submitted that, although Dr Opara has made full oral and written admissions, the misconduct was serious and a finding of impaired fitness to practise has been made. Ms Ironfield further submitted that this case reveals no exceptional features to justify taking no action and that to take no action in this case would not be sufficient to meet the public interest.

Conditions

65. As to the imposition of conditions, Ms Ironfield submitted that they are not appropriate. She acknowledged Dr Opara has made admissions and has shown some insight

however, Ms Ironfield submitted, conditions would not be sufficient or proportionate to address that risk or the dishonesty itself. Ms Ironfield submitted that it would not be possible to formulate a workable set of appropriate conditions which would adequately address the dishonesty or its adverse impact on the public interest.

Suspension

66. Turning to suspension, Ms Ironfield reminded the Tribunal that Dr Opara has admitted that, at the time of his dishonest actions, he gave no thought to the wider impact of him failing in his duty as a doctor to be honest and trustworthy. Nor, he admits, did he think about the potential risk to patient safety by working the double shift.

67. Ms Ironfield also reminded the Tribunal that Dr Opara failed to adhere to the principles in GMP that doctors must be honest in financial dealings. This misconduct may not have resulted in direct harm to patients, however dishonesty related to matters outside the doctor's clinical responsibility is particularly serious as such misconduct undermines the trust the public places in the profession.

68. Ms Ironfield submitted that, although there was no direct harm to patients in this case, an extra burden must have been placed on Dr Opara's colleagues whilst he was elsewhere in the hospital.

69. Ms Ironfield submitted that the facts are aggravated in this case. Firstly, by the fact that the dishonesty was planned. Secondly, it persisted over approximately two weeks. Thirdly, there was the potential risk to patient safety. Ms Ironfield acknowledged, in fairness, that the Tribunal may consider that this is not the worst or most persistent example of dishonesty. There are also the background circumstances that Dr Opara relies upon at the time and the work he had done since to reflect and remediate the misconduct.

70. Ms Ironfield submitted, that there were factors present which indicate that suspension may be the appropriate sanction. Dr Opara has shown some insight into his misconduct and the impact it has had. He has also accepted his actions were wrong and unacceptable. He has made full admissions early in the GMC investigation. Ms Ironfield further submitted that Dr Opara has shown regret and apologised for his actions. She submitted whilst his reflections may be incidental to his reflections on other matters including his finances, he has reflected on questions of probity and integrity, particular in his work with Dr B. Ms Ironfield submitted that Dr Opara's work with Mr C has shown that Dr Opara has worked to better insulate himself from financial pressure and he is learning how to deal with personal problems and stress.

71. Ms Ironfield submitted that while the allegations of dishonesty in this case are serious, the Tribunal could properly conclude that the misconduct was not too serious to remediate. On all of the evidence available, that remediation has already begun. Ms Ironfield submitted, in all the circumstances, the misconduct is not such that only complete removal from the register is in the public interest.

72. Ms Ironfield concluded that a period of suspension would be sufficient and proportionate, but no lesser sanction would address the seriousness of the matter. Ms Ironfield submitted that a suspension would allow Dr Opara time to engage in and provide further reflection and remediation, in particular, in relation to probity and integrity.

Erasure

73. Ms Ironfield submitted that erasure would be disproportionate as the misconduct falls short of being fundamentally incompatible with continued registration and it is possible that remediation could address the risk to the public interest and the statutory overarching objective.

Defence Submissions

No Action

74. On behalf of Dr Opara, Mr Mahmood accepted that no action was not appropriate on the facts of the case.

Conditions

75. Mr Mahmood submitted that conditions are the appropriate and proportionate sanction in this case. Mr Mahmood submitted that there are mitigating factors present in this case. He submitted that Dr Opara understands the problem and has insight. He submitted that Dr Opara has attempted to address these issues and remediate them. Dr Opara has made full and frank admissions. He submitted that Dr Opara has shown in his appraisals that he now adheres to the principles in GMP. He pointed to the fact that there is no evidence that Dr Opara has acted dishonestly since these events two years ago. He submitted that Dr Opara had recently moved to the UK from Nigeria and was learning how the systems work, Dr Opara was under great emotional and financial pressure from his family at the time. Dr Opara was working long hours a long way from home to meet these pressures.

76. Mr Mahmood further submitted that remediation is taking place and is an ongoing process. Mr Mahmood submitted that Dr B has worked with Dr Opara for the last two years and has shown she has faith in his remediation. Mr Mahmood submitted that Dr Opara has also improved his financial situation to prevent a reoccurrence.

77. In relation to conditions, Dr Opara has ongoing support from his mentor Dr B, Dr Opara has previously been compliant with the GMC and will be in the future, Dr Opara has shown insight, Dr Opara has the relevant support networks in place to ensure any issues he has can be addressed in the right manner, for example, by increased supervision at work.

78. Mr Mahmood submitted that the Tribunal can be satisfied that Dr Opara will comply with any conditions the Tribunal may impose on him as he has a real desire to progress his career in medicine and would not do anything to put that at risk.

Suspension

79. Mr Mahmood submitted that suspension would not be the proportionate sanction in this case, as there is no evidence that remediation won't be successful. Mr Mahmood submitted that, if a suspension was to be imposed it should be kept to a short period as Dr Opara is already undergoing the remediation process and has a willingness to engage in the process further. With regard to the factors which indicate a suspension may be the appropriate sanction, Mr Mahmood submitted that there is evidence of remediation and no persistent lack of insight.

Erasure

80. Mr Mahmood said erasure would be a disproportionate outcome on the facts of this case.

The Tribunal's Determination on Sanction

81. The decision as to the appropriate sanction, if any, to impose is a matter for the Tribunal exercising its own judgement. In reaching its decision, the Tribunal has taken the SG into account and has borne in mind the overarching objective.

82. The Tribunal reminded itself that the main reason for imposing any sanction is not to punish or discipline doctors, even though they may have a punitive effect. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Opara's

interests with the public interest. The Tribunal bore in mind that the interest of the medical profession as a whole was more important than that of an individual doctor.

83. The Tribunal first considered and balanced the aggravating and mitigating factors in this case.

Aggravating Factors

84. The Tribunal, in its determination on impairment, noted that Dr Opara's dishonesty was a breach of paragraphs 1, 34, 65, 71 and 77 of GMP. The Tribunal found that this amounted to a significant departure from GMP and a failure to adhere to a core principle of the profession, namely honesty and integrity.

85. The Tribunal, in its determination on impairment, found that Dr Opara's dishonesty was deliberate, planned, and sustained over a period of two weeks. It was motivated by financial gain. The Tribunal further found that Dr Opara had used two different methods in his attempt to obtain money he was not entitled to by forging his senior colleague's signature and by inappropriately working simultaneous shifts.

86. The Tribunal found that Dr Opara had also shown a lack of responsibility towards his clinical duties on the two occasions when he worked simultaneous shifts in different wards. The Tribunal bore in mind that the potential effect of Dr Opara's actions may have included increased pressure on his colleagues due to his absence from the ward. The Tribunal noted the potential for patient harm, although there was no direct harm caused. The Tribunal found that Dr Opara's actions inevitably undermined public confidence that doctors would put their patients interests before that of their own.

Mitigating Factors

87. The Tribunal noted that Dr Opara's dishonesty only resulted in the payment of small sum of money which he has since returned and he did not attempt to claim money for the second instance in which he worked simultaneous shifts.

88. The Tribunal further found that Dr Opara's dishonest acts were not particularly sophisticated. It had clearly not occurred to Dr Opara that his misconduct would be easily detected. It is evident the confirmation email sent to Dr A after his signature was used immediately attracted his attention that something was wrong. It is apparent that Dr Opara was noticed as missing from the ward by his colleagues and was seen by Dr D in another part of the hospital. The records for a shift display how many patients have been "clicked on" (or

seen) by the doctor. This would inevitably attract the attention of his colleagues. Dr Opara was shown as doing well below what was expected in a normal shift with no good reason.

89. The Tribunal therefore found that although, Dr Opara's dishonesty was serious and repeated, it was short lived and was not a well thought out scheme to obtain money. It also noted that financially he gained very little.

90. The Tribunal accepted that Dr Opara was under significant pressure at the time from his family circumstances, as he was the sole earner XXX. He was under a great deal of emotional and financial stress.

91. The Tribunal further bore in mind that Dr Opara was new to the UK at the time of these events. Having qualified in Nigeria he was a trainee doctor. He was, therefore, unfamiliar with the systems and practices in the UK. He was a long way from home. His siblings were unable to help his parents. This was the context of him making poor decisions and helps explain his failure to share his emotional and financial stresses with his employer.

92. The Tribunal found that Dr Opara had an opportunity on 5 August 2022 to be completely open and honest about not only the forged signature (which was known by The Trust) but also the double booked shifts (which were not then known about by them). He had not been fully open. In his oral evidence, Dr Opara stated that he did not want to do anything to jeopardise his job and felt handicapped by his personal circumstances.

93. The Tribunal noted, however, Dr Opara had been honest and open with the GMC investigation from the start in relation to all of the Allegation. He was fully cooperative with his regulator. He made full admission to all paragraphs of the Allegation at the start of this hearing. Although the Tribunal acknowledged that dishonesty is difficult to remediate, these admissions were the beginning of a process of remediating the public confidence concerns around his probity and honesty.

94. The Tribunal noted that Dr Opara gave some thought to the impact of his misconduct on his colleagues. He stated that he had apologised to Dr A for signing his name. The Tribunal found that Dr Opara showed genuine remorse and shame in his oral evidence and was not reluctant to apologise for his actions more widely.

95. The Tribunal accepted the evidence of Dr B and Mr C that Dr Opara's character is such that he is not likely to repeat the behaviour. The Tribunal further found, as set out above, that Dr Opara had admitted all allegations at the outset of the GMC investigation. He gave evidence which supported the contention that his actions were out of character.

96. In his oral evidence, Dr Opara stated, *‘I have been pausing my life to make up for what I have done, I’ve gone to bed thinking ‘what have I done?’, it’s been haunting me and I’ve gone into a depression, it’s not in my personality to do what I’ve done, I don’t know how I will live with myself.’* He had returned the money paid to him as a result of the double shift he completed of his own volition. He had not claimed the money for the second double shift. It was evident that his shame and the experience of this regulatory process had impacted him greatly.

97. The Tribunal noted that there is no evidence that Dr Opara has repeated the misconduct in the last two years and there were no issues surrounding his probity arising from his work at the Birmingham Trust. He was now in a more senior position and had undertaken leadership courses. The Tribunal accepted that Dr Opara was keen to set a good example.

98. The Tribunal therefore found that there was no evidence that Dr Opara’s dishonesty arose from an inherent attitudinal problem and determined there was no significant risk of repetition.

No action

99. The Tribunal first considered whether to conclude the case by taking no action.

100. The Tribunal determined that, in view of the serious nature of its findings on the facts and impairment, it would be neither sufficient, proportionate nor in the public interest to conclude this case by taking no action. The Tribunal determined that there were no exceptional circumstances and therefore there could be no justification to conclude the case by taking no action.

Conditions

101. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Opara’s registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable, and measurable.

102. The Tribunal found that it could not formulate workable conditions which would sufficiently protect against the risk of repetition of dishonesty. Conditions would not be appropriate as they would not be sufficient to maintain public confidence in the profession

and uphold proper professional standards. The Tribunal was therefore satisfied that the imposition of conditions would not be an appropriate or proportionate response.

Suspension

103. The Tribunal considered the relevance of the following paragraphs of The Sanctions Guidance (2024) ('SG'):

'91 Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor. Suspension from the medical register also has a punitive effect, in that it prevents the doctor from practising (and therefore from earning a living as a doctor) during the suspension, although this is not its intention.

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 (see paragraphs 24–49).'

104. The Tribunal was mindful that any dishonesty is serious misconduct and is behaviour not befitting of a registered doctor. The Tribunal further bore in mind that a period of suspension would prevent Dr Opara from practising and therefore would have a punitive effect, particularly impacting him financially.

105. The Tribunal found that the misconduct in this case is so serious that a suspension is the least restrictive sanction required to protect members of the public and maintain public confidence in the profession. The Tribunal found that it is inevitable that dishonesty will have an adverse effect on the reputation of the medical profession as a whole because, as set out in GMP, the public must be able to place their trust in doctors.

106. The Tribunal found, in its determination on impairment, that Dr Opara had acknowledged fault at the outset of the GMC investigation and there is a low risk that the behaviour will be repeated in the future. The Tribunal was satisfied that there is sufficient evidence that Dr Opara has taken steps to mitigate his actions and prevent repetition of the misconduct.

107. The Tribunal then went on to consider the factors which may indicate that suspension is the appropriate sanction. The Tribunal found that the following paragraphs are relevant in this case:

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

a A serious departure from Good medical practice, but where the misconduct is not so difficult to remediate that complete removal from the register is in the public interest. However, the departure is serious enough that a sanction lower than a suspension would not be sufficient to protect the public.

...

f No evidence of repetition of similar behaviour since incident.

g The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour.'

108. The Tribunal found, as set out above, that any sanction lower than a suspension would not be sufficient to protect the public, given the serious nature of the misconduct.

109. The Tribunal further noted that a period of two years has passed since the incident and there is no evidence that the misconduct has been repeated.

110. Finally the Tribunal was satisfied, as set out above, that Dr Opara has insight into his actions. He has deployed measures in case he faces financial problems in the future. He has a financial mentor. He has a supervisor in Dr B who holds him in high regard. He has learned to ask for help when under stress. He now describes himself as “patient first” as a doctor. The Tribunal was satisfied, therefore, that he does not pose a significant risk of repeating the behaviour.

Erasure

111. Before determining that a suspension is the appropriate sanction, the Tribunal considered the sanction of erasure.

112. The Tribunal found the following paragraphs of the SG to be relevant to its considerations:

‘108 Erasure may be appropriate even where the doctor does not present a risk to patient safety, but where this action is necessary to maintain public confidence in the profession. For example, if a doctor has shown a blatant disregard for the safeguards designed to protect members of the public and maintain high standards within the profession that is incompatible with continued registration as a doctor.

109 Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive).

a A particularly serious departure from the principles set out in Good medical practice where the behaviour is difficult to remediate.

...

h Dishonesty, especially where persistent and/or covered up (see guidance below at paragraphs 120–128).

i Putting their own interests before those of their patients...’

113. When considering the risk to patient safety, the Tribunal took into account the evidence of Dr B, who stated:

‘Work-based assessments have consistently showcased Dr Opara’s professionalism, exemplary patient interaction and positive relationship with colleagues. There has been no indication of dishonesty in his conduct since the offence he committed. Dr Opara has proven himself to be a dependable and safe clinician.’

114. The Tribunal further noted that Dr Opara has been engaging in leadership courses and found that he is willing to engage in continued learning and hopes to set a good example to junior colleagues in the future. The Tribunal therefore found that there was no concern about patient safety in relation to Dr Opara’s clinical practice.

115. The Tribunal, as noted above, found that Dr Opara’s actions showed a significant departure from the principles set out in GMP, however it has also found that Dr Opara’s conduct was motivated by his difficult personal circumstances at the time and that he did not deliberately put patients at risk. The Tribunal was mindful that there was no evidence that any patients came to actual harm because of Dr Opara’s actions.

116. The Tribunal further noted that the misconduct spanned a period of only two weeks, was confined to the personal pressures he faced at the time, as a trainee doctor, in a foreign country. The Tribunal found that there had not been a deliberate disregard for the principles set out in GMP. His actions were out of character and unlikely to be repeated.

117. The Tribunal has already found that Dr Opara's dishonesty was repeated and persisted with over two double shifts and when wrongly signing his colleague's signature. However, the misconduct was over a short period and was unsophisticated in its nature. As noted already, it was almost inevitable that Dr Opara's actions would be uncovered by the Trust.

118. The Tribunal further found that, whilst it was clear that Dr Opara had placed his own family interests before his patients, this was an isolated period during which Dr Opara was a new practitioner in the UK and was not confident in asking for help. As already noted, the Tribunal is of the view that those circumstances are unlikely to give rise again to a repeat of his actions.

119. The Tribunal considered whether Dr Opara's misconduct was fundamentally incompatible with continued registration. The Tribunal found that the misconduct is undoubtedly very serious. It also must be balanced against the circumstances Dr Opara found himself in, his acceptance of his wrongdoing from the outset, his reflection upon it, his insight and his attempts to remediate. When balanced in this way the Tribunal were of the view that his misconduct it is not fundamentally incompatible with continued registration.

120. The Tribunal determined that a member of the public, fully apprised of the facts of this case, would understand that Dr Opara's actions were terrible errors of judgment at a time when Dr Opara was under great pressure. He has done much to ensure that they will not be repeated in the future. He has continued to work at the Birmingham Trust where he is held in high regard both personally and clinically. He has not repeated the conduct in the last two years.

121. The Tribunal further determined that a fellow member of the profession, knowing the full facts, while not condoning his misconduct, would show some understanding of the context. Further, they would also note his full admissions, his apology and the other matters that alleviate the seriousness of the facts of this case.

122. Considering all the facts, the Tribunal was of the view that erasure is a disproportionate sanction for an otherwise competent doctor.

123. The Tribunal therefore found that a period of suspension would send a signal to the profession that this is not behaviour which is acceptable for a registered doctor.

Sanction determination

124. The Tribunal therefore determined that a period of suspension is the appropriate and proportionate sanction in this case.

Length of suspension

125. When considering the length of suspension, the Tribunal found that a lengthy suspension was necessary to mark the seriousness of the misconduct. It took into account Dr Opara's early admissions, the passage of time without further misconduct, the impact of a period of suspension on Dr Opara and the public and Dr Opara's ongoing reflection, development of insight and remediation.

126. The Tribunal therefore found that a suspension of nine months was the proportionate and appropriate sanction.

Review hearing

127. The Tribunal determined to direct a review of Dr Opara's case. A review hearing will convene shortly before the end of the period of suspension. The Tribunal wishes to clarify that, at the review hearing, the onus will be on Dr Opara to demonstrate how he has continued his reflections on probity and integrity and kept his skills and knowledge up to date. Dr Opara will also be able to provide any other information that he considers will assist.

Determination on Immediate Order - 26/06/2024

128. Having determined that Dr Opara's registration will be suspended for nine months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Opara's registration should be subject to an immediate order.

Submissions

GMC

129. On behalf of the GMC, Ms Ironfield stated that the GMC does not seek an immediate order. Ms Ironfield submitted that Dr Opara is not currently subject to any interim order.

She submitted that there is no risk to patient safety nor of any repetition of the misconduct. As to the impact on public confidence, she submitted that given his admissions, his insight and his remediation an immediate order was not necessary.

Defence

130. On behalf of Dr Opara, Mr Mahmood submitted that an immediate order is not necessary, in light of the insight and remediation shown by Dr Opara.

The Tribunal's Determination

131. The Tribunal has taken into account the relevant paragraphs of the SG which state:

'172 The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor...

174 Doctors and their representatives sometimes argue that no immediate order should be made as the doctor needs time to make arrangements for the care of their patients before the substantive order for suspension or erasure takes effect.

175 In considering this argument, the tribunal will need to bear in mind that any doctor whose case is considered by a medical practitioners tribunal will have been aware of the date of the hearing for some time and consequently of the risk of an order being imposed. The doctor will therefore have had time to make arrangements for the care of patients before the hearing, should the need arise.'

132. The Tribunal carefully considered the above paragraphs of the SG before concluding, in light of the earlier findings of the Tribunal, an immediate order was not necessary to protect patient safety.

133. The Tribunal bore in mind the impact of the misconduct on the reputation of the medical profession as a whole. The Tribunal considered that the misconduct was now two years ago and that there had been no repetition while Dr Opara has been working without restrictions. There were now no issues about his probity.

134. Over the two years, there had also been determined work at insight, reflection and remediation towards his misconduct.

135. The Tribunal further found that the public, knowing all the facts of this case, will appreciate that his misconduct needs to be seen in the context of his personal difficulties in 2022.

136. The Tribunal therefore determined not to impose an immediate order of suspension.

137. This means that Dr Opara's registration will be suspended 28 days from the date on which written notification of this decision is deemed to have been served, unless he lodges an appeal. If Dr Opara does lodge an appeal, he will remain free to practise unrestricted until the outcome of any appeal is known.

138. That concludes the case.

ANNEX A – 26/06/2024

Application to admit further evidence – Rule 34(1)

139. Following the impairment stage and prior to submissions on sanction, Mr Mahmood, on behalf of Dr Opara, made an application under Rule 34 (1) of the Fitness to Practise Rules (2004, as amended) ('the Rules') that an appraisal document from Dr Opara's employer, dated 28 September 2023, be admitted into evidence.

Submissions

140. On behalf of Dr Opara, Mr Mahmood submitted that the appraisal should be admitted. Mr Mahmood submitted that this document should be admitted in the interests of justice as it is relevant to the work that Dr Opara has done in relation to integrity and probity.

141. On behalf of the GMC, Ms Ironfield submitted that the GMC had no objection to the application.

The Tribunal's Decision

142. The Tribunal found that it was in the interests of justice that the Tribunal had all relevant documentation that might relate to its decision on sanction before it. The Tribunal noted that there was no objection from the GMC. The Tribunal found that this document may be relevant to the decision on sanction and in overall fairness it should be admitted into evidence.

143. The Tribunal therefore granted the application to admit further evidence on behalf of Dr Opara.