

PUBLIC RECORD

Date: 03/03/2021

Medical Practitioner's name: Dr Ngozi EZI
GMC reference number: 4470081
Primary medical qualification: MB BS 1982 University of Nigeria

Type of case **Outcome on impairment**

Review - Misconduct Not Impaired

Summary of outcome

Conditions revoked

Tribunal:

Legally Qualified Chair	Ms Christina Moller
Lay Tribunal Member:	Mrs Carrie Ryan-Palmer
Medical Tribunal Member:	Mr Mike Hayward
Tribunal Clerk:	Ms Angela Carney

Attendance and Representation:

Medical Practitioner:	Present and represented
Medical Practitioner's Representative:	Mr Robert Dacre, Counsel, instructed by the MDDUS
GMC Representative:	Mr Paul Williams, 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 Impairment - 03/03/2021

Background

1. Dr Ezi obtained his medical qualification in 1982 from the University of Nigeria. He completed his training and continued to work in Nigeria until he moved to the UK in 1995. Between 1995 and 1999, Dr Ezi was working in hospitals within the speciality of Obstetrics and Gynaecology. In August 1999, Dr Ezi began his General Practitioner (GP) training, and qualified as a GP in 2000. Since June 2017, Dr Ezi has been a GP at The Rossington Practice ('the Practice') in Doncaster, which is where he was working at the time of the events that are the subject of this hearing.

2. The initial concerns were raised with the GMC by Dr C, a Consultant Rheumatologist and Sports Physician, following a consultation with Patient A at the Claremont Hospital in Sheffield on 5 December 2017.

3. The 2020 Tribunal found that Dr Ezi:

- Failed to adequately consider the content of a chiropractor's note
- Failed to obtain an adequate history
- Failed to undertake a clinical examination
- Had given inappropriate advice to Patient A
- Failed to formulate an adequate treatment plan for Patient A
- Failed to record Ms B's suspicion of Cauda Equina syndrome
- Failed to prepare an adequate referral letter.

4. At his 2020 Tribunal hearing Dr Ezi conceded that his actions amounted to serious misconduct but accepted that it was for the Tribunal to decide whether or not his fitness to practise was currently impaired.

5. The 2020 Tribunal took account of the expert evidence of Dr D, a practising GP and Clinical Director for General Practice for the Belfast Health & Social Care Trust. Dr D found that the following aspects of Dr Ezi's care of Patient A fell seriously below the standard expects of a reasonably competent GP:

i. Clinical History

ii. Clinical Examination

iii. Clinical Management including referral practice (if Patient A's version of events is accepted, or any other version of events apart from the informed dissent described by Dr Ezi in his letter)

iv. Timing and content of Dr Ezi's referral letter dated 1.12.17, if it is accepted that a diagnosis of Cauda Equina syndrome was being considered.'

6. The 2020 Tribunal concluded that Dr Ezi's actions fell so far short of the standards of conduct reasonably to be expected of a doctor that they amounted to serious misconduct.

7. The 2020 Tribunal broke its considerations down into four areas: miscommunication during the consultation, inadequate consideration of the chiropractor's note, adequacy of record keeping and acceptance of responsibility.

8. In relation to miscommunication, the 2020 Tribunal found that Dr Ezi had not fully reflected on what went wrong during his consultation with Patient A and how such a significant breakdown of communication had occurred. The 2020 Tribunal concluded that, in order to demonstrate full insight, it was necessary for Dr Ezi to have analysed what went wrong in order to make improvements to his practice.

9. The 2020 Tribunal found that Dr Ezi had not reflected on his inadequate consideration of the chiropractor's note and it was not satisfied that, if presented with a note from another practitioner in the future, he would give such a note adequate consideration.

10. Dr Ezi accepted that he should have recorded more about his consultation with Patient A. However, the 2020 Tribunal was concerned by his lack of reflection on the inadequacy of his contemporaneous record of his consultation with Patient A. The 2020 Tribunal concluded that his insight was limited in connection with the seriousness of his failure to record any suspicion of such a serious condition.

11. The 2020 Tribunal was concerned that Dr Ezi's written reflections appeared to reflect his view that a change in his actions would not necessarily have altered the outcome for Patient A. The 2020 Tribunal noted that Dr Ezi had undertaken relevant Continuing Professional Development (CPD) including a course on back pain on 30 July 2018, after receipt of Dr D's expert report. The 2020 Tribunal was concerned that, in his reflective statement, Dr Ezi appeared to distance himself from (or not accept) his failings.

12. The Tribunal concluded that, due to Dr Ezi's incomplete understanding of his failings, it could not be said that his insight was fully developed.

13. The Tribunal noted that Dr Ezi had undertaken targeted CPD, including a course about Cauda Equina syndrome and weight, as part of his remediation. The 2020 Tribunal concluded that Dr Ezi had undertaken some remediation, but it was still not satisfied that he had developed full insight into his failings in respect of Patient A.

14. The 2020 Tribunal accepted that the impact of these proceedings was such that it was highly unlikely that Dr Ezi would repeat his actions were another patient to present with possible Cauda Equina syndrome. However, having determined that Dr Ezi had developed only partial insight into what had gone wrong during and after the consultation with Patient A, the 2020 Tribunal concluded that there were areas of reflection which needed further development. The 2020 Tribunal was concerned that, if these outstanding matters were not addressed, some of the failings it had identified, particularly regarding communication, could risk being repeated.

15. The Tribunal determined that, because of Dr Ezi's partially developed insight, there was a risk to patient safety, albeit a minimal risk. The 2020 Tribunal found Dr Ezi's fitness to practise was impaired by reason of his misconduct.

16. The 2020 Tribunal identified the following mitigating factors:

- Evidence that Dr Ezi is of good character, with no previous fitness to practise proceedings
- The period of time that has elapsed since the incident occurred, without repetition
- Positive testimonials from Dr Ezi's colleagues attesting to his professionalism and clinical skills.

17. The 2020 Tribunal found that Dr Ezi's insight was developing and did not identify this to be a mitigating or aggravating factor in this case. The 2020 Tribunal concluded that there were no aggravating factors.

18. The 2020 Tribunal considered it would not be appropriate to take no action on Dr Ezi's registration. Having found that Dr Ezi had begun to develop insight, the 2020 Tribunal was satisfied that he would comply with conditions. The 2020 Tribunal was satisfied that there was no evidence to suggest that remediation was unlikely to be successful as Dr Ezi had already undertaken some remediation, made changes to his clinical practice and had expressed a willingness to continue to do so.

19. The 2020 Tribunal identified specific areas of Dr Ezi's practice that required development and considered that these areas were amenable to remediation and could be developed while Dr Ezi remained in clinical practice.

20. The 2020 Tribunal concluded that a period of supported practice through conditional registration was the most appropriate way to support Dr Ezi's development of further insight and remediation. The 2020 Tribunal imposed conditions for a period of 12 months. It considered that 12 months would allow Dr Ezi the appropriate time to consolidate his remediation.

21. The 2020 Tribunal considered that those reviewing Dr Ezi's case would be assisted by receiving the following:

- Multi-source feedback from patients and colleagues
- A personal statement setting out reflections covering:
 - The circumstances of this case
 - The case notes audit that has already been completed
 - The multi-source feedback received
- A copy of Dr Ezi's PDP and updated information about his progress against the objectives set out within the PDP
- Any other information which Dr Ezi considers would assist the Tribunal.

The Evidence

22. The Tribunal has taken account of all the evidence received, both oral and documentary. The evidence included, but was not limited to:

- Workplace reporter forms from Dr E, FRCGP, GP Partner, The Rossington Practice, dated 8 January 2020
- Workplace reporter forms from Dr G, GP Clinical Lead Sheffield GP Collaborative dated 5 March 2020, 22 April 2020, 6 January 2021
- Email dated 6 May 2020 from Dr G
- Dr Ezi's Personal Development Plan
- Evidence of Dr Ezi's Continuing Professional Development Certificates of online courses
- Dr Ezi's learning log
- Dr Ezi's audit feedback
- Dr Ezi's reflections on re-audit dated, 19 October 2020
- Dr Ezi's reflections on the Advanced Communication Skills course dated, 11 November 2020
- Dr Ezi's reflections on the Documentation & Record Keeping Level 2, dated 18 November 2020
- Dr Ezi's reflections on the Effective Team Working, dated 17 November 2020
- Dr Ezi's reflections on case-based discussions, dated 18 November 2020
- Colleague Feedback Report, 21 December 2020
- Colleague feedback forms
- Dr Ezi's reflections on colleague's feedback, dated 6 January 2021.

23. The Tribunal also received in support of Dr Ezi a number of testimonials from colleagues, all of which it has read. In particular, the Tribunal took account of the testimonial from Dr Ezi's workplace reporter, Dr G, as mentioned below.

Submissions

24. On behalf of the GMC, Mr Williams gave the Tribunal an overview of the case. Mr Williams said that the position of the GMC was neutral as to whether or not Dr Ezi's current

fitness to practise was impaired. Mr Williams acknowledged that Dr Ezi had provided a significant and substantial bundle of evidence to the Tribunal, including satisfactory workplace reports.

25. On behalf of Dr Ezi, Mr Dacre submitted that Dr Ezi had satisfied all the conditions that were set out by the 2020 Tribunal. He accepted that the Tribunal in 2020 had concluded that Dr Ezi's insight was incomplete, but it had also found the risk of repetition of his misconduct to be minimal, concluding that Dr Ezi was highly unlikely to repeat his behaviour.

26. Mr Dacre referred the Tribunal to the extensive remediation work that Dr Ezi had completed, which included his personal development plan ('PDP'), the Advanced Communication Skills Course parts one and two, Effective Team Working Course, and Reflective Practice: a guide for GPs. He submitted that all audits completed were good and show that Dr Ezi is currently fit to practise. He referred the Tribunal to the Record Keeping Course which had been completed in May and October 2020, which showed a *'very good result'*. He submitted that, whilst there were some issues regarding Read Coding and specific safety netting, Dr Ezi had provided structured reflection on these areas and discussed them with his practice manager and mentor. Mr Dacre said that Dr E did not believe that any further audits were required as the October 2020 audit was even better than that in May 2020.

27. Mr Dacre referred the Tribunal to the workplace reports, in particular, Dr G's email, dated 7 October 2020, stated that Dr Ezi was, *'working in the right zone, neither over confident or overly anxious...'*

28. Mr Dacre also drew the Tribunal's attention to Dr G's comment about Dr Ezi, *'We continue to find him a highly valued and popular member of our team.'*

29. Mr Dacre referred the Tribunal to several testimonials which were unanimous in being positive. He stated that Dr Ezi had improved his communication skills and his level of care. He submitted that the testimonials all describe a well-respected and competent doctor. He submitted that Dr Ezi's insight is developed. He said that Dr Ezi was *'deeply sorry'* for what he had done and knew exactly how his conduct fell short of the standards to be expected.

30. Mr Dacre suggested that Dr Ezi will continue to reflect on the circumstances leading to this case. He said that, after one year of work and reflection, Dr Ezi had satisfied all conditions, completed his agreed PDP and had also provided, as the GMC acknowledged in its submission, significant and substantial material to show that he was safe to practise without restrictions.

The Relevant Legal Principles

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

32. The Tribunal must determine whether Dr Ezi's fitness to practise is impaired today, taking account of his 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

33. The Tribunal was aware that Dr Ezi's misconduct was based on his failure to adequately consider the content of a chiropractor's note, obtain and record an adequate history, including the suspicion of Cauda Equina syndrome, undertake a clinical examination; give advice to Patient A, formulate an adequate treatment plan for Patient A and to prepare an adequate referral letter.

34. Although there had been two patient complaints since the previous Tribunal, both were resolved locally and Mr Williams had not described either as presenting an issue to the GMC. The Tribunal concurred with this, but it was obviously an area to which Dr Ezi would have to pay attention in the future. The Tribunal took account of the fact that there has been no repetition of Dr Ezi's misconduct.

35. The Tribunal has taken account of reports from Dr Ezi's workplace reporters, Dr E and Dr G. It also considered positive comments made in Dr C's letter dated 20 January 2020. He stated that Dr Ezi was '*open, honest and approachable...he has always passed each audit without problem*' and that his work was always of a high standard. In addition, he gave a specific example which the Tribunal felt showed that Dr Ezi had learnt from his efforts to remediate.

'I was particularly impressed recently when he was put under pressure to fill out a DNACPR for a patient when the original was lost. District nurse and manager colleagues felt he should 'just complete another form'. He was strong enough to know this was not an appropriate action in the circumstances as he did not have adequate information. I felt it would have been very easy to give in (especially when he is under particular scrutiny). He did not do this but organised a home visit to resolve this matter in a safe, ethical and timely manner.'

36. The Tribunal was aware that, after the hearing in February 2020, Dr Ezi's progress was slow. However, in the latter half of 2020 his practice improved significantly. This was particularly impressive in light of challenges to working conditions, due to the Covid-19 pandemic and restrictions. The Tribunal considered it likely that Dr Ezi worked slowly at first due to his aim to be sufficiently cautious in assessment, diagnosis and treatment or referral as required. The Tribunal took account of Dr Ezi's professional management of patients with neurological symptoms, as well as his appropriate management of an emergency situation.

37. The Tribunal has taken account of the positive testimonials from Dr Ezi's colleagues. It is evident that Dr Ezi is well thought of and a valued member of the clinical team.

38. The Tribunal was also impressed by the level of CPD that Dr Ezi has undertaken, particularly in relation to communication, record keeping and neurological conditions. He provided numerous certificates of attendance for online CPD courses, as well as evidence of reflection on what he has learnt.

39. The Tribunal was satisfied that Dr Ezi has developed a high level of insight into his misconduct and fully understands the importance of clear communication and record keeping now. He has made a considerable effort to remedy his misconduct. It is to his credit that he has made use of the strong support network provided by his employers and colleagues to ensure there is no repetition of that misconduct in the future.

40. The Tribunal was satisfied on the evidence before it, including testimonials from senior colleagues, that he has fully addressed the concerns raised by the 2020 Tribunal. It concluded that Dr Ezi's misconduct was highly unlikely to be repeated in future: any risk of repetition is very low indeed.

41. The Tribunal was satisfied that Dr Ezi fully understands the gravity of his misconduct, which has not been repeated. Further, the Tribunal was satisfied that patients will not be placed at risk if Dr Ezi returns to unrestricted practice, nor the standards or reputation of the medical profession.

42. The Tribunal concluded, having taken account of the overarching objective, that Dr Ezi's fitness to practise is no longer impaired by reason of his misconduct.

Revocation of current order

43. The Tribunal is aware that the 2020 Tribunal issued a sanction of conditions to last a period of 12 months, to mark the seriousness of Dr Ezi's misconduct. The Tribunal noted that Dr Ezi's conditions will end on 23 March 2021.

44. The Tribunal determined that the order of conditions should be revoked with immediate effect because Dr Ezi's fitness to practise is no longer impaired.

45. That concludes this case.

Confirmed

Date 03 March 2021

Ms Christina Moller, Chair