PUBLIC RECORD

Dates: 21/10/2020 - 22/10/2020

Medical Practitioner's name: Dr Nkanunyele AMADI

GMC reference number: 6103154

Primary medical qualification: MB ChB 2004 University of Leicester

Type of case
Restoration following disciplinary erasure

Summary of outcome
Restoration application refused. No further applications allowed for 12 months from last application.

Tribunal:

Legally Qualified Chair	Mr Lindsay Irvine
Lay Tribunal Member:	Mrs Carol Jackson
Medical Tribunal Member:	Dr Shehleen Khan

Tribunal Clerk:	Ms Keely Crabtree

Attendance and Representation:

Medical Practitioner:	Present and not represented
GMC Representative:	Mr Ciaran Rankin, 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 application for Restoration - 22/10/2020

1. Dr Amadi has applied to the General Medical Council ('GMC') for the restoration of her name to the Medical Register following her erasure for disciplinary reasons in May 2013. This is Dr Amadi's second restoration application.

Background

2. Dr Amadi qualified in 2004. In June 2013, Dr Amadi's case was considered by a Fitness to Practise (FTP) Panel (the 2013 Panel) who found her fitness to practise was impaired by reason of misconduct.

3. Dr Amadi admitted, and the 2013 Panel found it proved, that Dr Amadi submitted an application for a GP training post with the London Deanery dated 26 March 2009 on which she falsely declared that she had never been required to practise subject to specified limitations / conditions / warnings following fitness to practise proceedings by a regulatory body.

4. The 2013 Panel found that Dr Amadi failed to comply with her declaration that she would provide the Deanery with full details of any subsequent fitness to practise concerns within five working days. Further, the 2013 Panel found that Dr Amadi failed to report to the London Deanery that in June 2009 she had been referred to the GMC by the South West Deanery Deputy Foundation School Director. The Panel concluded that Dr Amadi was under an obligation to inform the Deanery of those matters.

5. Dr Amadi admitted, and the 2013 Panel found it proved, that between May and November 2011, whilst employed as a trainee GP registrar, she allowed her professional indemnity insurance to lapse, failed to inform her GP trainer and the Deanery when she became aware that she did not have indemnity insurance and held consultations with patients when she did not have indemnity insurance.

6. Dr Amadi admitted, and the 2013 Panel found proved, that between the end of August 2011 and the middle of October 2011, Dr Amadi failed to arrange for her indemnity insurance to be re-instated or arrange alternative cover. Further Dr Amadi admitted, and the 2013 Panel found proved, that on 2 November 2011 Dr Amadi attended work at a GP out-of-hours session at Whipps Cross Hospital when she knew she did not have indemnity insurance.

7. The 2013 Panel found Dr Amadi's actions to be misleading and dishonest and that her fitness to practise was impaired by reason of her misconduct. It further found that she had exhibited evidence of harmful and deep seated attitudinal problems and concluded that these remained a concern and her integrity could not be relied upon. It was the 2013 Panel's view that Dr Amadi's actions did not constitute a single incident and identified six separate instances of dishonesty over a significant period of time. The 2013 Panel concluded that Dr Amadi lacked insight and that there was a significant risk of Dr Amadi repeating her behaviour. Having found dishonesty the 2013 Panel considered that Dr Amadi had failed to take the matter sufficiently seriously so as to act with appropriate urgency to put matters right when she knew they needed addressing.

8. The 2013 Panel concluded that there had been a particularly serious departure from the principles set out in Good Medical Practice (GMP) and that Dr Amadi had shown disregard for those principles. The 2013 Panel recognised that some of Dr Amadi's actions were naïve but were nonetheless unprofessional. Some of the actions she failed to take but should have taken represented a reckless disregard of the principles in GMP.

9. The 2013 Panel also noted that Dr Amadi saw patients both at the surgery and Whipps Cross out-of-hours clinic when she knew she did not have indemnity insurance. Further, only 24 hours after Dr Amadi had been expressly told not to see patients, she went to Whipps Cross clinic with a view to treating them. The Panel concluded that Dr Amadi abused her patients' trust.

10. The 2013 Panel believed that Dr Amadi had shown a persistent lack of insight into the seriousness of her actions and that her behaviour was neither transparent nor open and honest. The Panel did not accept that the lack of any actual harm to patients justified her actions or in any way lessened the seriousness of her behaviour. The 2013 Panel determined that Dr Amadi's misconduct was so serious as to be incompatible with continued registration, that suspension would not be a sufficient sanction and it therefore determined to erase Dr Amadi's name from the Medical Register.

The 2019 Tribunal

11. In July 2018 Dr Amadi made her first application to be restored to the Medical Register which was heard before a Tribunal in January 2019. The 2019 Tribunal received no independent evidence from any witness as to Dr Amadi's level of clinical knowledge and standard of performance. It received no documentary evidence of Dr Amadi's plans for her return to clinical practice in the event that her name was restored to the register. The 2019

Tribunal remained concerned for patient safety as Dr Amadi had been out of practice for five years.

12. The 2019 Tribunal noted that Dr Amadi had undertaken a number of on-line CPD courses. Although the courses provided some evidence of Dr Amadi's clinical skills, they fell a long way short of what would be required for a Tribunal to be satisfied that it would be safe for her to return to unrestricted practice. The 2019 Tribunal further noted that the courses were all confined to the period of Autumn 2018. They did not provide evidence of the sort of sustained and continuous maintenance of clinical skills that the Tribunal would have expected to see in a successful application for restoration. The 2019 Tribunal also considered that on-line courses did not provide a proper opportunity for a doctor to witness doctor/patient interaction at first hand and thus were of limited value.

13. The 2019 Tribunal noted that Dr Amadi had worked in an administrative capacity at a number of GP practices. It considered that she would therefore have had a number of opportunities to request to sit in on GP consultations with patients but was provided with no evidence that she had done so. It also considered that Dr Amadi may have benefitted from support from her Deanery or a clinical mentor, but there was no evidence that she had sought any such support.

14. The 2019 Tribunal received no professional or personal testimonials in support of Dr Amadi. Further, it received no witness statements that attested to her good character or her level of clinical performance. The 2019 Tribunal was therefore not satisfied that it would be safe to restore Dr Amadi's name to the medical register and allow her to practise on an unrestricted basis.

15. Given the findings of dishonesty made against Dr Amadi. The 2019 Tribunal considered that it would have expected Dr Amadi to have demonstrated some formal learning in this area.

16. The 2019 Tribunal noted Dr Amadi's reflective statement and observed that whilst it contained some evidence of reflection, the Tribunal would have expected a thorough analysis of how she had come to be in the position that led to her erasure and what steps she would have taken to avoid being in a similar position in the future. Whilst it did provide some evidence of a developing insight on Dr Amadi's part, it was insufficient to satisfy the Tribunal that her insight into the incidences of dishonesty identified by the 2013 Panel was complete.

17. The 2019 Tribunal received limited positive or independent evidence of Dr Amadi's probity. It therefore considered that Dr Amadi did not have adequate insight in relation to the original findings of the 2013 Panel to support her being restored to the register. Further, it was not satisfied that Dr Amadi recognised the importance and gravity of the dishonesty which led to her erasure.

18. Having considered all the evidence, the 2019 Tribunal was not satisfied that it would be consistent with the overarching objective to restore Dr Amadi's name to the Medical register. Accordingly, the 2019 Tribunal determined to refuse Dr Amadi's application.

Today's hearing

The Evidence

19. The GMC called no witnesses to give oral evidence and relied solely on the documentary evidence provided to the Tribunal. The Tribunal has been provided with evidence on behalf of the GMC as follows:

- Dr Amadi's Restoration Application dated July 2019;
- Determination on Application for Restoration dated 10 January 2019;
- Copy of the determinations made at the Fitness to Practise Panel Hearing commencing 28 May 2013

20. Dr Amadi gave oral evidence at the hearing and relied upon the documentary evidence she had provided.

21. The Tribunal was provided with a number of certificates in relation to Continuing Professional Development (CPD) courses that Dr Amadi has undertaken between May 2019 – August 2020. In addition, Dr Amadi provided a list of clinical cases observed at the Medical Assessment Unit (MAU) at St Thomas Hospital supervised by Dr A (Primary care physician) and attendance sheets between April 2019 – December 2019.

Dr Amadi's oral evidence

22. Dr Amadi gave evidence before the Tribunal. She stated that, in terms of the clinical face to face consultations with patients she undertook, this was set up through a mentorship programme. She had been introduced to Dr A who was a GP in the Accident and Emergency Department (A&E) at St Thomas' Hospital. Dr Amadi stated that, initially, she had sat in with Dr A observing her consultations and then, when there was a case that was interesting, she would note it down. Dr Amadi stated that Dr A had then suggested that she should start taking patient histories alone, albeit not to make complicated examinations because of her restrictions.

23. Dr Amadi stated that she would see patients on her own in a separate room in the A&E department and then would go back to Dr A to discuss the patient's case. She said that they would then see the patient together and that Dr A would sign the case off. Dr Amadi stated that this took place between April to December 2019 on most Tuesday mornings between 8.30am – 12pm. Dr Amadi was unable to tell the Tribunal when it was that she first started seeing patients alone but thought that it was approximately the middle of April 2019, which was quite early on in her mentorship. Dr Amadi stated that, when taking

patient histories, she had kept her notes in a notebook but that she had not submitted this as evidence as she had not thought it was relevant and was unsure of its whereabouts. Dr Amadi stated that she had submitted an attendance sheet as evidence which detailed each time she had seen a patient. The attendance sheets also showed how regularly she had attended and were signed and stamped by Dr A.

24. Dr Amadi stated that Dr A had another role as a teacher/lecturer which she unfortunately had to go back to at the end of 2019 and therefore her mentorship stopped. Dr Amadi also stated that due to the COVID pandemic she was then unable to find anyone else to observe after this.

25. Dr Amadi stated that the majority of her training over the past year had been attending clinical courses, i.e. seminars and teaching, which had been mainly GP teaching. She said that due to the last Tribunal's comments regarding online courses she had started to focus on attending more seminars in person. However, she had more recently attended on-line courses due to the COVID pandemic.

26. Dr Amadi stated that she would usually find a seminar/teaching course every week to attend and that these were mainly through/at private hospitals all over London. These courses would always have to be booked in advance. Dr Amadi said that these helped her keep her knowledge up to date.

27. Dr Amadi stated that she is currently working at a GP surgery. She said that she had done this on purpose in order to remain working in a medical environment. The work is mainly administrative and Dr Amadi said that she is now able to spend more time on her private study as she is no longer working in a clinical capacity. Dr Amadi stated that she felt 'on top of her medicine' and confident in her knowledge at the moment.

28. Dr Amadi stated that she was confident to go back to unrestricted practice. Dr Amadi told the Tribunal that she had enough insight to know that she would not want to go back to medicine without maybe being under some supervision, and/or thought it sensible to have someone looking over her and her decision-making skills initially. Dr Amadi stated that she was still a trainee and had been told that if restored she would be supervised on return for 12 months. Dr Amadi thought that she would be best suited to working in an A&E department or MAU. This would enable her to see a constant range of patients.

29. Dr Amadi told the Tribunal that she had tried to follow what the previous 2019 Tribunal had advised her to do. She stated that she had been given points to cover; to undertake clinical placements and observe clinical consultations. She stated that she had completed this, despite it being difficult to secure placements due to her not having a GMC number. In addition, Dr Amadi stated that she had seen patients in a supervised capacity and had assisted with patient problems.

30. In reference to attending courses in person, Dr Amadi stated that there was an ethics course she was unable to attend due to financial reasons but one of her mentors kindly gave her their course notes. She stated that it was a long time ago and she had not looked at the notes recently. She could not state if she had read the notes in full.

31. When asked if she could provide any independent evidence, Dr Amadi stated that she had no testimonials or statements to submit. She believed that the GMC would contact Dr A for a reference.

32. On reflection, Dr Amadi stated that it was clearly wrongdoing which she completely put her hands up to. She stated that it was not wilfully an action of wrongdoing, but she was certainly not organising herself as well as she should have. Dr Amadi stated that this led her to not keeping up with her payments to Medical Protection Society (MPS) or passing matters on to her mentor.

33. In terms of what she could do differently in the future Dr Amadi stated that being more financially organised was something that she had to reflect on and something that she is still working on. Further, she stated that she is trying to be more honest more quickly which she tries to do in her current job. Dr Amadi stated that it makes her a lot more wary when things go wrong and she will quickly highlight it or bring it to light so that others are aware of what is going on.

34. The Tribunal asked Dr Amadi about what her thoughts are now on her initial actions that led to her erasure in 2013, in particular completing an application containing details of someone else. Dr Amadi stated that, on reflection, at the time it was a very stupid mistake. Dr Amadi said although this was not an explanation, but to give background, she had got towards the end of her foundation training, which for her meant going on to training in general practice. She stated that her application was very late and one of the requirements was to have an MPS number which she did not have as she had been working at a hospital and it was not a requirement. Dr Amadi said that she had put down a false number which she completely knows was a stupid mistake that was made in panic.

35. In relation to not having indemnity insurance, Dr Amadi told the Tribunal that she does remember it happening. She stated that it was just an oversight on her part, due to her not really understanding the severity of not having appropriate indemnity. Dr Amadi stated that she was a junior and had never had indemnity before as a Foundation Year 1 or 2 doctor. Dr Amadi said that she did not think that at the time she fully understood the implications of not having indemnity or what it really meant.

36. The Tribunal asked Dr Amadi how she felt now when she reflected back on the dishonesty findings of the 2013 Panel. Dr Amadi stated that when she reflected on the findings, she believes that it was naivety and lack of understanding of the severity of the issues. Dr Amadi stated that it was certainly a foolish thing not to have informed her mentor that the indemnity had lapsed and that she was not thinking clearly or understanding the process.

37. The Tribunal asked Dr Amadi if she now accepts that she was dishonest. She stated, that in her view, she panicked about not getting her application in on time and that she had just put a number down. She said that at the time she knew it was not the right thing to do and could be seen as dishonest.

38. In relation to the lack of her indemnity insurance, she stated that this was genuine naivety on her part and as a result of her not keeping on top of her finances. She said she had not wilfully avoided paying it, and that it was a direct debit not being processed correctly.

39. The Tribunal asked Dr Amadi why honesty and integrity are such an important part of being a doctor. Dr Amadi told the Tribunal that honesty is important because often you are working on your own and have to be trustworthy. Dr Amadi stated that you not only have to be honest with your colleagues but with patients too. Dr Amadi stated that it depends on the level of the dishonesty. She said that if it is dishonesty in an administrative capacity then others may conclude that you may be dishonest in a clinical capacity. This makes it difficult for your colleagues to trust you. Dr Amadi stated that it is very important to be more honest in how you deal with your affairs.

40. Dr Amadi also stated that honesty is important because of the level of trust that patients put in you. She said that patients have to believe that you are trustworthy, that you are working in their best interest and that your heart is in the right place.

Submissions

41. The submissions made by Mr Ciaran Rankin, Counsel, on behalf of the GMC and by Dr Amadi are a matter of record and the following paragraphs provide a summary of those submissions.

42. Mr Rankin, on behalf of the GMC, rehearsed the background of the case and submitted that the documentary evidence provided by Dr Amadi does not demonstrate that she has kept her knowledge up to date since her erasure in 2013. He submitted that many of the criticisms directed towards Dr Amadi at her hearing in January 2019 still exist, and that she has not addressed what was suggested of her back then and effectively that her situation remains the same. Mr Rankin submitted that the restoration application should be refused, not least because there is a binary decision to be made and that the Tribunal is constrained by the burden being upon Dr Amadi to demonstrate why she should be restored and that she has failed to do so.

43. Mr Rankin stated that there has been no independent evidence of Dr Amadi's clinical knowledge and standards being up to date, therefore patient safety concerns still exist. Whilst the GMC accept that some CPD has been undertaken, this is still insufficient for the Tribunal to be satisfied that Dr Amadi is fit to practice. Mr Rankin stated that it is correct to say that Dr Amadi has observed clinical cases, however, the material she has provided is lacking. Mr Rankin stated that there is no evidence to say what contact Dr Amadi had with patients, what

discussions she had or precisely what involvement she had with each patient. Mr Rankin submitted that the evidence requires more than the simple observations provided.

44. Mr Rankin submitted that once again there has been no professional or personal testimonials provided by Dr Amadi. Mr Rankin submitted that, overall, Dr Amadi has not moved forward from the 2013 hearing, if at all.

45. Dr Amadi gave oral evidence at the hearing and answered questions under cross-examination, as well as questions from the Tribunal. Dr Amadi submitted that she has tried to address the comments and concerns raised by the 2019 Tribunal. Dr Amadi stated that she has reflected on the stupidity of her behaviour and now understands the importance going forward of being honest. She stated that mistakes may happen in the future but she would be a lot quicker to put her hand up and say that something was not right when things go wrong. Dr Amadi stated that the medical profession is certainly a career she wishes to continue in.

The Tribunal's Approach

46. Throughout its consideration of Dr Amadi's application for restoration, the Tribunal was guided by the approach laid out in the MPTS Guidance document: *Guidance for medical practitioners tribunals on restoration following disciplinary erasure* (October 2019) ('the Guidance').

47. It reminded itself that the onus is on Dr Amadi to satisfy the Tribunal that she is fit to return to unrestricted practice. The Tribunal should not seek to go behind the findings on facts, impairment and sanction made by the 2013 Panel.

48. The test to be applied by Tribunals when considering if a doctor should be restored is that set out in *GMC v Chandra* [2018] EWCA Civ 1898, namely: '*having considered the circumstances which led to erasure and the extent of remediation and insight, is the doctor now fit to practise having regard to each of the three elements of the overarching objective.*'

49. The Tribunal reminded itself that, in making its decision, it should consider the following factors:

- the circumstances that led to disciplinary erasure;
- whether the doctor has demonstrated insight into the matters that led to erasure, taken responsibility for their actions, and actively addressed the findings about their behaviour and skills including consideration of:

  - insight and remorse;
  - remediation and risk of repetition;
  - remediability of previous concerns about the doctor's behaviour;
  - whether findings about the doctor's behaviour have been remedied;
  - likelihood of repetition of the doctor's previous behaviour;

- what the doctor has done since their name was erased from the Register
- steps the doctor has taken to keep their skills and knowledge up to date; and
- the lapse of time since erasure.

50. After considering these factors, the Tribunal reminded itself it should step back and balance its findings against whether restoration meets the overarching objective, carefully considering each of the three elements and acting in a way which:

- protects, promotes and maintains the health, safety, and well-being of the public;
- promotes and maintains public confidence in the profession; and
- promotes and maintains proper professional standards and conduct for members of the profession.

51. The Tribunal took account of all the evidence before it, both oral and documentary. It has also considered the submissions made by Mr Rankin on behalf of the GMC and the evidence and comments made by Dr Amadi in support of her application.

The Tribunal's Decision

The circumstances that led to Dr Amadi's disciplinary erasure

52. The Tribunal considered the determinations of the 2013 Panel and the 2019 Tribunal throughout its deliberations. The Tribunal noted that it should not seek to go behind any of the findings made by either Panel/Tribunal. This Tribunal was not provided with a copy of Dr Amadi's reflective statement from her 2019 Tribunal hearing.

53. The Tribunal first considered the circumstances that led to Dr Amadi's erasure, namely her dishonesty. The 2013 Panel found that there had been six episodes of dishonesty which were egregious breaches of Good Medical Practice (GMP). This Tribunal noted that Dr Amadi had not admitted that her actions were dishonest during the initial stage of the 2013 hearing nor demonstrated any evidence of insight following the findings of fact by the 2013 Panel.

54. This Tribunal also noted that Dr Amadi has shown a lack of appreciation of her dishonesty and a continuing lack of understanding into her wrongdoing throughout proceedings. The Tribunal was of the view that Dr Amadi's dishonesty was serious and went far beyond administrative errors as Dr Amadi had suggested.

55. The Tribunal considered that Dr Amadi had an opportunity in 2019 to remediate her wrongdoing and to demonstrate insight but she failed to take advantage of this opportunity. This Tribunal noted the outcome of Dr Amadi's 2019 hearing where her application for restoration was denied principally because the 2019 Tribunal was not satisfied about her insight and she remained erased. The 2019 Tribunal determined the following:

'The Tribunal noted Dr Amadi's reflective statement, received during the hearing. Whilst it contains some evidence of reflection, the Tribunal would have expected a thorough analysis of how she came to be in the position that led to her erasure and what steps she would take to avoid being in a similar position in the future. Whilst it provides some evidence of a developing insight on Dr Amadi's part it remains insufficient to satisfy the Tribunal that her insight into the incidences of dishonesty identified by the Panel is complete.'

Whether Dr Amadi has demonstrated insight into the matters that led to erasure, taken responsibility for their actions, and actively addressed the findings about their behaviour or skills

Insight and remorse

56. In considering the issue of insight and remorse the Tribunal gave particular consideration to paragraph B10 of the Guidance:

> ***B10*** *Factors that can be relevant to a doctor demonstrating genuine insight include, but are not limited to, evidence they have:*
>
> ***a*** *considered the concern, understood what went wrong and accepted they should have acted differently*
>
> ***b*** *demonstrated that they fully understand the impact or potential impact of their performance or conduct, for example by showing remorse*
>
> ***c*** *demonstrated empathy for any individual involved, for example by apologising fully*
>
> ***d*** *taken steps to remediate and to identify how they will act differently in the future to avoid similar issues arising*

57. The Tribunal had regard to Dr Amadi's oral evidence. The Tribunal considered it clear from this that, since the 2013 hearing and notwithstanding the comments made at the 2019 Tribunal mentioned above, Dr Amadi's insight into her dishonest behaviour only appears to have improved to a limited extent.

58. The Tribunal noted that although admitting, to an extent, to this Tribunal that what she had done was wrong, Dr Amadi still classed her actions as 'naivety', 'disorganisation' and 'stupidity' albeit she said that she would be quicker to put her hands up to her mistakes in the future. Further, the Tribunal noted that while Dr Amadi acknowledged wrongdoing, she did not admit that they were wilful actions. The Tribunal determined that Dr Amadi's insight appears to have improved but as stated above, there is limited progress.

59. The Tribunal was not provided with any testimonials or statements on Dr Amadi's behalf which could have spoken to her probity and integrity.

60. The Tribunal noted that Dr Amadi's expression of remorse was positive. However, given the passage of time and the lack of action taken by Dr Amadi, such expressions can only be given limited weight.

61. The Tribunal was of the view that Dr Amadi has not actively addressed the seriousness of the concerns which led to her original erasure. It considered that Dr Amadi had had at least three opportunities to express insight into her wrongdoing or demonstrate serious reflection on the importance of probity and integrity but there has been continued failure to do so. The Tribunal was not provided with any evidence of academic research or reading regarding ethics by Dr Amadi and was concerned about the lack of remediation in this regard. The Tribunal was of the view that the issue of probity has not been prioritised by Dr Amadi.

Remediation and risk of repetition

62. The Tribunal had regard to the relevant paragraphs of the Guidance, including B15:

> B15 *Remediation can take several forms, including, but not limited to:*
> a *participating in training, supervision, coaching and/or mentoring relevant to the concerns raised*
> b *attending courses relevant to the concerns raised, for example anger management, maintaining boundaries, ethics or English language courses*
> c *evidence that shows what a doctor has learnt following the events that led to the concerns being raised, and how they have applied this learning in their practice (where applicable)*
> d *evidence of good practice in a similar environment to where the concerns arose.*

63. The Tribunal has noted the progress made by Dr Amadi in terms of maintaining her medical knowledge and skills since the 2019 hearing. The Tribunal had regard to the seminars and certificates of CPD, of around 50 hours. The Tribunal also noted that Dr Amadi had met regularly with a mentor where she would shadow clinical practice.

64. However, the Tribunal was concerned about the lack of remediation in respect of Dr Amadi's dishonesty. The Tribunal was not provided with an updated personal statement in which she set out her reflections. The Tribunal noted that Dr Amadi had been provided with notes from her mentor from an ethics course and gave evidence to the Tribunal that she may have read them but could not recollect anything from them. The Tribunal considered that given the clear indications from the 2019 Tribunal on the issue of insight, it was a matter of concern that Dr Amadi had not made it a priority to have read these notes and reflected upon them.

65. The Tribunal was concerned that she still appeared to be equivocating over the issue of her dishonesty and determined that there was limited evidence to show that the risk of repetition was reduced.

The lapse of time since erasure

66. The Tribunal was of the view that there has been seven years since the 2013 Panel hearing and one year since the 2019 restoration hearing. It concluded that Dr Amadi has not prioritised the probity and integrity issues, despite the opportunity and prompts to do so. The Tribunal noted the positive steps taken by Dr Amadi in terms of maintaining her medical skills and knowledge but was troubled about the continuing lack of insight into her dishonesty.

Whether restoration will meet the statutory overarching objective

67. Having considered the specific concerns about Dr Amadi's erasure and the factors set out above, the Tribunal went on to determine whether Dr Amadi is fit to practise and be restored to the Medical Register. The Tribunal carefully balanced its findings against whether restoring Dr Amadi to the Medical Register will meet the overarching objective, considering each limb.

68. The Tribunal determined that Dr Amadi continues to show limited insight into her dishonesty and as a result it is concerned as to the continuing risk of repetition. The Tribunal has noted the positive steps in terms of maintaining medical knowledge and skills but the lack of any meaningful reflection on dishonesty remains a key issue. The Tribunal was mindful that the onus is on Dr Amadi to show insight and to demonstrate that she is currently fit to practise medicine unrestricted. The Tribunal has not been provided with sufficient evidence nor has it been persuaded that the risks have been addressed. The Tribunal determined that a reasonable and informed member of the public would have no confidence in the medical profession or its regulator if Dr Amadi were permitted to return to unrestricted practice in these circumstances.

69. In all the circumstances, the Tribunal determined that this second application for restoration must be refused in order to maintain public confidence in the profession and to uphold professional standards.

Determination on whether to make a direction under section 41(9) of the Medical Act 1983 - 22/10/2020

70. Having determined that Dr Amadi's application for restoration be refused, the Tribunal went on to consider, in accordance with Section 41(9) of the Medical Act 1983, as amended, whether to direct that her right to make a further application for restoration should be suspended indefinitely.

71. In summary, Mr Rankin, on behalf of the GMC, submitted that the GMC is neutral on any proposed further step. He stated that it was the view of the GMC that Dr Amadi rushed into this application without giving it the due thought it required. Further, if any future application is to be made, a little more thought and effort to establish that which has

been asked of her might be given.

72. In summary, Dr Amadi stated that she would like to make a further application in due course. Dr Amadi stated that in relation to getting witness statements, character statements and following up with the ethics course she would make a stronger effort and consider more carefully what this Tribunal has said.

73. Whilst the Tribunal took account of these submissions, it exercised its own judgement when determining whether to make a direction under Section 41(9) of the Act, or not. Section 41(9) states:

> '(9) Where, during the same period of erasure, a second or subsequent application for the restoration of a name to the register, made by or on behalf of the person whose name has been erased, is unsuccessful, a Medical Practitioners Tribunal may direct that his right to make any further such applications shall be suspended indefinitely.'

74. Throughout its deliberations, the Tribunal was mindful of the overarching objective to protect and promote the health, safety and wellbeing of the public, to promote and maintain public confidence in the medical profession and to promote and maintain proper professional standards and conduct for the members of the profession. It also had regard to the overall history of the case.

75. The Tribunal noted that having regard to the overarching objective, it did not consider it needed to make a direction under section 41(9). The Tribunal has observed in its determination that Dr Amadi has made progress in certain areas and those currently not remediated are still remediable. The Tribunal considered there are no public safety issues, nor would public confidence or professional standards be adversely affected by not suspending Dr Amadi's right to apply indefinitely.

Confirmed
Date 22 October 2020 Mr Lindsay Irvine, Chair