PUBLIC RECORD

Dates: 26/10/2026 - 30/10/2026

Doctor:	Dr Noel-Cyril OGUEGO
GMC reference number:	6079046
Primary medical qualification:	MB BS 1980 University of Ibadan

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

Summary of outcome

Erasure
Immediate order imposed

Tribunal:

Legally Qualified Chair	Mr Juleun Lim
Lay Tribunal Member:	Mr Amit Jinabhai
Registrant Tribunal Member:	Dr Susan Ellerby

Tribunal Clerk:	Mrs Jennifer Ireland

Attendance and Representation:

Doctor:	Not present, not represented
Doctor's Representative:	N/A
GMC Representative:	Mr Carlo Breen, 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.

Protecting the Public

Throughout the decision making process the tribunal has borne in mind the statutory duty as set out in s1(1) of the Medical Act 1983 (the 1983 Act) to protect the public. The tribunal has considered the relevance and impact on each of the three distinct parts of public protection to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Facts - 28/10/2026

Background

1. Dr Oguego qualified in Nigeria in 1980. Dr Oguego applied to join the UK Medical Register in 2004. At the time the matters came to light, Dr Oguego was practising as an Out of Hours General Practitioner (GP) for Birmingham And District General Practitioner Emergency Rooms (BADGER).

2. The allegations that have led to Dr Oguego's hearing relate to his conduct. It is alleged by the General Medical Council (GMC) that on 2 June 1988, at the Central Criminal Court, London, Dr Oguego was convicted of being knowingly concerned in a fraudulent evasion of a prohibition on the importation of goods and doing an act intending to pervert the course of public justice. He was sentenced to 18 months' and 21 months' imprisonment for the two offences, to be served consecutively. Dr Oguego was imprisoned in the UK for a period of time between 1988 and 1991. It is alleged by the GMC that Dr Oguego did not inform the GMC without delay that he had been charged with the offences and/or his subsequent convictions.

3. On 5 June 2004, Dr Oguego submitted an application form to the GMC for 'First grant of limited registration' (First Application). It is alleged that on this form Dr Oguego falsely stated that his birthdate was 27 December 1958, answered 'No' in answer to the question 'Have you ever been found guilty or convicted by a court of law?' and/or stated that he was working as a 'Senior Medical Officer' at Crown Hospital, Nkpor, Nigeria for a period of 40 months from the date of 1 January 1988. It is alleged that Dr Oguego knew these statements were untrue, and that his actions were dishonest.

4. On 10 June 2005, Dr Oguego submitted an application form to the GMC for 'Renewal of limited registration' (Second Application). It is alleged that on this form Dr Oguego falsely stated that his birthdate was 27 December 1958. It is alleged that Dr Oguego knew that the information he provided was untrue, and that his actions were dishonest.

5. On 12 October 2005, Dr Oguego submitted an application form to the GMC for 'moving from limited to full registration' (Third Application). It is alleged that on this form Dr Oguego falsely stated that his birthdate was 27 December 1958, answered 'No' in answer to the question 'Have you ever been found guilty or convicted by a court of law?' and/or stated that he was working as a 'Senior Medical Officer' at Crown Hospital, Nkpor, Nigeria for a period of 40 months from the date of 1 January 1988. It is alleged that Dr Oguego knew these statements were untrue, and that his actions were dishonest.

6. In late 2023, Dr Oguego was requested to provide an up-to-date Disclosure & Barring Service (DBS) certificate to BADGER, as part of an exercise to update all clinicians' compliance documentation for an upcoming inspection. Dr Oguego was requested to provide the updated DBS certificate on several occasions between October 2023 and June 2024, before Dr A, Medical Director at BADGER at the time of events, advised him that if BADGER did not receive the certificate, he would be removed from clinical shifts.

7. On 10 June 2024, Dr Oguego contacted Dr A and asked to discuss the contents of the DBS certificate as he was '*embarrassed*' by the contents. It was at this point that BADGER became aware of Dr Oguego's past convictions, as the information had not been previously disclosed to them. Dr Oguego was removed from clinical shifts at BADGER the following day and he was advised to contact the GMC to self-refer the matters. The initial concerns were ultimately raised with the GMC on 1 July 2024 by Dr A.

8. At the outset of the GMC investigation into the matters, Dr Oguego was invited to complete a Work Details Form (WDF) by the GMC. It is alleged that he was asked to complete the WDF on four occasions between 20 February 2025 and 28 April 2025 but failed to do so.

The outcome of applications made during the facts stage

9. At the outset of the hearing, the Tribunal granted the application made on behalf of the GMC, that notice of this hearing had been properly served on Dr Oguego pursuant to Rules 15 and 40 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules). The Tribunal also granted the GMC's application made pursuant to

Rule 31 of the Rules to proceed with the case in Dr Oguego's absence. The Tribunal's full decision is included at Annex A.

The Allegation and the doctor's response

10. The allegation made against Dr Oguego is as follows:

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

1. On 2 June 1988 at Central Criminal Court you were:

    a. convicted of:
        i. being knowingly concerned in a fraudulent evasion of a prohibition on the importation of goods; To be determined
        ii. doing an act intending to pervert the course of public justice; To be determined

    b. sentenced to:
        i. 18 months' imprisonment in relation to the offence outlined in paragraph 1ai; To be determined
        ii. 21 months' imprisonment in relation to the offence outlined in paragraph 1aii. To be determined

2. You failed to notify the GMC without delay that you had been charged with the criminal offences detailed in paragraph 1a. To be determined

3. You failed to notify the GMC without delay that you had been convicted of the criminal offences detailed in paragraph 1a. To be determined

4. On 5 June 2004, you submitted an application form to the GMC for 'First grant of limited registration' ('First Application'), in which you falsely:
    a. stated that your date of birth was 27 December 1958; To be determined

    b. answered 'No' in answer to the question 'Have you ever been found guilty or convicted by a court of law'; To be determined

c. stated that you were working as a 'Senior Medical Officer' at Crown Hospital, Nkpor, Nigeria for a period of 40 months from the date of 1 January 1988. To be determined

5. You included information in the First Application that was untrue as:
   a. your date of birth is not 27 December 1958; To be determined

   b. you have previously been convicted of a criminal offence, as set out in paragraph 1; and To be determined

   c. you were imprisoned in the UK for a period of time between 1988 and 1991. To be determined

6. You knew that you included information in the First Application that was untrue. To be determined

7. Your actions as set out at paragraph 4 were dishonest by reason of paragraphs 5 and 6. To be determined

8. On 10 June 2005, you submitted an application form to the GMC for 'Renewal of limited registration' ('Second Application'), in which you falsely stated that your date of birth was 27 December 1958. To be determined

9. You knew that you included information in the Second Application that was untrue. To be determined

10. Your actions as set out at paragraph 8 were dishonest by reason of paragraph 9 To be determined

11. On 12 October 2005, you submitted an application form to the GMC for 'moving from limited to full registration' ('Third Application'), in which you falsely:
    a. stated that your date of birth was 27 December 1958; To be determined

    b. answered 'No' in answer to the question 'Have you ever been found guilty or convicted by a court of law'; and To be determined

c. stated that you were working as a 'Senior Medical Officer' at Crown Hospital, Nkpor, Nigeria for a period of 40 months from the date of 1 January 1988. To be determined

12. You included information in the Third Application that was untrue as:
    a. your date of birth is not 27 December 1958; To be determined

    b. you have previously been convicted of a criminal offence, as set out in paragraph 1; and To be determined

    c. you were imprisoned in the UK for a period of time between 1988 and 1991. To be determined

13. You knew that you included information in the Third Application that was untrue. To be determined

14. Your actions as set out at paragraph 11 were dishonest by reason of paragraphs 12 and 13. To be determined

Work Details Form ('WDF')

15. You failed to return to the GMC a completed WDF including details of your current employers, despite the GMC writing to you asking you to do so on each of the following dates:
    a. 20 February 2025, asking for the WDF to be returned by 26 February 2025; To be determined

    b. 10 March 2025, asking for the WDF to be returned by 17 March 2025; To be determined

    c. 25 March 2025, asking for the WDF to be returned by 2 April 2025; and To be determined

    d. 28 April 2025, asking for the WDF to be returned by 6 May 2025. To be determined

And that by reason of the matters set out above your fitness to practise is impaired because of your:

a. conviction in respect of paragraph 1; To be determined

b. misconduct in respect of paragraphs 2-15. To be determined

The facts to be determined

11. In light of Dr Oguego's non-engagement, the Tribunal is required to determine the allegation in its entirety.

Witness evidence

12. The Tribunal received evidence on behalf of the GMC in the form of witness statements from the following witnesses who were not called to give oral evidence:

- Dr A. His witness statement was dated 4 June 2026;
- Ms C, International Liaison and Illegal Practice team at the GMC. Her witness statement was dated 15 June 2026; and
- Ms B, Investigation Officer at the GMC. Her witness statement was dated 25 June 2026.

13. Dr Oguego did not provide a witness statement or any other evidence to the GMC or MPTS for the Tribunal's consideration as part of this hearing.

Documentary evidence

14. The Tribunal had regard to the documentary evidence provided by the GMC. This evidence included, but was not limited to, the following:

- Certificate of Conviction: being knowingly concerned in a fraudulent evasion of a prohibition on the importation of goods, dated 2 June 1988;
- Certificate of Conviction: doing an act intending to pervert the course of public justice, dated 2 June 1988;
- Police National Computer (PNC) Record: Noel-Cyril Osita Oguego, dated 15 October 2024;
- Dr Oguego's GMC Application Forms:
  - First grant of limited registration, dated 5 June 2004;
  - Renewal of limited registration, dated 10 June 2004;
  - Moving from limited to full registration, dated 12 October 2005;
- Photographs of DBS Certificate;
- Letters and emails to Dr Oguego enclosing WDF, dated 20 February 2025, 10 March 2025, 25 March 2025 and 28 April 2025; and

- Proof of successful postal delivery of letters to Dr Oguego, dated 11 March 2025, 26 March 2025 and 29 April 2025.

The Tribunal's approach

15. In reaching its decision on the facts, the Tribunal will apply the civil standard of proof. This means that the Tribunal must decide whether, on the balance of probabilities, the GMC is able to prove it is more likely than not that the matters occurred as alleged. The burden of proof rests with the GMC and it is for the GMC to prove the case that it is presenting against Dr Oguego. There is no burden on Dr Oguego to prove or disprove anything.

16. The Tribunal will approach fact finding by firstly identifying agreed facts and evidence. To reach a decision on the disputed facts, the Tribunal will assess the evidence in the round. It will consider what conclusions and inferences can be drawn from the documentary evidence and the witness evidence.

17. The Tribunal was also mindful of Rule 34 of the Rules in particular:

> '34…
>
> *'(3) Production of a certificate purporting to be under the hand of a competent officer of a Court in the United Kingdom or overseas that a person has been convicted of a criminal offence or, in Scotland, an extract conviction, shall be conclusive evidence of the offence committed.*
>
> *(4) Production of a certificate signed by an officer of a regulatory body that has made a determination about the fitness to practice of a person shall be conclusive evidence of the facts found proved in relation to that determination.*
>
> *(5) The only evidence which may be adduced by the practitioner in rebuttal of a conviction or determination certified in the manner specified in paragraph (3) or (4) is evidence for the purposes of proving that he is not the person referred to in the certificate or extract.'*

18. The Tribunal was also referred to the Supreme Court judgment in the case of *Ivey v Genting Casinos (UK) Limited* [2017] UKSC 67 (*Ivey*), in which Lord Hughes set out the correct test for dishonesty, which is as follows:

'When dishonesty is in question the fact-finding tribunal must first ascertain (subjectively) the actual state of the individual's knowledge or belief as to the facts. The reasonableness or otherwise of his belief is a matter of evidence (often in practice determinative) going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held. When once his actual state of mind as to knowledge or belief as to facts is established, the question whether his conduct was honest or dishonest is to be determined by the fact-finder by applying the (objective) standards of ordinary decent people. There is no requirement that the defendant must appreciate that what he has done is, by those standards, dishonest.'

The Tribunal's analysis of the evidence and findings

19. The Tribunal has considered each outstanding paragraph of the Allegation separately and has evaluated the evidence to make its findings on the facts.

Paragraph 1(a)(i) and (ii)

20. The Tribunal had regard to the two Certificates of Conviction received from the Central Criminal Court, dated 19 November 2024. The documents recorded that Dr Oguego was, on 2 June 1988, and based on his own guilty pleas, convicted of being knowingly concerned in a fraudulent evasion of a prohibition on the importation of goods and doing an act intending to pervert the course of public justice.

21. The Tribunal noted that Dr Oguego has not disputed that he was the person referred to in the Certificates of Conviction. Further, at no point since the DBS certificate was issued on 15 April 2024 has evidence been provided that Dr Oguego disputed that those convictions relate to him.

22. In the circumstances, the Tribunal concluded that the GMC had discharged its burden of proof.

23. Accordingly, the Tribunal found paragraphs 1(a)(i) and (ii) of the allegation proved.

Paragraph 1(b)(i) and (ii)

24. The Tribunal considered whether, on 2 June 1988, Dr Oguego was sentenced to 18 months' and 21 months' imprisonment for his convictions.

25. The Tribunal noted that the wording of the allegation mirrored the wording of the Certificates of Conviction. Having had regard to the Certificates of Conviction, the Tribunal was satisfied that Dr Oguego was sentenced as outlined.

26. Accordingly, the Tribunal found paragraphs 1(b)(i) and (ii) of the allegation proved.

Paragraphs 2 and 3

27. The Tribunal next considered whether Dr Oguego failed, without delay, to inform the GMC that he had been charged with and convicted of the two offences.

28. The Tribunal first noted that at the time of the convictions in 1988, Dr Oguego was not a registered medical practitioner in the UK. He did not seek first registration with the GMC until June 2004. It was therefore satisfied that there was no requirement for Dr Oguego to inform the GMC of his conviction before he applied for registration with the GMC.

29. The Tribunal took into consideration the evidence of Ms C, who confirmed that she had personally reviewed Dr Oguego's applications to the GMC as part of the investigation. She also confirmed in her witness statement that:

> *'There was no additional information on his file or on Siebel to indicate that the GMC had been made aware of any convictions. …*
>
> *I can confirm that Dr Oguego's prior convictions were not disclosed to the GMC.'*

30. The Tribunal was therefore satisfied that Dr Oguego had failed to inform the GMC of his convictions at any point in the 20 years since his initial application to the GMC in June 2004, and the matter coming to the attention of the GMC in July 2024.

31. Having established that there had been a failure, the Tribunal next considered whether there was a duty for Dr Oguego to tell the GMC of his convictions. It first took into consideration Good Medical Practice (2001) (GMP 2001), which was in effect at the time Dr Oguego made his First Application to the GMC in June 2004. It noted that there was no paragraph contained within GMP 2001 which expressly stated that Dr Oguego was required to tell the GMC of his convictions. However, it considered paragraph 1 of GMP 2001, which provides:

'1 All patients are entitled to good standards of practice and care from their doctors. Essential elements of this are professional competence; good relationships with patients and colleagues; and observance of professional ethical obligations.'

32. The Tribunal was assisted at this stage by the High Court judgement in *Fopma v General Medical Council* [2018] EWHC 714 (Admin), particularly paragraphs 30 and 31 which stated:

'30. In relation then to the dishonest conduct, the tribunal took some care to review the specific guidance such as existed in the various editions potentially relevant of the GMC's Good Medical Practice (the 'GMP'). Having done so, they concluded, it seems correctly, that at the time of the criminal proceedings in 2004 and the appeal in 2005, there was not as such in the GMP a specific and explicit duty articulated to report criminal convictions to the GMC as regulator and that the terms in which such specific and explicit articulation of a duty to report has subsequently existed in later editions of the GMP meant that those did not apply because the criminal proceedings in relation to Dr Fopma had commenced before those later editions came into effect. However, it was accepted by Dr Fopma and on his behalf that it was wrong of him as a UK doctor regulated by the GMC to hide the conviction, notwithstanding the lack of a specific, explicitly stated, duty to report.

31. The tribunal concluded, and there is no basis upon which in this court I could second-guess this assessment of the specialist tribunal, that it was self-evidently the case that a doctor in Dr Fopma's position should have reported his criminal convictions, as they occurred, to his regulator. They agreed with Dr Fopma's own acceptance in his evidence to the tribunal that his conduct in failing to inform the GMC of his convictions was dishonest.'

33. The Tribunal was of the view that Dr Oguego should have considered disclosure of his convictions as a professional ethical obligation, and informed the GMC at the time of making his application.

34. The Tribunal then took into account Good Medical Practice (2006) (GMP 2006), the next edition of the standards, which was in effect from 13 November 2006 to 21 April 2013. The Tribunal noted paragraph 58 of GMP 2006, which provides:

'58 You must inform the GMC without delay if, anywhere in the world, you have accepted a caution, been charged with or found guilty of a criminal offence, or if another professional body has made a finding against your registration as a result of fitness to practise procedures.'

35. The Tribunal then took into account Good Medical Practice (2013) (GMP 2013), the next edition of the standards, which was in effect from 22 April 2013 to 29 January 2024. The Tribunal noted paragraph 75 of GMP 2013, which provides:

'75 You must tell us without delay if, anywhere in the world:

a you have accepted a caution from the police or been criticised by an official inquiry

b you have been charged with or found guilty of a criminal offence

c another professional body has made a finding against your registration as a result of fitness to practise procedures.'

36. The Tribunal then took into account Good Medical Practice (2024) (GMP 2024), the current edition of the standards, which came into effect on 30 January 2024. The Tribunal noted paragraph 99 of GMP 2024, which provides:

'99 You must tell us without delay if, anywhere in the world:

a you have accepted a caution (or equivalent) from a prosecuting authority

b you have been charged with a criminal offence in person or by post

c you have been found guilty of a criminal offence'

37. The Tribunal was therefore satisfied that the explicit duty for all registrants to report convictions came into effect on 13 November 2006. It was of the view that this was the very latest point in the timeline that Dr Oguego would have been aware that he was required to inform the GMC of his criminal convictions. It was also satisfied that this had been an express requirement in all editions of Good Medical Practice since the 2006 edition and therefore

there had been an ongoing failure to inform the GMC, pursuant to an express requirement to do so, since 2006. However, as referred to above, the Tribunal was of the view as supported by the judgement in *Fopma* that the requirement to do so in fact existed earlier in 2004 at the time of Dr Oguego's first application.

38. Accordingly, the Tribunal found paragraphs 2 and 3 of the allegation proved.

Paragraph 4(a)

39. The Tribunal first considered the evidence before it to establish whether Dr Oguego provided a false date of birth when he submitted the First Application. The Tribunal considered that the personal information contained within the application form, including his GMC Identification Number which is unique to an individual registrant, matched the information of Dr Oguego, such that it can be satisfied that this form was submitted by Dr Oguego.

40. The Tribunal first considered the PNC documentation for Dr Oguego, which sets out his identifying information and his convictions. It noted that his date of birth as listed by the PNC is XXX (XXX birthdate), which is also reflected on the Certificates of Conviction. It further noted that the PNC document also states 27 December 1958 (1958 birthdate) as an '*ALIAS BIRTH DATE*'.

41. The Tribunal was of the view that the PNC could be considered a credible and accurate source of information, and that it could rely on the information recorded. Therefore, it was satisfied that the correct date of birth for Dr Oguego is the XXX birthdate and that Dr Oguego provided a false birthdate to the GMC in his First Application.

42. Accordingly, the Tribunal found paragraph 4(a) of the allegation proved.

Paragraph 4(b)

43. The Tribunal next considered whether Dr Oguego had falsely answered 'No' to the question 'Have you ever been found guilty or convicted by a court of law?' when submitting the First Application.

44. The Tribunal acknowledged that a full check of the First Application had been carried out by Ms C when the concerns were raised to the GMC. The Tribunal had regard to the form it had been provided with, on which Dr Oguego has circled 'No' in response to that question.

Having reviewed the Certificates of Conviction, the Tribunal was satisfied that the answer given by Dr Oguego was false.

45. Accordingly, the Tribunal found paragraph 4(b) of the allegation proved.

Paragraph 4(c)

46. The Tribunal considered the information contained within the First Application, in which Dr Oguego stated that he had been working as a Senior Medical Officer at Crown Hospital, Nkpor, Nigeria for a period of 40 months from 1 January 1988.

47. The Tribunal noted that Dr Oguego was sentenced to 18 months' and 21 months' imprisonment for the two offences, to be served consecutively, totalling a 39-month sentence. The Tribunal was unaware of exactly how long of that 39-month period Dr Oguego was imprisoned, but it can be satisfied that he could not have been working in Nigeria during the time stated on the First Application. Therefore, it was satisfied that the information Dr Oguego provided was false.

48. Accordingly, the Tribunal found paragraph 4(c) of the allegation proved.

Paragraph 5(a)

49. The Tribunal had already considered the evidence before it and was satisfied that the XXX birthdate was correct. Therefore, it was satisfied that the 1958 birthdate provided by Dr Oguego in the First Application was untrue.

50. Accordingly, the Tribunal found paragraph 5(a) of the allegation proved.

Paragraph 5(b)

51. The Tribunal has already considered the evidence before it regarding Dr Oguego's convictions. Therefore, the Tribunal was satisfied that the answer given by Dr Oguego was untrue.

52. Accordingly, the Tribunal found paragraph 5(b) of the allegation proved.

Paragraph 5(c)

53. The Tribunal noted that Dr Oguego was sentenced to 18 months' and 21 months' imprisonment for the two offences, to be served consecutively, totalling a 39-month sentence commencing 2 June 1988. The Tribunal was satisfied that Dr Oguego was

imprisoned for a period of time between 1988 and 1991 and therefore determined that the information he provided in the First Application was untrue.

54. Accordingly, the Tribunal found paragraph 5(c) of the allegation proved.

Paragraph 6

55. The Tribunal then considered if Dr Oguego knew that the information he was providing in the First Application was untrue at the time of making the application.

56. The Tribunal first considered whether Dr Oguego knew that he was providing a false date of birth. It noted that the XXX birthdate was recorded by the Court on the Certificates of Conviction and on the PNC. The Tribunal has already acknowledged that the PNC information provided is an accurate and credible source of information and Dr Oguego has not sought to challenge that the birthdate on the PNC is incorrect or does not relate to him. The Tribunal was satisfied that it was more likely than not that he did know that the birthdate he was providing in the First Application was untrue.

57. The Tribunal was also satisfied that Dr Oguego knew that he had criminal convictions that he should have disclosed in the First Application by virtue of the fact he had been arrested, charged with the offences, entered guilty pleas in Court and received a custodial sentence. Further, it was satisfied that he knew that he had been to prison for a period of time between 1988 and 1991. The Tribunal was of the view that Dr Oguego had been attempting to conceal his convictions when completing this form.

58. The Tribunal was therefore satisfied that Dr Oguego had known at the time of completing the First Application that he was providing untrue information.

59. Accordingly, the Tribunal found paragraph 6 of the allegation proved.

Paragraph 7

60. The Tribunal then went on to consider if Dr Oguego had been dishonest in knowingly providing untrue information in his First Application, applying the test set out in *Ivey.*

61. The Tribunal was satisfied that Dr Oguego's subjective understanding of the situation at the time of completing the First Application was that he knew that the information he had provided was untrue. It was satisfied that he would have been aware that he was providing a false birthdate. Further, it was satisfied that he had known that he had been to Court, pled

guilty to the crimes he had been charged with and had been convicted of those offences. It was of the view that it was highly unlikely that Dr Oguego was unaware that he had been to prison, despite the significant passage of time between his sentence ending and his First Application. Therefore, the Tribunal was of the view that Dr Oguego's subjective understanding was that the information he had provided was untrue.

62. Turning to the second part of the test in *Ivey*, the Tribunal was of the view that Dr Oguego had acted dishonestly by the objective standards of ordinary, decent people. It was satisfied that knowingly submitting false information in the application form, in order to obtain GMC registration, and supplementing those false answers by signing a declaration that the information is true and accurate is dishonest.

63. Accordingly, the Tribunal found paragraph 7 of the allegation proved.

Paragraph 8

64. The Tribunal first considered the evidence before it to establish whether Dr Oguego provided a false date of birth when he submitted the Second Application. The Tribunal first considered that personal information contained within the application form, including his GMC Identification Number, matched the information of Dr Oguego, such that it can be satisfied that this form was submitted by Dr Oguego.

65. Having already set out its reasons for accepting that the correct date of birth for Dr Oguego was the XXX birthdate, the Tribunal was satisfied that Dr Oguego had submitted a false birthdate on the Second Application.

66. Accordingly, the Tribunal found paragraph 8 of the allegation proved.

Paragraph 9

67. The Tribunal had already considered the evidence before it and was satisfied that the XXX birthdate was correct. Therefore, it was satisfied that the 1958 birthdate provided by Dr Oguego in the Second Application was untrue. Further, it was satisfied that Dr Oguego had known at the time he submitted the Second Application that the birthdate was untrue by virtue of it appearing in the unchallenged PNC documentation.

68. Accordingly, the Tribunal found paragraph 9 of the allegation proved.

Paragraph 10

69. The Tribunal then went on to consider if Dr Oguego had been dishonest in knowingly providing untrue information in his Second Application, applying the test set out in *Ivey.*

70. The Tribunal was satisfied that Dr Oguego's subjective understanding of the situation at the time of completing the Second Application was that he knew that the birthdate he had provided was untrue. It was satisfied that he would have been aware that he was providing a false birthdate.

71. Turning to the second part of the test in *Ivey*, the Tribunal was of the view that Dr Oguego had acted dishonestly by the objective standards of ordinary, decent people. It was satisfied that knowingly submitting false information on the Second Application, in order to obtain GMC registration, and supplementing those false answers by signing a declaration that the information is true and accurate is dishonest.

72. Accordingly, the Tribunal found paragraph 10 of the allegation proved.

Paragraph 11(a)

73. Having already set out its reasons for accepting that the correct date of birth for Dr Oguego was the XXX birthdate, the Tribunal was satisfied that Dr Oguego had submitted a false birthdate on the Third Application.

74. Accordingly, the Tribunal found paragraph 11(a) of the allegation proved.

Paragraph 11(b)

75. The Tribunal has already considered the evidence before it regarding Dr Oguego's convictions. Therefore, the Tribunal was satisfied that the answer given by Dr Oguego on the Third Application was false.

76. Accordingly, the Tribunal found paragraph 11(b) of the allegation proved.

Paragraph 11(c)

77. The Tribunal considered the information contained within the Third Application, in which Dr Oguego stated that he had been working as a Senior Medical Officer at Crown Hospital, Nkpor, Nigeria for a period of 40 months from 1 January 1988.

78. The Tribunal noted that Dr Oguego was sentenced to 18 months' and 21 months' imprisonment for the two offences, to be served consecutively, totalling a 39-month

sentence. The Tribunal was unaware of exactly how long of that 39-month period Dr Oguego was imprisoned, but it can be satisfied that he could not have been working in Nigeria during the time stated on the Third Application. Therefore, it was satisfied that this information was false.

79. Accordingly, the Tribunal found paragraph 11(c) of the allegation proved.

Paragraph 12(a)

80. The Tribunal has already considered the evidence before it and was satisfied that the XXX birthdate was correct. Therefore, it was satisfied that the 1958 birthdate provided by Dr Oguego in the Third Application was untrue.

81. Accordingly, the Tribunal found paragraph 12(a) of the allegation proved.

Paragraph 12(b)

82. The Tribunal has already considered the evidence before it regarding Dr Oguego's convictions. Therefore, the Tribunal was satisfied that the answer given by Dr Oguego on the Third Application was untrue.

83. Accordingly, the Tribunal found paragraph 12(b) of the allegation proved.

Paragraph 12(c)

84. The Tribunal noted that Dr Oguego was sentenced to 18 months' and 21 months' imprisonment for the two offences, to be served consecutively, totalling a 39-month sentence commencing 2 June 1988. The Tribunal was therefore satisfied that Dr Oguego was imprisoned for a period of time between 1988 and 1991 and that the information he provided in the Third Application was untrue.

85. Accordingly, the Tribunal found paragraph 12(c) of the allegation proved.

Paragraph 13

86. The Tribunal then considered if Dr Oguego knew that the information he was providing in the Third Application was untrue at the time of making the application.

87. The Tribunal first considered whether Dr Oguego knew that he was providing a false date of birth. It noted that the XXX birthdate was recorded by the Court on the Certificates of Conviction and on the PNC. The Tribunal has already acknowledged that the PNC information

provided is an accurate and credible source of information and Dr Oguego has not sought to challenge that the birthdate on the PNC is incorrect or does not relate to him. The Tribunal was satisfied that it was more likely than not that he did know that the birthdate he was providing in the Third Application was untrue.

88. The Tribunal was also satisfied that Dr Oguego knew that he had criminal convictions that he should have disclosed in the Third Application by virtue of the fact he had been arrested, charged with offences, entered guilty pleas in Court and received a custodial sentence. Further, it was satisfied that he knew that he had been to prison for a period of time between 1988 and 1991. The Tribunal was of the view that Dr Oguego had been attempting to conceal his convictions when completing this form.

89. The Tribunal was therefore satisfied that Dr Oguego had known at the time of completing the Third Application that he was providing untrue information.

90. Accordingly, the Tribunal found paragraph 13 of the allegation proved.

Paragraph 14

91. The Tribunal then went on to consider if Dr Oguego had been dishonest in knowingly providing untrue information in his Third Application, applying the test set out in *Ivey.*

92. The Tribunal was satisfied that Dr Oguego's subjective understanding of the situation at the time of completing the Third Application was that he knew that the information he had provided was untrue. It was satisfied that he would have been aware that he was providing a false birthdate. Further, it was satisfied that he had known that he had been to Court, pled guilty to the crimes he had been charged with and had been convicted of those offences. It was of the view that it was highly unlikely that Dr Oguego had been unaware that he had been to prison, despite the significant passage of time between his sentence ending and his Third Application. Therefore, the Tribunal was of the view that Dr Oguego's subjective understanding was that the information he had provided was untrue.

93. Turning to the second part of the test in *Ivey*, the Tribunal was of the view that Dr Oguego had acted dishonestly by the objective standards of ordinary, decent people. It was satisfied that knowingly submitting false information in the Third Application, in order to obtain full GMC registration, and supplementing those false answers by signing a declaration that the information is true and accurate is dishonest.

94. Accordingly, the Tribunal found paragraph 14 of the allegation proved.

Paragraph 15(a), (b), (c) and (d)

95. The Tribunal considered if Dr Oguego failed to return a completed WDF having been requested to do so on four occasions:

- 20 February 2025, asking for the WDF to be returned by 26 February 2025;
- 10 March 2025, asking for the WDF to be returned by 17 March 2025;
- 25 March 2025, asking for the WDF to be returned by 2 April 2025; and
- 28 April 2025, asking for the WDF to be returned by 6 May 2025.

96. Having seen the correspondence from the GMC to Dr Oguego, the Tribunal noted that Dr Oguego had been sent the first letter and email following a telephone call to him, in which he had been informed that he should take time to read and return the information. All of the correspondence was sent to Dr Oguego's registered address, and delivery notes were provided for three of the letters, showing they were signed for by *'OGUEGO'*, which indicates that either Dr Oguego himself, or a member of his family had received the letters. It was of the view that, had a response to any of the letters been received, there would have been no need to send repeat requests.

97. Further, the Tribunal noted that Ms B, in her witness statement to the GMC, stated:

> *'I can confirm that the GMC did not receive a completed WDF from Dr Oguego at any time during its investigation.'*

98. The Tribunal considered paragraph 98 of GMP 2024, which provides:

> *'98 To maintain patient safety, you must cooperate with formal inquiries, patient safety investigations, and complaints procedures. You must provide all relevant information and be open and honest.'*

99. The Tribunal was therefore satisfied that Dr Oguego had a duty to return the WDF to the GMC, and that he should have been aware of that requirement. Further, it noted that the GMC had informed Dr Oguego in its final letter to him of 28 April 2026:

> *'I must warn you that failure to provide your work details may result in an additional allegation of failing to co-operate with an investigation being added to our investigation.'*

100. The Tribunal therefore determined that Dr Oguego failed to complete the WDF on four occasions.

101. Accordingly, the Tribunal found paragraphs 15(a), (b), (c) and (d) of the allegation proved.

The Tribunal's overall determination on the facts

102. The Tribunal has determined the facts as follows:

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

1. On 2 June 1988 at Central Criminal Court you were:

    a. convicted of:
        i. being knowingly concerned in a fraudulent evasion of a prohibition on the importation of goods; **Determined and found proved.**
        ii. doing an act intending to pervert the course of public justice; **Determined and found proved.**

    b. sentenced to:
        i. 18 months' imprisonment in relation to the offence outlined in paragraph 1ai; **Determined and found proved.**
        ii. 21 months' imprisonment in relation to the offence outlined in paragraph 1aii. **Determined and found proved.**

2. You failed to notify the GMC without delay that you had been charged with the criminal offences detailed in paragraph 1a. **Determined and found proved.**

3. You failed to notify the GMC without delay that you had been convicted of the criminal offences detailed in paragraph 1a. **Determined and found proved.**

4. On 5 June 2004, you submitted an application form to the GMC for 'First grant of limited registration' ('First Application'), in which you falsely:
    a. stated that your date of birth was 27 December 1958; **Determined and found proved.**

b. answered 'No' in answer to the question 'Have you ever been found guilty or convicted by a court of law'; **Determined and found proved.**

c. stated that you were working as a 'Senior Medical Officer' at Crown Hospital, Nkpor, Nigeria for a period of 40 months from the date of 1 January 1988. **Determined and found proved.**

5. You included information in the First Application that was untrue as:
   a. your date of birth is not 27 December 1958; **Determined and found proved.**

   b. you have previously been convicted of a criminal offence, as set out in paragraph 1; and **Determined and found proved.**

   c. you were imprisoned in the UK for a period of time between 1988 and 1991. **Determined and found proved.**

6. You knew that you included information in the First Application that was untrue. **Determined and found proved.**

7. Your actions as set out at paragraph 4 were dishonest by reason of paragraphs 5 and 6. **Determined and found proved.**

8. On 10 June 2005, you submitted an application form to the GMC for 'Renewal of limited registration' ('Second Application'), in which you falsely stated that your date of birth was 27 December 1958. **Determined and found proved.**

9. You knew that you included information in the Second Application that was untrue. **Determined and found proved.**

10. Your actions as set out at paragraph 8 were dishonest by reason of paragraph 9 **Determined and found proved.**

11. On 12 October 2005, you submitted an application form to the GMC for 'moving from limited to full registration' ('Third Application'), in which you falsely:

a. stated that your date of birth was 27 December 1958; **Determined and found proved.**

b. answered 'No' in answer to the question 'Have you ever been found guilty or convicted by a court of law'; and **Determined and found proved.**

c. stated that you were working as a 'Senior Medical Officer' at Crown Hospital, Nkpor, Nigeria for a period of 40 months from the date of 1 January 1988. **Determined and found proved.**

12. You included information in the Third Application that was untrue as:
    a. your date of birth is not 27 December 1958; **Determined and found proved.**

    b. you have previously been convicted of a criminal offence, as set out in paragraph 1; and **Determined and found proved.**

    c. you were imprisoned in the UK for a period of time between 1988 and 1991. **Determined and found proved.**

13. You knew that you included information in the Third Application that was untrue. **Determined and found proved.**

14. Your actions as set out at paragraph 11 were dishonest by reason of paragraphs 12 and 13. **Determined and found proved.**

Work Details Form ('WDF')

15. You failed to return to the GMC a completed WDF including details of your current employers, despite the GMC writing to you asking you to do so on each of the following dates:
    a. 20 February 2025, asking for the WDF to be returned by 26 February 2025; **Determined and found proved.**

    b. 10 March 2025, asking for the WDF to be returned by 17 March 2025; **Determined and found proved.**

c. 25 March 2025, asking for the WDF to be returned by 2 April 2025; and
Determined and found proved.

d. 28 April 2025, asking for the WDF to be returned by 6 May 2025.
Determined and found proved.

And that by reason of the matters set out above your fitness to practise is impaired because of your:

a. conviction in respect of paragraph 1; **To be determined**

b. misconduct in respect of paragraphs 2-15. **To be determined**

Determination on Impairment - 29/10/2026

103. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Oguego's fitness to practise is impaired by reason of convictions for a criminal offence and/or misconduct.

Submissions

104. On behalf of the GMC, Mr Breen, Counsel, submitted that Dr Oguego's fitness to practise is currently impaired by reason of conviction and by reason of misconduct. Throughout his submissions, he referred the Tribunal to the MPTS Guidance for Tribunals (the Guidance) (*MPT Hearings > Part B: Stage two - Impairment > Steps 2(a) to (e)).*

105. Mr Breen stated that at step 2(a) the Tribunal must first determine whether there was a legal basis to consider impairment, which he submitted was misconduct and conviction in this case.

106. Turning to step 2(b), Mr Breen submitted that Dr Oguego's conduct falls towards the higher end of the spectrum of seriousness, given it involved numerous instances of dishonesty which resulted in him being granted registration by the GMC to work as a doctor. Further, he stated that Dr Oguego had received two convictions for serious offences, which resulted in a custodial sentence. He stated that both of the grounds for impairment sit at the high end of the spectrum. Considering factors which might increase the seriousness of the allegation, he stated that the following applied:

- The behaviour or poor performance was persistent or repeated;
- Premeditated behaviour;

- A reckless disregard for patient safety or professional standards;
- The behaviour undermined a system designed to protect the public;

107. Turning to step 2(c), Mr Breen stated that the GMC was not aware of any relevant context about Dr Oguego or his workplace, such that there was no impact on the level of risk.

108. Mr Breen, considering step 2(d), stated that Dr Oguego has not engaged with the GMC or the investigation. He submitted that no explanation has been provided for Dr Oguego's actions, and there is no evidence of insight or remediation at all, which was a concern.

109. Finally, considering step 2(e), Mr Breen submitted that the Tribunal can safely conclude that there remains an ongoing risk to public protection. He stated that a finding of impairment was required on grounds of both misconduct and conviction, and that it was necessary to uphold two of the three parts of public protection, namely, to promote and maintain public confidence in the profession, and to promote and maintain proper professional standards and conduct for members of the profession.

The relevant legal principles

110. There is no burden or standard of proof at this stage of the proceedings and the decision of impairment is a matter for the Tribunal's judgment alone. The Tribunal will only make a finding of impairment where there is a legal basis for doing so and where a decision is reached that Dr Oguego poses a current and ongoing risk to one or more of the three parts of public protection which is likely to require restrictive action in response. The three parts of public protection are to protect, promote and maintain the health, safety and well-being of the public; to promote and maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of the profession.

111. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted in relation to the misconduct involved in this case: first whether the facts as found proved amounted to misconduct, and that the misconduct was serious, and then, whether the finding of that misconduct which was serious, poses a current and ongoing risk to public protection requiring restrictive action in response and therefore could lead to a finding of impairment.

112. To assess whether Dr Oguego poses any current and ongoing risk to public protection which may require restrictive action in response, the Tribunal will consider:

- where on the spectrum of seriousness the allegation lies, based on the facts found proved;
- the impact of any relevant context known about Dr Oguego and/or his working environment; and
- how Dr Oguego has responded to the allegations.

113. As the allegations fall under more than one ground for impairment, an assessment of current and ongoing risk to public protection must be made in respect of each of them.

The Tribunal's determination on impairment

Conviction

114. The Tribunal had regard to the submissions provided on behalf of the GMC and the relevant sections of the Guidance. In making its decision, the Tribunal has followed the Guidance (*MPT Hearings > Part B - Stage 2: impairment*) in terms of steps 2(a) to (e) as set out below:

Is there a legal basis for considering impairment?

115. The Tribunal first considered whether there was a legal basis for considering impairment. It acknowledged that, on 2 June 1998, at the Central Criminal Court, London, Dr Oguego was convicted of being knowingly concerned in a fraudulent evasion of a prohibition on the importation of goods and doing an act intending to pervert the course of public justice. For those two offences, Dr Oguego was sentenced to 18 months' and 21 months' imprisonment, served consecutively.

116. The Tribunal was therefore satisfied that, by reason of Dr Oguego's convictions, there is a legal basis for considering impairment.

Where on the spectrum of seriousness does the allegation lie?

117. The Tribunal considered the starting point for assessing seriousness. It appreciated that all allegations involving criminal convictions are serious but that, within the range of these matters, some allegations will be more serious than others and the Tribunal's assessment of seriousness must reflect the individual circumstances of this case.

118. The Tribunal had regard to paragraph 31 of the Guidance (*MPT Hearings > Part B: Stage two – Impairment)*, which included that:

'31 Allegations that are likely to fall at the higher end of the spectrum of seriousness include, but are not limited to:

…

- *a criminal conviction or other court sanction resulting in a custodial sentence (whether immediate or suspended)*

…'

119. In considering the starting point the Tribunal had regard to its findings and the nature of the convictions, which were both serious offences. It noted that Dr Oguego had been sentenced to an immediate custodial sentence, and this had been lengthy, totalling 39 months.

120. The Tribunal acknowledged that a significant passage of time had lapsed since the offences occurred and Dr Oguego had completed his sentence more than 30 years prior to this hearing. Further, it acknowledged that, at the time of his convictions, Dr Oguego was not a registered medical practitioner in the UK, although he had been a medical professional in Nigeria for some years prior to his sentencing.

121. However, the Tribunal was of the view that the two offences for which Dr Oguego was convicted, and served a custodial sentence, were of such a serious nature that the starting point in this case must be at the higher end of the spectrum of seriousness.

122. The Tribunal next considered whether there were any features which may increase the seriousness of the allegation such that it moves up the spectrum of seriousness. It had regard to the non-exhaustive list of such features set out at paragraph 36 of the Guidance (*MPT Hearings > Part B: Stage two - Impairment)* and considered that there were no specific factors in this case which increased seriousness at this stage. Considering the starting point, the allegation remains at the higher end of the spectrum. As such, the starting point for current and ongoing risk to public protection is that there is a high risk.

<u>What is the impact of any relevant context known about Dr Oguego and/or his working environment?</u>

123. Paragraph 45 of the Guidance (MPT Hearings > Part B: Stage two - Impairment) states that there are three types of relevant context: working environment, role and experience,

and personal context. The impact that evidence of relevant context has on the assessment of risk to public protection will depend on the nature of the allegation and individual circumstances of the case. The Tribunal reminded itself that relevant context can be negative or positive and can therefore increase or decrease the level of risk.

124. The Tribunal noted that evidence of relevant context that may decrease the level of risk to public protection posed by a doctor will usually carry less weight in cases that fall at the higher end of the spectrum of seriousness. This is because the risk to public protection arising from allegations at the higher end of the spectrum of seriousness is generally more difficult to mitigate and address.

125. The Tribunal noted that there was no evidence before it of any relevant context regarding Dr Oguego's behaviour.

126. As the Tribunal had no evidence before it, it assessed that the lack of context had no impact on its assessment of risk.

How has Dr Oguego responded to the allegations?

127. The Tribunal next considered Dr Oguego's response to the allegation. The Tribunal noted the Guidance that it should consider the evidence available to it to establish if Dr Oguego has:

(a) shown insight into his own behaviour, and whether that insight is genuine;
(b) taken steps which have reduced the risk of similar allegations occurring again (remediation), such as participating in training, supervision, coaching or mentoring relevant to the allegation; and
(c) kept his knowledge and skills up to date.

128. The Tribunal also noted from the Guidance that evidence of insight and remediation will have a different impact on the assessment of current and ongoing risk to public protection in each case, depending on the nature of the allegation and individual circumstances of the case. In cases where the allegation falls at the higher end of the spectrum of seriousness, and therefore the starting point for assessing current and ongoing risk to public protection is high, evidence of insight and remediation will usually carry less weight and therefore will have less impact, if any, on the assessment of current and ongoing risk to public protection. This is because the risk to public protection arising from these allegations is generally more difficult to address.

129. The Tribunal noted Mr Breen's submission at the facts stage that Dr Oguego has not engaged with the GMC since June 2026. The Tribunal acknowledged that there has been a significant passage of time since the offences occurred, and there is no evidence before it of any repetition in that time. It also noted that Dr Oguego had pleaded guilty to both offences and completed his sentence. However, there is no evidence of any reflection on the past convictions, or remediation to address the impact of those convictions on his current and ongoing medical practice.

130. The Tribunal noted that no concerns about Dr Oguego's clinical skills have been raised.

131. The Tribunal concluded that there is no evidence before it to support that the impact of the conviction on Dr Oguego's medical practice has been sufficiently remedied and determined that an ongoing risk remains.

132. As the Tribunal had no evidence before it regarding Dr Oguego's response to the allegation, it therefore assessed that this had no impact on its assessment of risk.

Tribunal's decision as to whether Dr Oguego poses any current and ongoing risk to public protection which may require restrictive action in response and its finding on impairment

133. The Tribunal next had to consider, overall, whether Dr Oguego poses any current and ongoing risk to public protection which may require restrictive action on his registration, and make its decision on impairment.

134. The Tribunal reviewed its conclusions at Steps 2(a) to (d) above. It has found that Dr Oguego's convictions fall at the higher end of the spectrum of seriousness.

135. The Tribunal has considered the lack of contextual factors and Dr Ogeugo's lack of response to the allegation. It concluded that these considerations have had no impact on the current and ongoing risk which he presents to public protection and therefore the risk can only be assessed as high.

136. The Tribunal had regard to the General Introduction section of the Guidance, and specifically the section headed '*Case type 8: criminal convictions, cautions, court sanctions and determinations by another body responsible for the regulation of a health or social care profession'*. Paragraph 238 of the General Introduction sets out how the three parts of public protection might be engaged in a conviction case.

137. The Tribunal considered that two of the three parts of public protection are engaged in the current case:

Protecting, promoting and maintaining the health, safety and wellbeing of the public (patient safety)

138. The Tribunal has found that Dr Oguego's convictions occurred long before he became a registered UK doctor and there is no evidence the offences were linked to a clinical setting. There is no evidence before the Tribunal of any concerns about his clinical practice. On that basis, a finding of impairment is not required on patient safety grounds.

Promoting and maintaining public confidence in the profession (public confidence)

139. As to the second part of public protection, confidence in the profession, the Tribunal was in no doubt that Dr Oguego's convictions bring the medical profession into disrepute and that he has breached fundamental tenets of the medical profession, including to act within the law. The public must have confidence that doctors will obey the laws that govern this country, and that their past actions, irrespective of having occurred prior to them becoming a doctor, may have an impact on public confidence. The Tribunal considered that the public would be rightly appalled by a doctor having been convicted of these offences. The Tribunal concluded the convictions were of such a serious nature that a finding of impairment is necessary to maintain public confidence in the profession.

Promoting and maintaining professional standards and conduct (upholding professional standards)

140. As to the third part of public protection, upholding professional standards, the Tribunal reminded itself of its earlier conclusion that Dr Oguego's convictions represented a serious departure from the standards of conduct expected of medical practitioners. The Tribunal considered that a finding of impairment is required to send a clear signal to Dr Oguego, the profession, and the public of the unacceptability of his offending behaviour.

141. In all the circumstances, the Tribunal concluded that the current and ongoing risk posed by Dr Oguego to public protection is high and that a finding of impairment is necessary, by reference to two of the three parts of public protection.

142. The Tribunal has therefore determined that Dr Oguego's fitness to practise is impaired by reason of his convictions.

Misconduct

143. Turning to the misconduct, the Tribunal had regard to the submissions provided on behalf of the GMC, relevant editions of Good Medical Practice and the relevant sections of the Guidance. The Tribunal has followed the Guidance (*MPT Hearings > Part B - Stage 2: impairment*) in terms of steps 2(a) to (e) as set out below:

Is there a legal basis for considering impairment?

144. The Tribunal first considered whether the facts as found proved constituted a sufficiently serious departure from the standards of conduct reasonably expected of a registered medical practitioner, so as to amount to serious misconduct.

145. The Tribunal reminded itself of the circumstances of the case, and determined that the allegations could be categorised into three topics of misconduct for it to consider:

Failure to notify the GMC of his convictions

146. The Tribunal first considered whether Dr Oguego's failure to inform the GMC of his convictions since he joined the register in 2004 amounted to serious misconduct.

147. The Tribunal determined at the previous stage that Dr Oguego's failure to notify the GMC constituted persistent breaches of multiple editions of Good Medical Practice over a significant length of time (more than 20 years). It agreed that his failure to declare those convictions related to his work as doctor, given there was a duty for him to do so. It noted that the convictions were for serious offences, and that he had numerous opportunities over the years to disclose those convictions to the GMC from his first application in 2004.

148. Overall, the Tribunal considered that Dr Oguego's failure to declare his significant convictions fell seriously below the standards expected of a doctor. It determined that those actions amounted to serious misconduct and that there was therefore a legal basis to consider impairment in relation to those misconduct allegations.

Completion of the three GMC applications

149. The Tribunal next considered whether Dr Oguego's actions in knowingly and dishonestly providing false answers on his three GMC registration applications amounted to serious misconduct.

150. The Tribunal had regard to GMP (2001), which was in effect at the time Dr Oguego completed the three application forms. It considered that the following paragraphs were relevant in this case and had been breached:

> *'1 All patients are entitled to good standards of practice and care from their doctors. Essential elements of this are professional competence; good relationships with patients and colleagues; and observance of professional ethical obligations.*
>
> ...
>
> *51 You must be honest and trustworthy when writing reports, completing or signing forms, or providing evidence in litigation or other formal inquiries. This means that you must take reasonable steps to verify any statement before you sign a document. You must not write or sign documents which are false or misleading because they omit relevant information. If you have agreed to prepare a report, complete or sign a document or provide evidence, you must do so without unreasonable delay.'*

151. The Tribunal considered that to be dishonest on GMC registration forms jeopardises public trust in the profession. It was of the view that the three actions taken – providing a false birthdate, circling 'No' in answer to the question 'Have you ever been found guilty or convicted by a court of law?' and claiming to have been working in Nigeria during the period of time he was in prison in the UK – were a package of actions undertaken to allow Dr Oguego to conceal his criminal convictions and achieve his goal, which was to be registered with the GMC. It has found that these actions were dishonest and prevented the GMC from making a proper assessment of his application.

152. Overall, the Tribunal considered that Dr Oguego's dishonest actions fell seriously below the standards expected of a doctor. It determined that those actions amounted to serious misconduct and that there was therefore a legal basis to consider impairment in relation to those misconduct allegations.

Failure to return the WDF

153. The Tribunal next considered whether Dr Oguego's actions in failing to return the WDF to the GMC amounted to serious misconduct.

154. The Tribunal noted that there is evidence of four separate occasions of the GMC sending the WDF to Dr Oguego, the first of which followed a telephone call to him on 20 February 2025, in which he confirmed he would take action. It had regard to details of the telephone note of the call between Dr Oguego and Ms B of the GMC:

> *'I advised him to read the e mail I was about to send and come back to me with any questions. He explained that he would do so and would then speak to his medical defence organisation.'*

155. The Tribunal reminded itself that Dr Oguego's actions amounted to a breach of paragraph 98 of GMP 2024 and that he had been made aware that failure to comply could result in an allegation being made against him. Further, it considered that this breach was repeated four times, on each occasion of the GMC sending the request. It acknowledged that the nature of the inquiry was serious, given the allegations that had been made against him, and therefore the circumstances surrounding the reason as to why he was being asked to complete the WDF increased the seriousness of his failure.

156. Overall, the Tribunal considered that Dr Oguego's failure to return the WDF to the GMC fell seriously below the standards expected of a doctor. It determined that those actions amounted to serious misconduct and that there was therefore a legal basis to consider impairment in relation to those misconduct allegations.

Where on the spectrum of seriousness does the allegation lie?

157. The Tribunal considered the starting point for assessing seriousness. It appreciated that all allegations where a finding that the legal basis of misconduct is established are serious but that, within the range of these matters, some allegations will be more serious than others and the Tribunal's assessment of seriousness must reflect the individual circumstances of this case.

158. In considering the starting point, the Tribunal had regard to its findings and the nature of the allegation. The Tribunal had regard to paragraph 31 of the Guidance (*MPT Hearings > Part B: Stage two – Impairment)*, which included that:

> *'31 Allegations that are likely to fall at the higher end of the spectrum of seriousness include, but are not limited to:*
>
> *…*

- *dishonesty, other than where it occurred outside of the doctor's professional role and was not persistent or repeated, and the value or other benefit derived was not significant*

…'

159. In considering the starting point the Tribunal had regard to its findings and the nature of the misconduct, which involved failing to disclose a criminal conviction for more than 20 years, knowingly and dishonestly submitting false information within a form on three different applications for GMC registration and failure to comply with a reasonable request from the GMC. The Tribunal was of the view that the misconduct involved in this case was inherently very serious.

160. On that basis, the Tribunal was of the view that the starting point in this case must be at the higher end of the spectrum of seriousness.

161. The Tribunal next considered whether there were any features which may increase the seriousness of the allegation such that it moves up the spectrum of seriousness. It had regard to the non-exhaustive list of such features set out at paragraph 36 of the Guidance *(MPT Hearings > Part B: Stage two - Impairment)* and considered that the following applied:

- The behaviour or poor performance was persistent or repeated;
- Premeditated behaviour;
- A reckless disregard for patient safety or professional standards;
- The behaviour undermined a system designed to protect the public;
- Putting their own interests before those of patients.

162. The Tribunal found that Dr Oguego's conduct had been repeated over three different application forms, and his dishonesty had persisted over a 20-year period. Further, it was clear that he had planned to be dishonest on the applications in order to conceal his criminal convictions from the GMC, by way of providing a false birthdate, circling 'No' in answer to the question 'Have you ever been found guilty or convicted by a court of law?' and claiming to have been working in Nigeria during the period of time he was in prison in the UK. The Tribunal found that there had been a reckless disregard for professional standards, given his disregard of the requirements set out in multiple editions of Good Medical Practice since he applied to join the register in 2004. It also considered that his actions undermined a system designed to protect the public. It was of the view that the regulatory process was an important mechanism for ensuring public safety, and that by deliberately providing false

information he prevented the GMC from properly assessing his application and undermined that system. Those actions put Dr Oguego's own interests above those of patients, by dishonestly obtaining GMC registration, resulting in a significant personal gain.

163. The Tribunal identified these factors as being present and would increase seriousness. Considering the starting point, the allegation remains at the higher end of the spectrum. As such, the starting point for current and ongoing risk to public protection is that there is a high risk.

What is the impact of any relevant context known about Dr Oguego and/or his working environment?

164. The Tribunal noted that there was no evidence before it of any relevant context, in either his work or personal life, which would explain Dr Oguego's misconduct.

165. The Tribunal did note that Dr Oguego's actions in relation to failing to return the WDF's in 2025 occurred after a lengthy career. It noted that there have been no clinical concerns raised in relation to his practice, and there is no evidence before it of any previous regulatory history. However, in the circumstances of the long-standing dishonest misconduct, the Tribunal attached no weight to this.

166. As the Tribunal had no evidence before it, it assessed that the lack of context had no impact on its assessment of risk.

How has Dr Oguego responded to the allegations?

167. The Tribunal next considered Dr Oguego's response to the allegation.

168. The Tribunal again noted Mr Breen's submissions at the facts stage that Dr Oguego has not engaged with the GMC since June 2026, and that he has not responded to the allegations made against him. There are no details of any current reflection, remediation or steps taken to prevent recurrence of his behaviour. The Tribunal therefore finds that there is no reliable evidence of current insight or remediation to suggest that his dishonest behaviour has been addressed.

169. The Tribunal noted that no concerns about Dr Oguego's clinical skills have been raised.

170. The Tribunal concluded that the conduct has not been remedied and determined that there remains a significant risk of repetition, and therefore a significant risk to public protection.

Tribunal's decision as to whether Dr Oguego poses any current and ongoing risk to public protection which may require restrictive action in response and its finding on impairment

171. The Tribunal next had to consider, overall, whether Dr Oguego poses any current and ongoing risk to public protection which may require restrictive action on his registration, and make its decision on impairment.

172. The Tribunal reviewed its conclusions at Steps 2(a) to (d) above. It has found that Dr Oguego's misconduct falls at the high end of the spectrum of seriousness. The Tribunal has considered the lack of contextual factors and Dr Oguego's lack of response to the allegation. It concluded that these considerations have had no impact on the current and ongoing risk which he presents to public protection and therefore the risk can only be assessed as high. Further, it was satisfied that there was a significant risk of repetition given the repeated and persistent nature of the dishonest conduct.

173. The Tribunal considered that all three parts of public protection are engaged in the current case:

Protecting, promoting and maintaining the health, safety and wellbeing of the public (patient safety)

174. The Tribunal acknowledged that there was no evidence of any patients coming to harm, and no direct patient safety concerns.

175. However, the Tribunal was of the view that Dr Oguego's disregard for the regulatory process, in knowingly and deliberately providing false answers in his applications for registration with the GMC in order to conceal his criminal convictions for serious offences, raises a serious concern about his regard for due process within other safety structures.

176. Accordingly, the Tribunal considered that Dr Oguego poses a current and ongoing risk to the health, safety and wellbeing of the public and that a finding of impairment is required on patient safety grounds.

Promoting and maintaining public confidence in the profession (public confidence)

177. As to the second part of public protection, confidence in the profession, the Tribunal was in no doubt that Dr Oguego's misconduct has brought the medical profession into disrepute and that he has breached fundamental tenets of the medical profession, including to act with honesty and integrity. The public must have confidence that doctors will complete forms accurately and honestly, even when that information may have a detrimental impact on that application. The Tribunal considered that the public would be rightly appalled by a doctor acting in the manner Dr Oguego has. The Tribunal concluded the misconduct was of such a serious nature that a finding of impairment is necessary to maintain public confidence in the profession.

Promoting and maintaining professional standards and conduct (upholding professional standards)

178. As to the third part of public protection, upholding professional standards, the Tribunal reminded itself of its earlier conclusion that Dr Oguego's misconduct represented a serious departure from the standards of conduct expected of medical practitioners. The Tribunal considered that a finding of impairment is required to send a clear signal to Dr Oguego, the profession, and the public of the unacceptability of his misconduct.

179. In all the circumstances, the Tribunal concluded that the current and ongoing risk posed by Dr Oguego to public protection is high and that a finding of impairment is necessary, by reference to all three parts of public protection.

180. The Tribunal has therefore determined that Dr Oguego's fitness to practise is impaired by reason of his misconduct.

Determination on Sanction - 30/10/2026

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

Submissions

182. On behalf of the GMC, Mr Breen submitted that the appropriate sanction in this case, taking into account the Tribunal's conclusions on impairment, was one of erasure. He directed the Tribunal to consider the relevant sections of the Guidance *(MPT Hearings > Part C: stage three – sanction > Step 3: decide on sanction).*

183. Mr Breen reminded the Tribunal to bear in mind that any sanction needs to be proportionate and no more than is necessary to protect the public, taking account of the Tribunal's assessment of current and ongoing risk.

184. Turning to the available sanctions, Mr Breen submitted that this was not a case where the Tribunal should consider taking no action, nor was this a case for conditions.

185. Moving to suspension, Mr Breen stated that suspension is for cases where the impact that the doctor's behaviour is having on their ability to practice safely and effectively is incompatible with unrestricted registration. He submitted that this was not compatible with the findings that the Tribunal has made in relation to Dr Oguego's misconduct and convictions. He stated that suspension was not a proportionate sanction on the findings in this case. He reminded the Tribunal that it has been provided with no evidence of insight or remediation, and it would be difficult to conclude what period of time would be appropriate to allow Dr Oguego to develop insight. Further, he submitted that it would be difficult to conclude that a period of suspension would protect the public and be a satisfactory outcome when considering Dr Oguego's actions.

186. Mr Breen submitted that the appropriate sanction in this case was one of erasure. He stated that suspension is not sufficient to protect the public in this case, and there is no evidence that Dr Oguego has demonstrated any insight into the specific allegations which the GMC have brought against him or provided any evidence to support his case. He reminded the Tribunal that Dr Oguego had lied to the regulator on a number of occasions and sought to conceal the fact of his past convictions and imprisonment by providing a false date of birth and a false work history. He submitted that, on the facts of this case, there is a current and ongoing risk to public protection, which means that Dr Oguego continuing to hold registration will undermine public confidence.

187. Mr Breen referred the Tribunal to the Guidance and the sanctions bandings that would be applicable in this case. He also reminded the Tribunal that there is no evidence of any references or testimonials before it.

188. In conclusion, Mr Breen submitted that, when considering the findings made by the Tribunal, and in particular the seriousness of the allegations found proved, the only proportionate sanction in this case is one of erasure.

The Tribunal's determination on sanction

189. At the impairment stage, the Tribunal determined that all three parts of public protection were engaged in this case. It is for the Tribunal now to consider what regulatory action, if any, is needed to protect the public.

190. The Tribunal accepted legal advice and the procedure to be adopted under the Guidance *(MPT Hearings > Part C: stage three – sanction > Step 3: decide on sanction)*. It was borne in mind that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest, although it may have a punitive effect and that the reputation of the profession is more important than the interests of any individual registrant.

191. In making its decision on sanction, the Tribunal has reviewed its decisions from the facts and impairment stage and has considered the level of current and ongoing risk that Dr Oguego poses to public protection. It has also considered the sanctions banding for cases involving dishonesty and criminal convictions as set out in the Guidance (*Guidance introduction > Protecting the public in specific case types)*. It noted that in cases where more than one type of proven allegation, it should impose a sanction which addresses the risk posed by the most serious finding, which in this case the Tribunal determined were the dishonesty matters.

192. Taking into account the seriousness of all the conduct before it and the convictions Dr Oguego received, the Tribunal formed the view that fraudulently obtaining medical registration using false information in order to conceal criminal convictions, effectively preventing the regulator from performing a proper assessment of his application, had put patients at risk of harm. It noted that false information had been repeated across three application forms submitted between June 2004 and October 2005, and the dishonesty maintained for more than 20 years, disregarding multiple editions of Good Medical Practice. Further, the Tribunal was of the view that those actions had the potential to damage public confidence in both the regulator and the profession. Whilst not ignoring the serious offences that Dr Oguego was convicted of, and the lengthy custodial sentence he received, the Tribunal acknowledged that there had been a significant passage of time since those convictions with no evidence of repetition.

193. Taking into account the sanctions bandings for case types involving dishonesty, the Tribunal noted that it had determined that the current and ongoing risk to public protection in relation to the dishonesty was high, and in this case the sanctions banding was one of nine months suspension to erasure. The Tribunal also had regard to the sanctions bandings for case types involving criminal convictions, cautions, court sanctions and determinations by

another body responsible for the regulation of a health or social care profession, and noted that it had determined that the current and ongoing risk to public protection in relation to the convictions was high, and in this case the sanctions banding was one of 12 months suspension to erasure.

194. The Tribunal reminded itself that the sanctions bandings are intended to provide a guide, and that there may be evidence relevant to the individual circumstances of the case that indicates a sanction which is more or less restrictive than that suggested in the bandings.

195. The Tribunal considered each of the available sanctions set out in the Guidance *(MPT Hearings > Part C: stage three – sanction > Step 3: decide on sanction)* in turn, starting with the least restrictive.

No Action

196. In reaching its decision as to the appropriate sanction, if any, to impose in this case, the Tribunal first considered whether to take no action. The Tribunal considered that there are no exceptional circumstances in this case which would justify the taking of no action in the context of the facts found proved and the Tribunal's determination on impairment. It therefore determined that taking no action would be an inappropriate and disproportionate response as it would fail to uphold any of the three parts of public protection.

Conditions

197. The Tribunal next considered whether to impose conditions on Dr Oguego's registration. It noted paragraphs 19 and 20 of the relevant section of the Guidance and bore in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable.

198. As a starting point, the Tribunal considered that the sanctions bandings for both dishonesty and convictions does not indicate that conditions would be sufficient to meet the high level of risk to public protection. The Tribunal reminded itself of its conclusions that Dr Oguego has provided no evidence of insight or remediation. Moreover, given the seriousness of Dr Oguego's misconduct and convictions, the Tribunal did not consider that the imposition of conditions would be a proportionate or appropriate response sufficient to satisfy its determined level of the current and ongoing risk to public protection. The Tribunal further considered that it would not be possible to formulate conditions to address Dr Oguego's dishonest conduct and, as such, conditions would be unworkable in this case. An order of

conditions is also unlikely to serve any practical function, given Dr Oguego's ongoing lack of engagement with the GMC and the fitness to practise process.

199. In all of the circumstances, the Tribunal concluded that a period of conditional registration would not be an appropriate or proportionate sanction and would not satisfy the public interest.

Suspension

200. The Tribunal then went on to consider whether imposing a period of suspension on Dr Oguego's registration would be appropriate and proportionate.

201. The Tribunal noted paragraph 45 of the relevant section of the Guidance, which states:

> *'45 Suspension may be proportionate in cases where some, or all, of the following factors are present:*
>
> *a conditions are not appropriate, measurable and/or workable*
>
> *b the level of current and ongoing risk to public protection is such that it cannot be safely managed with conditions and suspension is necessary to stop the doctor from working and putting patients at risk while they gain insight into any deficiencies and remediate, or undergo medical treatment, and/or*
>
> *c the level of current and ongoing risk to public protection is such that, although patient safety is not an issue, suspension is needed to maintain public confidence in the profession and/or maintain professional standards.'*

202. The Tribunal reminded itself that the aim for imposing a period of suspension is to manage the current and ongoing risk to public protection with the ultimate aim of Dr Oguego being able to safely return to unrestricted practice in the future.

203. The Tribunal was mindful that it has no evidence before it demonstrating that Dr Oguego has insight or has completed any remediation, and that he has disengaged with the GMC. The Tribunal also reminded itself of its finding at the impairment stage that there is a high risk of repetition of the dishonest conduct in this case.

204. The Tribunal further reminded itself that there were some patient safety concerns in this case, as Dr Oguego had provided false information to obtain registration. His disregard of Good Medical Practice over many years, led the Tribunal to conclude that it could not be confident that Dr Oguego would not ignore other regulatory or legal processes.

205. Overall, the Tribunal was not satisfied that Dr Oguego would, following a period of suspension, be able to safely return to unrestricted practice in the future. Further, the order of suspension is also unlikely to serve any practical function, given the significant length of time his dishonesty persisted, and his complete disregard for the professional standards set out in multiple editions of Good Medical Practice. The Tribunal can have no confidence that such behaviour would be unlikely to be repeated, especially in light of the Tribunal's conclusions on impairment. It was therefore satisfied that a period of suspension would not maintain public confidence in the profession and would not be sufficient to uphold proper professional standards.

Erasure

206. The Tribunal therefore went on to consider whether a sanction of erasure was appropriate and proportionate.

207. The Tribunal noted paragraph 57(a), (c) and (d) of the relevant section of the Guidance, which provide:

> *'57 Erasure may be the proportionate response where:*
>
> *a conditions are not appropriate, measurable and/or workable and suspension is not sufficient to protect the public*
>
> *b …*
>
> *c the doctor has shown a persistent lack of insight into the seriousness of the allegation about their behaviour or performance and the potential or actual consequences, and/or*
>
> *d the seriousness of the facts found proven and/or impact of any relevant context that increased the current and ongoing risk to public protection mean the effect of the doctor continuing to hold registration is such that it will undermine public confidence in the profession.'*

208. The Tribunal considered that most of the factors set out in paragraph 57 of the Guidance are met in this case. In relation to paragraph 57(a), the Tribunal accepted that an order of suspension might address the patient safety concerns, as he would not be able to work as a doctor. However, it considered that an order of suspension would not address the other parts of public protection.

209. The Tribunal was satisfied that an order of conditions or suspension would be insufficient to meet the identified level of risk. Further, Dr Oguego has persistently shown no evidence of insight into the seriousness of the allegation and the potential and actual consequences of the same. He has not provided evidence of any attempts to remediate, or any testimonials or references in his support.

210. The Tribunal had specific regard to its finding that Dr Oguego's misconduct and convictions fell significantly below the standards expected of a doctor. The Tribunal also considered paragraph 80 of the Guidance introduction, which says that *'honesty is at the heart of medical professionalism and is essential for the public to have trust in doctors and the systems they work in'*. The Tribunal determined that Dr Oguego's behaviour seriously undermined public confidence in the profession and was a serious departure from professional standards.

211. Overall, the Tribunal determined that the seriousness of its findings is such that allowing Dr Oguego to remain on the register would present a high risk to public protection and would seriously undermine public confidence in the profession and the maintenance of proper professional standards. Further, it was of the view that a reasonable member of the public or the profession, fully informed of the facts of this case, would be outraged if Dr Oguego was allowed to remain on the medical register, given the significant dishonest actions he undertook in order to fraudulently obtain registration and his disregard for Good Medical Practice across multiple editions since he obtained that registration.

212. The Tribunal determined that Dr Oguego's persistent and repeated dishonest conduct undermines his ability to practise safely and effectively and is incompatible with continued registration at this point in time. The Tribunal found that the level of current and ongoing risk Dr Oguego poses to public protection is so significant that he should not be allowed to practise.

213. The Tribunal acknowledged that erasure from the medical register would undoubtedly have an impact on Dr Oguego but was of the view that this is outweighed by the need to uphold professional standards and maintain public confidence in the profession.

214. Having regard to its findings as set out above, and given the circumstances of this case, the Tribunal determined to erase Dr Oguego's name from the medical register.

Determination on Immediate Order - 30/10/2026

215. Having determined that Dr Oguego's name should be erased from the medical register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether his registration should be subject to an immediate order.

Submissions

216. On behalf of the GMC, Mr Breen submitted that there is an application for an immediate order. He referred to the Guidance (*MPT Hearings > Part C: stage three – sanction > Step 3: decide on sanction > Immediate and interim orders following sanction).* He submitted that, bearing in mind the findings made, an order was proportionate and reasonable. He stated that an order was necessary, by reason of the dishonesty which has been found proved, to protect members of the public.

The Tribunal's determination

217. The Tribunal had regard to paragraphs 83 and 84 of the Guidance (*MPT Hearings > Part C: stage three – sanction > Step 3: decide on sanction > Immediate and interim orders following sanction)*, which provide:

> *'83 The decision whether to impose an immediate order is at the discretion of the MPT based on the facts of the case. When deciding if an immediate order is needed the MPT should consider the seriousness of the proved allegation and the level of current and ongoing risk to public protection posed by the doctor.*
>
> *84 It will not usually be appropriate for a doctor to hold unrestricted registration until a sanction takes effect in cases where:*
>
> *a the doctor poses a risk to patient safety*
>
> *b the risk to one or more parts of public protection is high, and/or*

c immediate action is needed to maintain public confidence in the medical profession.'

218. The Tribunal considered that, in light of its previous determinations regarding the seriousness of Dr Oguego's convictions and misconduct and its assessment of the high level of current and ongoing risk to public protection, an immediate order was necessary in this case. It considered that Dr Oguego poses a risk to patient safety by virtue of his fraudulently obtained registration. It considered that all three parts of public protection are engaged in relation to his misconduct, and there was a significant risk of repetition in this case. With regards to his convictions, two of the three parts of public protection are engaged. The Tribunal was of the view that immediate action was needed to maintain public confidence in the profession.

219. Overall, the Tribunal was satisfied that all of the factors set out in paragraph 84 were present, and indicated that an immediate order was necessary.

220. This means that Dr Oguego's registration will be suspended from the date on which notification of this decision is deemed to have been served upon him. The substantive direction, as already announced, will take effect 28 days from that date, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

221. The interim order currently in place on Dr Oguego's registration will be revoked when the immediate order takes effect.

222. That concludes this case.

ANNEX A – 28/10/2026
Service and Proceeding in Absence

223. Dr Oguego was not present or represented at this hearing.

224. The Tribunal was provided with a copy of a service bundle from the General Medical Council (GMC). The service bundle indicates that, on 16 September 2026, the GMC sent a notice of allegation letter by email to Dr Oguego, enclosing a copy of the hearing bundle. No response was received to this email, and the letter was sent by post to Dr Oguego's registered address on 18 September 2026. The letter was delivered on 19 September 2026 and signed for by '*OSITA*', which the GMC confirmed was one of Dr Oguego's given names. A further email was sent to Dr Oguego on 1 October 2026, asking for him to confirm receipt of the notice of allegation. No response was received.

225. The Tribunal also noted that on 18 September 2026, notice of this hearing was sent by the Medical Practitioners Tribunal Service by both post and email to Dr Oguego confirming the start date of the hearing as 26 October 2026, and that the hearing would be held virtually. The letter also requested confirmation from Dr Oguego as to whether he would be attending and provided information as to the support available in relation to the hearing. The letter was delivered and signed for on 19 September 2026 alongside the GMC notice of allegation. No response was received.

Submissions

226. On behalf of the GMC, Mr Breen took the Tribunal through the service bundle and highlighted that both the notice of allegation and the notice of hearing had been sent by email and post to Dr Oguego to his registered postal and email address, with no response from him. He submitted that, under the Rules, Dr Oguego has been properly served.

227. Mr Breen stated that Dr Oguego is aware of today's hearing, having been sent notice to his registered address, which was successfully delivered. He stated that the last contact the GMC had with Dr Oguego was in June 2026. He submitted that the Tribunal can be satisfied that Dr Oguego has been served in accordance with Rule 40 and that the hearing should proceed in his absence.

The Tribunal's Determination

Service

228. The Tribunal considered whether the relevant documents have been served in accordance with Rules 15 and 40 of the Rules. In so doing, the Tribunal has taken into account all of the evidence before it, together with the submissions on behalf of the GMC.

229. The Tribunal accepted the evidence contained in the service bundle and was satisfied that all reasonable efforts have been made to serve Dr Oguego with both notice of the allegations and notice of this hearing by way of email and post to his registered address. It noted that both letters had been sent more than 28 days prior to the hearing commencing. Accordingly, the Tribunal was satisfied that service has been effected in accordance with the Rules.

Proceeding in Dr Oguego's Absence

230. Having been satisfied that notice was properly served upon Dr Oguego, the Tribunal then considered whether to proceed with this hearing in his absence, in accordance with Rule 31 of the Rules. The Tribunal was conscious that the discretion to proceed in the absence of Dr Oguego should be exercised with the utmost care and caution, balancing Dr Oguego's interests with the wider public interest and that of the regulator.

231. In making its determination, the Tribunal noted that the decision as to whether or not the hearing should proceed in Dr Oguego's absence was a matter for its discretion and that such discretion was to be exercised with care and caution. The Tribunal noted Rule 31 for determining applications to proceed in absence which sets out:

> *'Where the practitioner is neither present nor represented at a hearing, the Committee or Tribunal may nevertheless proceed to consider and determine the allegation if they are satisfied that all reasonable efforts have been made to serve the practitioner with notice of the hearing in accordance with these Rules.'*

232. The Tribunal took into account the case law referred to by GMC Counsel and the Legally Qualified Chair (LQC). The Tribunal had regard to the criminal case of *R v Jones* [2002] UKHL 5, which sets out the factors that should be taken into account when determining whether to proceed in the absence of the practitioner including:

- the nature and circumstances of the Respondent's/Appellant's absence and, in particular, whether the behaviour may be deliberate and voluntary and thus a waiver of the right to appear;
- whether an adjournment might result in the Respondent/Appellant attending the proceedings at a later date; the likely length of any such adjournment;

- whether the Respondent/Appellant, despite being absent, wished to be represented at the hearing or has waived that right;
- the extent to which any representative would be able to receive instructions from, and present the case on behalf of, the absent Respondent/Appellant;
- the extent of the disadvantage to the Respondent/Appellant in not being able to give evidence having regard to the nature of the case;
- the general public interest;
- and, in particular, the interest of any victims or witnesses that a hearing should take place within a reasonable time of the events to which it relates; and
- the effect of delay on the memories of witnesses.

233. The Tribunal had regard to the legal authority of *General Medical Council v Adeogba and General Medical Council v Visvardis* [2016] EWCA Civ 162, and the principles derived from that case, including:

- There was a difference between a criminal trial and the decision under Rule 31. The latter decision must also be guided by the context provided by the main statutory objective of the GMC, namely the protection, promotion and maintenance of the health, safety and wellbeing of the public as set out in the Medical Act;
- In that regard, the fair, economical, expeditious and efficient disposal of allegations made against medical practitioners is of very real importance;
- It would be contrary to the GMC's overarching objective if the practitioner could deliberately frustrate the process by non-engagement; and
- Whenever a practitioner does not attend there will be prejudice to him or her, especially when their input is crucial but that does not outweigh other factors.

234. The Tribunal noted that the letters sent to Dr Oguego informed him of the date, time and venue of the hearing, his right to attend it, and to be legally represented. He was also informed that the hearing could proceed in his absence if he did not attend. The Tribunal noted that there is no evidence before the Tribunal to provide a reason from Dr Oguego to explain his absence and that his engagement with the GMC has been limited. Mr Breen informed the Tribunal that no contact has been made since June 2026. Therefore, the Tribunal concluded, in light of the information before it, that Dr Oguego had voluntarily absented himself from this hearing.

235. The Tribunal considered whether an adjournment would result in Dr Oguego attending the hearing. Setting aside that there had been no application for an adjournment,

there was no evidence before the Tribunal that an adjournment would result in his attendance at a future date.

236. The Tribunal also considered whether any decision to proceed in Dr Oguego's absence may result in disadvantage or prejudice to him, taking account of the fact that it may not necessarily have all of the information which he would wish to present. The Tribunal noted that the public interest included the need for a fair, economic, expeditious and efficient disposal of the hearing. These matters should be balanced against any prejudice to Dr Oguego. However, considering the available evidence, the Tribunal was of the view that any potential prejudice to Dr Oguego did not outweigh the public interest in this case.

237. Having balanced each of the relevant factors against the need to ensure public protection and to uphold the public interest, the Tribunal determined that it is fair and just to proceed with the hearing in Dr Oguego's absence.

238. The hearing will therefore proceed in Dr Oguego's absence.