

PUBLIC RECORD

The remittal Tribunal's decision on sanction is set out below.

Please also see the record of determinations from Dr Dugboyele's hearing which concluded on 17/05/23 and which was successfully appealed by the GMC & PSA. That record of determinations can be found [here](#).

Dates: 12/03/2025 - 13/03/2025

Doctor: Dr Maxwell DUGBOYELE

GMC reference number: 5191132

Primary medical qualification: MB ChB 1995 University of Ghana

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

Summary of outcome

Suspension, 6 months.
Review hearing directed

Tribunal:

Legally Qualified Chair	Ms Jane Kilgannon
Registrant Tribunal Member:	Professor John Alcolado
Registrant Tribunal Member:	Dr Jeffrey Phillips

Tribunal Clerk:	Mr Joel Taylor-Garratt
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Attendance and Representation:

Doctor:	Present, not represented
GMC Representative:	Ms Eleanor Fry, 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 Sanction - 13/03/2025

Background

1. Dr Dugboyele's case was first considered by a Medical Practitioners Tribunal in May 2023 ('the 2023 Tribunal'). The Allegation against Dr Dugboyele can be summarised as persistent sexual harassment at work towards junior, female colleagues. Dr Dugboyele admitted much of the Allegation and the rest was found proved by the 2023 Tribunal. These findings included that Dr Dugboyele's conduct amounted to an abuse of professional position and unlawful sexual harassment related to sex as defined in Section 26 of the Equality Act 2010. Sexual motivation was not alleged.
2. The 2023 Tribunal determined that Dr Dugboyele's fitness to practise was not impaired by reason of his misconduct. It determined to issue him a Warning. The GMC and the Professional Standards Authority for Health and Social Care ('the PSA') both appealed against this decision.
3. The GMC's grounds for appeal were:
 - i) When considering impairment, the Tribunal gave excessive weight to remediation and/or failed properly to consider or address in its reasoning the impact of no finding of impairment on (a) public confidence in the medical profession and/or (b) proper professional standards and conduct ("Ground One").
 - ii) The Tribunal failed to have regard to the guidance in the Sanctions Guidance published by the GMC and the Medical Practitioners Tribunal Service (MPTS)

- (“the SG”) on the seriousness of sexual harassment, sexual misconduct and abuse of power and/or failed to consider, or give adequate reasons for rejecting, the GMC’s submissions on the SG (“Ground Two”).
- iii) The Tribunal’s conclusion, that a finding of impairment was not necessary to uphold the overarching objective, was wrong (“Ground Three”).
4. The PSA’s grounds for appeal were:
- i) The Tribunal wrongly failed to address the evidence of Dr Dugboyele’s motive for his misconduct, consequently failing to consider its significance for the issue of impairment of fitness to practise and, in turn, the appropriate sanction (“Ground Four”).
- ii) The Tribunal failed to give adequate reasons for its decision (“Ground Five”).
5. The High Court upheld both the GMC and PSA’s appeals. It quashed the 2023 Tribunal’s determination that Dr Dugboyele’s fitness to practise was not impaired, and substituted that finding with its own finding that Dr Dugboyele’s fitness to practise was currently impaired by reason of his misconduct. Additionally, the High Court found that at least some of Dr Dugboyele’s conduct was sexually motivated. The High Court quashed the 2023 Tribunal’s imposition of a Warning and remitted the case back to the MPTS for a determination on sanction.
6. The High Court directions included the following:
- “1. The MPTS is to arrange for this matter to be considered by a Medical Practitioner Tribunal that is differently constituted from the one that made the decisions of 16 May 2023 and 17 May 2023, which are quashed by this order.
2. The Medical Practitioner Tribunal convened by the MPTS in accordance with paragraph 1 of these directions is to consider the question of sanction against the Respondent [Dr Dugboyele] on the basis that at least some of the Respondent’s [Dr Dugboyele’s] conduct was sexually motivated, having regard to the findings of the High Court set out in its judgment handed down on 25 October 2024”.

The Tribunal’s Task

7. In accordance with the directions of the High Court, the Tribunal has convened to consider the matter of sanction. The Tribunal reminded itself that its role is to consider only the questions of what, if any, sanction should be imposed on the doctor’s

registration based on the findings of the 2023 Tribunal at the facts stage, the High Court's finding that at least some of Dr Dugboyele's conduct was sexually motivated, and the High Court's finding that Dr Dugboyele's fitness to practise is impaired. The Tribunal was provided with all the documents placed before the 2023 Tribunal. This included but was not limited to:

- Written statements provided during the Trust investigation by the complainants and others involved in the Trust, as well as the minutes of the Trust interviews.
 - An email dated 21 March 2018 from a senior consultant at the Trust to Dr Dugboyele.
 - Dr Dugboyele's Rule 7 response.
 - Colleague Feedback on Dr Dugboyele.
8. At this hearing, the Tribunal heard oral evidence from Dr Dugboyele. Dr Dugboyele also provided the Tribunal with further documentary evidence, which included:
- A letter of apology dated 28 April 2021;
 - A statement from Dr Dugboyele's Responsible Officer dated 8 March 2023;
 - A reflective statement dated 15 May 2023;
 - Colleague and Patient feedback dated 2 December 2024; and
 - A certificate confirming Dr Dugboyele's completion of a course on 'Bullying and Harassment and Building Self Esteem', dated 29 January 2025.
9. In his evidence, Dr Dugboyele told the Tribunal that he accepted the decisions of the 2023 Tribunal and of the High Court but said that he did not agree with them in full. He stated that some of the matters found proved did not happen and that his motivation for his conduct was never sexual. He stated that his motivation was purely playful and friendly. He said that he wanted to foster a friendly environment and add some light heartedness in what could be a stressful workplace. He also said that his actions were sometimes reciprocated. However, Dr Dugboyele said that he did now understand that his actions were not acceptable and did amount to sexual harassment because of the impact that they had on his colleagues.
10. Dr Dugboyele told the Tribunal that he had learned a lot in the intervening period of time, having completed various training courses on professional boundaries and proper conduct. He said that he had now instituted measures to ensure that he maintained a high level of self-awareness and did not repeat his misconduct. He said that there had been no further incidents or concerns and that this was supported by his testimonials, and patient and colleague feedback. Dr Dugboyele reminded the Tribunal that the 2023

Tribunal had found the risk of him repeating his conduct was low and that this had not been disputed by the High Court.

11. Dr Dugboyele said that he understood that his actions had made some colleagues feel uncomfortable but he had not appreciated this at the time because he had thought he was just being friendly. He said that, because he did not fully appreciate the level of discomfort that his actions were causing to his colleagues, this led him to not take to heart the email warning he received in 2018. He said that he wished he had taken this warning more seriously.
12. Dr Dugboyele accepted that he had failed to treat colleagues fairly and with respect and also acknowledged how his conduct could have influenced others. He also acknowledged that there was a power differential between him and the complainants and that this contributed to them feeling unable to ask him to stop his conduct.
13. In response to questions from the Tribunal, Dr Dugboyele confirmed that he was currently working in as a specialty grade doctor in Obstetrics & Gynaecology under a permanent contract, on a full-time basis. He confirmed that there had been no repetition of the misconduct and that there were no other relevant outstanding complaints or investigations against him. He also stated that he now has a high level of self-awareness in relation to touch and is now able to undertake his work role without touching colleagues at all.

Submissions

14. On behalf of the GMC, Ms Fry, Counsel, submitted that the Tribunal should have all three limbs of the overarching objective in mind in this case and that the appropriate sanction was one of erasure. She said that Dr Dugboyele's actions amounted to a persistent course of conduct over a number of years, demonstrating a pattern of unlawful sexual harassment towards younger female colleagues whilst Dr Dugboyele was in a position of authority. Ms Fry reminded the Tribunal that Dr Dugboyele's conduct included touching in the form of hugging, touching hips or waists, kissing on a cheek, tickling, playing with hair, blocking doorways and inappropriate comments.
15. Ms Fry submitted that Dr Dugboyele's actions were no less harassment because he did not intend to take things further. She also reminded that Tribunal that the High Court had found there was no credible innocent explanation for Dr Dugboyele's actions and that most instances were likely to be sexually motivated. Ms Fry reminded the Tribunal that Dr Dugboyele had received a warning from his employer in 2018 informing him that

his conduct was making colleagues uncomfortable but that he failed to heed this warning.

16. Ms Fry submitted that Dr Dugboyele's actions had breached all of the following paragraphs of Good Medical Practice (2013) ('GMP'):

'1 Patients need good doctors. Good doctors ... act with integrity and within the law.

36 You must treat colleagues fairly and with respect.

37 You must be aware of how your behaviour may influence others within and outside the team.

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

17. Ms Fry said that staff had clearly indicated Dr Dugboyele's conduct was not welcome but he had ignored this and was dismissive of his colleagues' views and feelings and *'did not respect their personal integrity'*. Ms Fry submitted that Dr Dugboyele's insight was not fully developed as he still did not accept that his conduct was sexually motivated despite the finding of the High Court.

18. Ms Fry submitted that there were no exceptional circumstances to justify taking no action and that an order of conditions would not be sufficient to protect the public in the serious circumstances in this case.

19. Ms Fry referred the Tribunal to the relevant paragraphs of the Sanctions Guidance ('the SG'). In particular, she submitted that the following were relevant in this case and indicated that erasure was the appropriate sanction:

'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).

...

d Abuse of position/trust.

...

f Offences of a sexual nature, including involvement in child sex abuse materials.

...

140 *Discrimination undermines public confidence in doctors and has the potential to pose a serious risk to patient safety. This includes views about a patient's or colleague's lifestyle, culture, or their social or economic status, as well as the characteristics covered by equality legislation.²⁹ (Good medical practice, paragraphs 19 and 56).*

141 *More serious outcomes are likely to be appropriate where a case involves discrimination (as defined by equality legislation) against patients, colleagues or other people who share protected characteristics, either within or outside their professional life. This does not affect a doctor's right to opt out of providing a particular procedure because of their personal beliefs or values, as long as this does not result in direct or indirect discrimination against, or harassment of, individual patients or groups of patients (see the more detailed guidance Personal beliefs and medical practice³⁰).*'

20. Ms Fry submitted that Dr Dugboyle's conduct was extremely serious, bordering on predatory, targeting younger women and showed a blatant disregard for safeguards designed to protect his colleagues. She said that Dr Dugboyle's conduct was unlawful sexual harassment which was sexually motivated. She submitted that erasure was the appropriate sanction in this case and that a period of suspension would not be sufficient to protect the public interest.
21. Dr Dugboyle submitted that he accepted the findings of the 2023 Tribunal and the High Court. He said that he has insight into his actions and understands now that they amounted to harassment. He also submitted that he now understood the negative impact of his actions on the complainants, although he stated that he had not set out to cause any harm or offence to them.
22. Dr Dugboyle submitted that he had come to understand that what is acceptable in a family setting may not be acceptable in the workplace and it was clear to him that the way he displayed friendliness was not acceptable in such a setting. He reminded the Tribunal that he had apologised to the complainants and repeated that apology again.

23. Dr Dugboyele submitted that, having taken a personality test, he learned about aspects of his personality that he had not previously understood and had then undertaken a series of relevant courses and other learning to remediate his misconduct. He submitted that his colleague and patient feedback was evidence of his changed way of working and that there had been no similar issues or any other disciplinary matters in the intervening years. He submitted that the risk of him repeating his misconduct was nil.
24. Dr Dugboyele made no positive submission about what the appropriate sanction would be, stating that was a decision for the Tribunal's discretion, but submitted that erasure would be excessive and disproportionate.

The Tribunal's Determination on Sanction

25. The Tribunal bore in mind that the decision as to what sanction, if any, to impose on Dr Dugboyele's registration is a matter for this Tribunal alone, exercising its independent judgement. In reaching its decision, the Tribunal has taken account of, and has applied, the SG.
26. The Tribunal recognised that the purpose of a sanction is not to be punitive, although it may have a punitive effect. The Tribunal must consider imposing a sanction if it is required to protect patients, maintain public confidence in the profession, and/or meet the wider public interest.
27. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Dugboyele's interests with the public interest. It bore in mind that the reputation of the profession as a whole is more important than the interests of any individual doctor.
28. In deciding what sanction, if any, to direct, the Tribunal reminded itself that it must consider each of the sanctions available, starting with the least restrictive, in order to establish which sanction is appropriate and proportionate.

Seriousness

29. The Tribunal began by discussing the seriousness of Dr Dugboyele's actions.
30. The Tribunal reminded itself that Dr Dugboyele's conduct involved sexual harassment over a prolonged period (approximately 4 years), despite it being brought to his attention that his actions were unwanted. The Tribunal was mindful that Dr Dugboyele's

employer at the time took the matter seriously and that it ultimately led to him leaving the Trust.

31. The Tribunal acknowledged that Dr Dugboyele had made reference to his family and cultural background where he had asserted that it was more acceptable to be tactile. However, the Tribunal noted that Dr Dugboyele had been warned about his conduct and so could not have been under any misapprehension, at the latest from that point on, that his conduct was anything other than unwanted, inappropriate, unprofessional and causing distress to his colleagues. Dr Dugboyele appears to have ignored that warning and continued to act in the ways complained of.
32. The Tribunal accepted that Dr Dugboyele may not have had a pre-meditated, deliberate intention to cause harm to any of the complainants. However, it did not accept that this amounted to a good excuse for his actions, nor did it stop his actions from being an abuse of professional position, sexual harassment and sexually motivated. Dr Dugboyele was required by the principles set out in GMP to treat his colleagues fairly and with respect, and to act with integrity and within the law, but his actions were at odds with those principles. The Tribunal considered that Dr Dugboyele's conduct was in clear breach of the principles set out in paragraphs 1, 36, 37 and 65 of GMP.
33. The Tribunal considered that Dr Dugboyele's conduct was serious because of the nature of the conduct (sexually motivated unwanted physical contact and comments towards multiple junior female colleague) and its persistent nature (including continuing following a clear warning). It also considered that paragraphs 136 – 138 (failure to work collaboratively with colleagues), 140-141 (discriminatory conduct), 142-143 (abuse of professional position), and 149-150 (sexual misconduct) of the SG were engaged in this case and this confirmed that the conduct should be assessed as serious.

Aggravating and mitigating factors

34. The Tribunal then went on to consider the aggravating and mitigating factors in the case.
35. It considered that the aggravating factors were that Dr Dugboyele's conduct took place over the course of approximately four years, involved at least seven complainants, continued after he was warned by a his clinical director via email, harm was caused to colleagues, and the fact of the power imbalance between a doctor and junior female colleagues. The Tribunal also considered that the fact that at least some of Dr Dugboyele's conduct was sexually motivated was an aggravating factor in the case.

36. The Tribunal considered that the mitigating factors in the case were that he was of previous good character, five years had elapsed since the latest of the incidents with no repetition, and there were no clinical concerns in the case.
37. The Tribunal noted that Dr Dugboyele had made a full apology to the complainants and reiterated that apology in his evidence to the Tribunal.
38. The Tribunal was concerned that Dr Dugboyele had yet to accept in full the findings of the 2023 Tribunal and the High Court (in that he maintained that some of the facts found proved did not happen and that his conduct was not sexually motivated), and therefore it could not find that he had fully developed insight. However, the Tribunal did consider that Dr Dugboyele had undertaken significant remediation work, which had led to substantial insight into his misconduct, and which had been effective at preventing repetition of his misconduct. He had accepted that his conduct amounted to serious professional misconduct and had given detailed evidence of his reading and learning in the form of his reflections. The Tribunal was satisfied that Dr Dugboyele had understood the impact of his conduct on his colleagues and the extent to which his conduct was inappropriate, unprofessional and unlawful. The Tribunal also noted that Dr Dugboyele's evidence included positive testimonials from senior colleagues, targeted CPD and positive feedback from colleagues and patients. In particular, it noted that the recent colleague feedback from December 2024 came from a significant number of colleague respondents (above the expected requirements for the process), the majority of whom were women, and included a mix of doctors and other professionals. The Tribunal noted that the feedback was entirely positive and the optional narrative comments indicated that Dr Dugboyele was a valued member of his current workplace team. The Tribunal considered that Dr Dugboyele's level of insight and remediation was an important mitigating factor in the case.
39. Taking into account Dr Dugboyele's level of insight and remediation, and the fact that the misconduct had not been repeated in the five years that had elapsed since the last incident, the Tribunal found that there was no more than a low risk of repetition of the misconduct.

No action

40. The Tribunal concluded that there were no exceptional circumstances in this case to justify it taking no action. Taking no action would not protect the public, nor would it satisfy the need to maintain public confidence in the profession or to uphold proper

professional standards. Therefore, the Tribunal determined that taking no action would not be an appropriate or proportionate outcome to this case.

Conditions

41. The Tribunal had regard to paragraph 81 of the SG:

'81 Conditions might be most appropriate in cases:

a involving the doctor's health

b involving issues around the doctor's performance

c where there is evidence of shortcomings in a specific area or areas of the doctor's practice

d where a doctor lacks the necessary knowledge of English to practise medicine without direct supervision.'

42. The Tribunal noted that none of those factors were present in this case. The Tribunal also assessed that no proportionate, workable or measurable conditions relevant to Dr Dugboyele's misconduct could be formulated. The Tribunal also considered that an order of conditions would not be sufficient to mark the seriousness of Dr Dugboyele's misconduct or meet the need to uphold public trust in the profession or maintain proper professional standards. Therefore, the Tribunal determined that an order of conditions would not be an appropriate or proportionate outcome in this case.

Suspension

43. The Tribunal then went on to consider whether to impose a period of suspension. It took account of following paragraphs of the 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...

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).*
- 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.*
- ...
- e No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor’s unwillingness to engage.*
- 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.’*

44. The Tribunal considered that Dr Dugboyele had acknowledged fault and had apologised. The Tribunal was satisfied that Dr Dugboyele understood where he had gone wrong and the impact of his actions. It considered that Dr Dugboyele had already taken steps to develop insight and to remediate and found it relevant that there had been no repetition over the subsequent five years, which included Dr Dugboyele working for a different trust on a full-time basis. It noted its earlier finding that Dr Dugboyele was unlikely to repeat his misconduct.

45. The Tribunal noted that suspension may be appropriate in cases that were of a serious nature but where remediation was possible. The Tribunal considered that this was such a

case as the misconduct was serious, but there was evidence that Dr Dugboyele had taken effective remedial steps in that it was five years since the last incident. The Tribunal also considered that Dr Dugboyele had developed good, if not full, insight into his misconduct, particularly in relation to the specific issue of the inappropriateness of unwanted touching of his female colleagues.

46. The Tribunal considered that the public would see this as a serious matter, one requiring that the seriousness be marked, but not one that was fundamentally incompatible with continued registration. As such, the Tribunal considered that suspension may be an appropriate sanction in this case.

Erasure

47. The Tribunal took fully into account the submissions of the parties and the relevant paragraphs of the SG.

48. The Tribunal considered the following to be relevant to Dr Dugboyele's case:

'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).

d Abuse of position/trust (see Good medical practice, paragraph 81: 'You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession').'

49. The Tribunal considered that Dr Dugboyele's conduct was serious, but did not necessarily justify being characterised as a "particularly" serious departure from the principles in GMP such as to engage paragraph 109(a) of the SG. Furthermore, the Tribunal considered that Dr Dugboyele had demonstrated that he was willing to engage in remediation efforts and that they were likely to be successful.

50. The Tribunal did not consider that paragraph 109(b) was engaged, in that it did not consider that Dr Dugboyele's conduct indicated that he had acted in a deliberate, pre-meditated manner. Rather, the Tribunal accepted that Dr Dugboyele may not have understood, at least initially, that his conduct was unacceptable.
51. The Tribunal considered that paragraph 109(c) of the SG may be engaged, in that Dr Dugboyele had caused harm to his colleagues.
52. The Tribunal considered that paragraph 109(d) of the SG was clearly engaged because Dr Dugboyele's conduct had been found to be an abuse of professional position.
53. Contrary to the submissions of Ms Fry, the Tribunal considered that paragraph 109(f) was not relevant in this case, because this was not a criminal conviction case.
54. Acknowledging that some of the factors at paragraph 109 of the SG were engaged, the Tribunal nevertheless considered that the level of seriousness of this case did not justify erasure. In addition, the Tribunal considered that Dr Dugboyele's actions were not fundamentally incompatible with continued registration because the risk of repetition was low and there was evidence of no repetition in the last five years. The Tribunal considered that the public would agree that Dr Dugboyele's misconduct was serious but would accept that he has taken action to remediate and demonstrate his understanding of what went wrong so that he would not repeat his actions. The Tribunal considered that there was also a public interest in keeping an otherwise competent doctor in service to the public.
55. In light of this reasoning, the Tribunal determined that an order of suspension was the appropriate sanction in this case. It considered that a suspension would be sufficient to mark the seriousness of Dr Dugboyele's misconduct and would uphold public confidence in the profession. It also considered that a suspension would send an appropriate message to the profession as to the unacceptable nature of this type of conduct and therefore support the maintenance of proper professional standards.
56. The Tribunal acknowledged that a period of suspension would have an adverse impact on Dr Dugboyele's reputation and financial wellbeing. However, the Tribunal considered that the interests of the public outweighed Dr Dugboyele's own interests. It determined that a period of suspension would be a proportionate outcome in this case.

Length of suspension

57. The Tribunal then went on to consider the length of such an order. It considered that Dr Dugboyele had already done significant remediation work. However, the Tribunal did consider that Dr Dugboyele still had some work to do in developing his insight. The Tribunal also considered that the seriousness of Dr Dugboyele’s conduct, particularly the persistent nature over a number of years, required a more severe sanction.
58. The Tribunal determined that a period of six months would provide adequate time for Dr Dugboyele to develop his insight and would be sufficient to mark the seriousness of his misconduct. The Tribunal noted the public interest in having otherwise competent doctors return to practice in good time and that Dr Dugboyele’s remediation required him to be able to demonstrate his changed behaviour whilst in the workplace.
59. The Tribunal determined to direct a review of Dr Dugboyele’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 Dugboyele to demonstrate how he has developed his insight into the causes and impact of his conduct. It may assist the reviewing Tribunal if Dr Dugboyele provides evidence of the further development of his insight, evidence of how he has kept his skills and knowledge up to date during the period of suspension, evidence that he has not repeated his misconduct and an up to date reference from his current employer. Dr Dugboyele will also be able to provide any other information that he considers will assist the reviewing Tribunal.

Determination on Immediate Order - 13/03/2025

60. Having determined that Dr Dugboyele’s registration should be subject to a period of suspension, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Dugboyele’s registration should be subject to an immediate order.

Submissions

61. On behalf of the GMC, Ms Fry, Counsel submitted that an immediate order was necessary due to the serious nature of this case. She submitted that it was necessary in the public interest and to maintain public confidence in the profession where a suspension has been imposed for serious misconduct.
62. Dr Dugboyele submitted that an immediate order was not necessary as he had been working without issue for the past five years.

The Tribunal's Determination

63. In reaching its decision, the Tribunal has exercised its own judgement, taking into account all the circumstances. The Tribunal has borne in mind the guidance given in paragraphs 172 - 178 of the SG, in particular:

'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. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order.

173 An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor's special position of trust, or where immediate action must be taken to protect public confidence in the medical profession.

...

178 Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect.'

64. The Tribunal bore in mind that there are no patient safety concerns in this case and that the risk of repetition was low. The Tribunal noted that Dr Dugboyele was currently practising without issue and had been for the past five years.

65. The Tribunal considered that imposing an immediate order may cause disruption to Dr Dugboyele's current patients and that not imposing such an order would allow him time to make appropriate arrangements. The Tribunal was also mindful of the public interest in there being continuity of care.

66. Therefore, acknowledging the seriousness of the case, but noting the low risk of repetition, the Tribunal determined that an immediate order was not necessary in this case.

67. This means that Dr Dugboyele’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 Dugboyele does lodge an appeal, he will remain free to practise unrestricted until the outcome of any appeal is known.
68. The interim order is hereby revoked.