

## PUBLIC RECORD

Date: 21/03/2024

Medical Practitioner's name:	Dr Nicole OGWUDA
GMC reference number:	7494210
Primary medical qualification:	MB BS 2016 The University of Hull and the University of York
Type of case	Outcome on impairment
Review - Conviction	Not Impaired

## Summary of outcome

Suspension to expire

## Tribunal:

Legally Qualified Chair	Mr Stephen Killen
Lay Tribunal Member:	Ms Bronwen Cooper
Medical Tribunal Member:	Dr Aneez Esmail
Tribunal Clerk:	Mr Joel Taylor-Garratt

## Attendance and Representation:

Medical Practitioner:	Present, represented
Medical Practitioner's Representative:	Mr James Halliway, Counsel, instructed by Medical Protection Society
GMC Representative:	Mr Alan Jenkins, 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 - 21/03/2024

1. At this review hearing the Tribunal now has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended whether Dr Ogwuda's fitness to practise is impaired by reason of her conviction for a criminal offence.

### Background

2. Dr Ogwuda qualified in 2016 from Hull York Medical School. She undertook her foundation training with Bedford Hospital NHS Foundation Trust between 2016 and 2018. At the time of the events, Dr Ogwuda was practising as a locum doctor in psychiatry at the East London NHS Foundation Trust ('the Trust'), at Fountain Court.
3. The facts found proved at Dr Ogwuda's hearing which took place in March 2023 can be summarised as on 7 July 2022, at Bedfordshire Magistrates' Court, Dr Ogwuda pleaded guilty and was convicted of fraud by abuse of position. On 29 July 2022, in the Crown Court in Luton, she was sentenced to a community order for 12 months and was given 180 hours of unpaid work, 20 days rehabilitation activity requirement and three months electronically tagged curfew.
4. The criminal charge arose from Dr Ogwuda's employment at Fountain Court, during which Dr Ogwuda had, on 15 separate occasions, submitted timesheets to claim for hours that she had not worked. Examples include claiming for a full day's work when she had left work early, occasions when she was on sick leave but claimed she had worked and claims for Bank Holidays when she had not worked on those days.
5. The total loss to the Trust was calculated to be £5597.27.

6. Dr Ogwuda submitted a self-referral to the GMC on 9 June 2022 and admitted the entirety of the Allegation at the March 2023 hearing.
7. The 2023 Tribunal considered that Dr Ogwuda had defrauded the NHS of a significant amount of money over a period of months, and her actions continued even after the Trust had changed its policy to prevent timesheet fraud.
8. The 2023 Tribunal considered Dr Ogwuda to have shown some evidence of remediation, including reflections and appropriate CPD courses. The 2023 Tribunal found some inconsistencies in Dr Ogwuda’s oral evidence and was concerned by her inability to explain why she had acted dishonestly. The 2023 Tribunal considered that Dr Ogwuda lacked insight and posed a risk of repeating her dishonesty. As such, the 2023 Tribunal concluded that a finding of impairment 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 that profession.
9. When considering sanction, the aggravating factors found by the 2023 Tribunal included the serious criminal offence that Dr Ogwuda had been found guilty of, her limited insight and the persistent, repeated nature of her dishonesty. The mitigating factors included Dr Ogwuda’s remorse and attempts at remediation, her previous good character and good standing amongst colleagues, the significant change in Dr Ogwuda’s personal circumstances and the fact that she had repaid the full amount of the Trust’s losses.
10. Both parties submitted that suspension was the appropriate sanction in this case and the 2023 Tribunal determined the same, imposing a suspension of 12 months. It considered that a period of suspension was appropriate and proportionate in all the circumstances of the case and would have a deterrent effect on the profession, as well as marking the seriousness of Dr Ogwuda’s conduct and upholding public confidence in the profession.
11. The 2023 Tribunal also considered that a period of suspension would allow Dr Ogwuda time to fully develop her insight. It outlined that, at the review hearing, the onus would be on Dr Ogwuda to demonstrate how she has developed insight into her actions, and to provide further evidence of reflection.

The 2024 Hearing

**The Evidence**

12. The Tribunal has taken into account all the evidence received, both oral and documentary. This included the following:
- Record of Determination 3 March 2023
  - Letter to Dr Ogwuda dated 12 December 2023
  - Dr Ogwuda’s Monthly reflections March 2023 – January 2024
  - Dr Ogwuda’s Overarching reflection dated January 2024
  - Certificates from CPD courses:
    - Basic life support
    - Probity and Ethics in Healthcare: Practice with Integrity
    - Women’s Health
    - Probity and Ethics: module on Insight
    - Learning from Events
    - Reflective Learning for Medical Professionals
    - CPD/Learning Log
  - Testimonials from:
    - Ms A
    - Ms B
    - Ms C
    - Ms D, CBT Psychotherapist
    - Dr E
    - Dr F, Consultant Psychiatrist
    - Ms G, Dr Ogwuda’s mentor
    - Dr I, Clinical Director for Marshalls Primary Care Network, Dr Ogwuda’s GP former trainer
    - Dr H, Consultant in Geriatric and General Medicine, Dr Ogwuda’s clinical supervisor February – August 2022
    - Ms J
    - Dr K, Programme Director for Dr Ogwuda’s GP training

Oral evidence from Dr Ogwuda

13. In her oral evidence, Dr Ogwuda described the strategies that she has now developed to help deal with stressful situations and possible triggers. These included the support network that she had built up at her church, her understanding that supervisors were there to help, as well as meditations and breathing exercises. She said that she was now

able to acknowledge difficulties and be open and honest about them with her support network. Dr Ogwuda told the Tribunal that she could see that she was never open before but now, XXX, she had a much higher degree of self-awareness and is free to be open without the need to create a ‘front’.

14. Dr Ogwuda told the Tribunal that she wanted to avoid working for locum agencies because she wanted to work for patients, not money. She also told the Tribunal that locum work is very unstable in terms of the location of the position and the role involved. She said that she wishes to be in a position of consistency and she feels that she would be most comfortable being a GP trainee.

### Submissions

15. On behalf of the GMC, Mr Halliday, counsel, stated that the GMC was adopting a position of neutrality with regard to whether Dr Ogwuda’s fitness to practise remains impaired. He referred the Tribunal to the 2023 Tribunal’s comments that a period of suspension would allow Dr Ogwuda time to develop her insight and submitted that this Tribunal had been provided substantial evidence of her remediation.
16. On behalf of Dr Ogwuda, Mr Jenkins submitted that Dr Ogwuda’s fitness to practise is no longer impaired. He submitted that Dr Ogwuda had given thoughtful and articulate evidence that demonstrated that she had now fully thought through the issues leading to her conviction and how she would act in the future. Mr Jenkins reminded the Tribunal that Dr Ogwuda had repaid all the monies in full, had completed her sentence and that the sentencing judge commented that Dr Ogwuda had shown remorse at that stage.
17. Mr Jenkins submitted that Dr Ogwuda had completed a great deal of reading and CPD, thereby keeping her clinical skills and knowledge up to date. He said that she had also shared her experiences with a large number of people including colleagues, XXX members of her church. Mr Jenkins submitted that the testimonial evidence was all positive, including from Dr Ogwuda’s former GP trainer, and that all were aware of the details of Dr Ogwuda’s conviction.

### The Relevant Legal Principles

18. The Tribunal reminded itself that the decision on current impairment is a matter for the Tribunal’s judgement alone. It also reminded itself that it is important that no doctor is allowed to resume unrestricted practice following a period of suspension unless the Tribunal considers that the doctor is safe to do so. There is a persuasive burden on the

doctor at a review hearing to demonstrate that the doctor's fitness to practise is no longer impaired.

19. This Tribunal must determine whether Dr Ogwuda's fitness to practise is impaired today, taking into account Dr Ogwuda's conviction and any relevant factors since, such as whether the matters are remediable, have been remedied and any likelihood of repetition.

### **The Tribunal's Determination on Impairment**

20. The Tribunal reminded itself of the seriousness of Dr Ogwuda's dishonest actions over a period of months, which gave rise to her conviction. It noted that dishonest actions can be very difficult to address and remediate. However, the 2023 Tribunal had determined that Dr Ogwuda's actions and conviction were not fundamentally incompatible with continued registration as a doctor and could be remediated.
21. The Tribunal noted the submissions of the parties and that Mr Jenkins submitted that Dr Ogwuda's fitness to practise is no longer impaired; and Mr Halliday stated that the GMC is adopting a neutral position on the issue.
22. The Tribunal noted from the documentary evidence that Dr Ogwuda has kept her clinical knowledge and skills up to date and has completed a number of relevant CPD courses in this regard. The Tribunal did not consider that there was any evidence which gave rise to any concerns about Dr Ogwuda's clinical ability to resume practice.
23. Further, having considered the available documentary and oral evidence, the Tribunal considered that Dr Ogwuda has come a long way in developing her insight and remediating.
24. Dr Ogwuda provided a detailed and thorough reflective statement which served to illustrate her understanding of the repercussions of her dishonest actions on the medical profession, to her and to her family. Dr Ogwuda articulated her deep regret for her actions and she acknowledged and fully accepted the need for the regulatory proceedings against her. Dr Ogwuda detailed how she did not act with integrity and she acknowledged the impact of her dishonest actions on the finances of the National Health Service. Dr Ogwuda confirmed that the monies she claimed have been repaid in full.
25. Dr Ogwuda provided documentary evidence in the form of CPD certificates of having completed targeted and focussed remedial learning in areas of probity and honesty and

she provided reflections in her written statement which reassured the Tribunal that she has taken on board the seriousness of her actions and the fundamental importance of acting honestly and with integrity at all times. She acknowledged that her actions had serious consequences with regard to the trust placed on the medical profession, and that they brought the profession into disrepute.

26. Dr Ogwuda provided evidence of having reflected on how her actions breached a number of principles outlined in ‘Good Medical Practice’ and how her actions led to a breakdown in trust between her and her employers, colleagues and patients. Dr Ogwuda provided documentary evidence of monthly reflections on her actions.
27. Overall, the Tribunal considered that Dr Ogwuda’s oral and documentary evidence demonstrated comprehensive and deep reflection on her dishonest actions.
28. The Tribunal noted the positive contents of the 10 testimonial letters from both medical professionals and lay-persons. The authors of the testimonials were all informed of Dr Ogwuda’s actions which gave rise to the regulatory proceedings. It noted that Dr Ogwuda’s mentor – Ms G – commented as follows:

*‘... I have been her mentor for the past two years. We meet once a month to discuss her well-being, specifically around how she is coping emotionally and getting on with her day to day. I confirm I am aware of the MPT’s determination on facts, impairment and sanction ...*

*Since March 2023 I have met with Dr Ogwuda for ten sessions of mentoring. During our meetings we discuss how she is feeling on that day, she has time to reflect on her emotions and space to express what is going on in her mind. It is a safe space for her to be honest about her struggles and think about ways she can put things in place to help her cope with what is going on in her life at that particular time, and in the future. I encourage Dr Ogwuda to be honest about where she is at, challenging her in very difficult situations when she feels the burden and weight of dealing with the reality of what she did, the consequences of her action and how it affects everyone involved. There has been many tears, she has expressed several times how much she values the space to be able to process the challenges she is dealing with. During our meetings in March 2023, Dr Ogwuda came across as very lost and confused from the shock and facts of what she did. She was heart broken that she let everyone and herself down. She became very anxious from the thought of losing everything she had trained for years to accomplish. She felt she had betrayed the medical board by her conduct. She has mentioned during our sessions, how her time away from work has given her the*

*opportunity to see more the importance of her responsibilities as a doctor. She understands the importance of integrity, and to be trustworthy in every aspect of her life, especially as people entrust their lives to her. My view on Dr Ogwuda since the MPT's finding is that she has had time to process what she did. She has realised the extent of her conduct especially as a doctor with the moral responsibility that follows. She has grown in the way she sees things, and has made a lot of effort to have guidance and accountability in her day to day life. She has put things in place to keep herself in check. She has committed to continue this mentoring meetings and be honest about her struggles. Dr Ogwuda has put the right support in place by allowing herself to be open when asked tough questions that enable her to be honest about what is going on in her life. This helps to guide her both in a professional and personal capacity'.*

29. The Tribunal noted the following from Dr H, who was Dr Ogwuda's clinical supervisor during a geriatric placement in 2022:

*'... I have remained in close contact with Dr. Ogwuda as a colleague since the end of her placement. I had written a testimonial on Dr. Ogwuda's behalf in January 2023 for the purposes of her hearing before the Medical Practitioners Tribunal (MPT) of the Medical Practitioners Tribunal Service. I am aware of the MPT's determinations on the facts, impairment, and sanction ...*

*I have spoken with Dr. Ogwuda on several occasions following the outcomes of the MPT's determinations, and she remains remorseful about her past behaviour but equally looking forward to getting back to caring for patients, a vocation she enjoys very much and has indeed missed. She continues to reflect on her misconduct and has completed two online courses on probity and medical ethics. She has also spent some time reviewing the GMC's guidelines on good medical practice and working on personal growth and development through XXX and regular church mentoring sessions. She is also involved with the doctors' support group and the practitioner health program. Dr. Ogwuda is currently volunteering at St. Francis Hospice charity shop and keeping her medical knowledge up to date by reviewing various resources such as CKS guidelines, BMJ learning modules, RCGP e-learning podcasts, etc. I remain convinced, as previously mentioned in my letter to you, of Dr. Ogwuda's excellence as a doctor, as a skilled clinician, and as a person who cares deeply about her patients and loves her profession dearly. I believe that Dr. Ogwuda is an asset to our medical profession, and I am confident that she will continue to contribute to this noble profession for years to come'.*



30. The Tribunal considered that the views of both Ms G and Dr H, as outlined above, accorded with the Tribunal's own impression from the oral and documentary evidence, of Dr Ogwuda's development of insight and remediation.
31. Taking the available evidence into account, the Tribunal was satisfied that there was little to suggest a risk of repetition of Dr Ogwuda's actions. It was satisfied that Dr Ogwuda has demonstrated full insight into her dishonest actions and she has taken proactive and comprehensive steps to remediate her actions.
32. The Tribunal bore in mind the principle of proportionality and the public interest in having an otherwise competent doctor return to practice. It considered that, in the circumstances as outlined above, a finding of current impairment of fitness to practise is not warranted, and Dr Ogwuda has demonstrated that she is fit and safe to resume unrestricted practise. The Tribunal considered that a finding of current impairment would be purely punitive.
33. The Tribunal has therefore determined that Dr Ogwuda's fitness to practise is no longer impaired by reason of her conviction.