

PUBLIC RECORD

Dates: 22/02/2022 - 01/03/2022

Medical Practitioner's name: Dr Odianosen ORIAIFO
GMC reference number: 7074649
Primary medical qualification: MB BS 2005 University of Benin

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

Summary of outcome

Erasure

Immediate order imposed

Tribunal:

Legally Qualified Chair	Mr Sean Ell
Medical Tribunal Member:	Dr Joanne Topping
Medical Tribunal Member:	Dr Ann Smallldridge
Tribunal Clerk:	Mr Larry Millea

Attendance and Representation:

Medical Practitioner:	Not present and not represented
GMC Representative:	Mr Alexis Dite, Counsel

Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held in public.

Overarching Objective

Throughout the decision making process the tribunal has borne in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act) to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Facts - 28/02/2022

Background

1. Dr Oriaifo qualified in 2005 as MB BS from the University of Benin, Nigeria.
2. The allegation that has led to this hearing can be summarised as that between 20 May 2014 and 26 January 2016, Dr Oriaifo worked as a locum middle grade doctor at Dr Gray's Hospital, Elgin, Grampian NHS Trust ('Dr Gray's') during which time he was employed by National Locums Ltd ('NLL'), a locum agency. It is alleged that on one or more occasion during that period, he falsified his weekly timesheets in order to claim for hours in excess of those he had actually worked. As a result, he received payments for hours which he was not entitled to and his actions were dishonest.
3. It is further alleged that on 26 January 2016 Dr Oriaifo was invited by the Clinical Director to discuss irregularities in the timesheets, that he then left the hospital between 12:00-12:30 during his scheduled working hours and in doing so, failed to notify colleagues, complete his allocated duties, arrange suitable cover or respond to telephone attempts to contact him.
4. It is also alleged that Dr Oriaifo failed to notify the GMC without delay that he was being prosecuted in respect of two charges of dangerous driving in Scotland, and that he had formally admitted to committing motoring offences in the State of Maryland, USA.
5. The initial concerns were raised with the GMC via email on 4 February 2016 by Dr C, Deputy Responsible Officer/Associate Medical Director, Professional Performance Medical Directorate, NHS Grampian. She informed the GMC of a potential case of fraud in relation to the payments to Dr Oriaifo and advised that this was under investigation by NHS Scotland Counter Fraud Services. The referral also noted that since the potential fraud had been uncovered, Dr Oriaifo had been absent without leave from his locum post and the hospital's Clinical Director suspected Dr Oriaifo may have left the UK. During the GMC investigation, it was identified that Dr Oriaifo was subject to prosecution for the motoring offences set out in the Allegation.

The Outcome of Applications Made during the Facts Stage

6. The Tribunal granted the application made by Mr Alexis Dite, Counsel, on behalf of the GMC, that notice of the hearing had been properly served on Dr Oriaifo and to proceed in his absence. Full details of this decision can be found at Annex A.

The Allegation and the Doctor's Response

7. The Allegation made against Dr Oriaifo is as follows:

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

1. Between 23 May 2014 and 26 January 2016, you worked as a locum doctor at Dr Gray's Hospital, Elgin ('Dr Gray's') during which time, you were employed by National Locums Ltd ('NLL'), a locum agency. **To be determined**
2. Between 27 May 2014 and 26 January 2016, you:
 - a. submitted your weekly timesheets ('timesheets') for payment to NLL; **To be determined**
 - b. signed the counter fraud declaration on the timesheets. **To be determined**
3. On more than one occasion between 27 May 2014 and 26 January 2016, you falsified your timesheets so as to:
 - a. claim for hours in excess of the hours you had worked; **To be determined**
 - b. receive payment for hours which you were not entitled to be paid for. **To be determined**
4. You knew that the information included in the timesheets as described at paragraph 3 was untrue in that it did not accurately reflect the hours that you had worked. **To be determined**
5. Your actions at paragraph 2 and 3 were dishonest by reason of paragraph 4. **To be determined**
6. You submitted a timesheet dated 4 January 2016 ('4 January timesheet') to NLL for payment. **To be determined**
7. You had completed and signed the 'client' section of the 4 January timesheet in the name of Dr A. **To be determined**
8. You knew that Dr A had not completed and signed the 'client' section of the 4 January timesheet when you submitted it. **To be determined**
9. Your actions as described at paragraphs 6 and 7 were dishonest by reason of paragraph 8. **To be determined**
10. On 26 January 2016 you were working at Dr Gray's and having been informed by Dr B about the irregularities in your timesheets, you left the

hospital between 12:00-12:30 during your scheduled working hours, and you failed to:

- a. notify colleagues of your intention to leave Dr Gray's; **To be determined**
- b. complete the allocated hours of your shift; **To be determined**
- c. arrange suitable cover for your post; **To be determined**
- d. deliver a presentation to colleagues at 12:30; **To be determined**
- e. respond to attempts made by Dr B to contact you by telephone. **To be determined**

Criminal Offences

11. You failed to notify the GMC without delay that you were being prosecuted in respect of the criminal offences detailed in Schedule 1. **To be determined**

Overseas determinations

12. You failed to notify the GMC without delay that you had formally admitted to committing the motoring offences in the State of Maryland, USA as set out in Schedule 2. **To be determined**

And that by reason of the matters set out above, your fitness to practise is impaired because of your misconduct. **To be determined**

Witness Evidence

8. The Tribunal received evidence on behalf of the GMC from the following witnesses:
 - Dr D, Consultant Physician at Dr Gray's;
 - Ms E, Management Accountant at NHS Grampian 2013 to March 2018;
 - Dr B, Consultant physician and Clinical Director at Dr Gray's;
 - Dr F, Consultant Physician at Dr Gray's;
 - Dr A, Consultant Physician at Dr Gray's, and;
 - Dr G, Consultant Physician at Dr Gray's from September 2011 to March 2016.
9. The Tribunal also 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 H, Consultant Physician at Dr Gray’s between August 2011 and January 2015, dated 4 June 2021;
- Ms I, Sheriff Clerk for Scottish Courts and Tribunal Service (SCTS), dated 26 November 2020, and;
- Ms J, GMC Paralegal, dated 10 January 2022.

10. Dr Oriaifo did not provide his own witness statement but the Tribunal was provided with an email from Dr Oriaifo sent to the GMC in relation to his application for Voluntary Erasure, dated 16 March 2021, and a transcript, dated 5 March 2021, of the responses he provided in a video interview conducted on 1 March 2021 by Enquiry Agents from the Brownsword Group, on behalf of the GMC.

Documentary Evidence

11. The Tribunal had regard to the documentary evidence provided, which included but was not limited to: emails, witness statements, timesheets and invoices pertaining to the NHS counter-fraud investigation; correspondence and emails in relation to the UK-based motoring offences; emails regarding the investigation and a report from the Enquiry Agents, and; correspondence between Dr Oriaifo and the GMC.

The Tribunal’s Approach

12. In reaching its decision on facts, the Tribunal has borne in mind that the burden of proof rests on the GMC and it is for the GMC to prove the Allegation. Dr Oriaifo does not need to prove anything. The standard of proof is that applicable to civil proceedings, namely the balance of probabilities, i.e. whether it is more likely than not that the events occurred.

13. In respect of the allegations that Dr Oriaifo acted dishonestly, the Tribunal bore in mind the test laid down by the Supreme Court in *Ivey v Genting Casinos (UK) Ltd 2017 UKSC 67*, namely that when considering the matter of dishonesty:

- a. The Tribunal must first ascertain (subjectively) the actual state of Dr Oriaifo’s knowledge or belief as to the facts. The reasonableness or otherwise of his belief may evidence 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.
- b. Once that had been established the Tribunal must determine whether his conduct was dishonest by applying the (objective) standards of ordinary decent people. It is not necessary for the individual to appreciate that what he has done is, by those standards, dishonest

The Tribunal’s Analysis of the Evidence and Findings

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

Paragraph 1

15. In reaching its determination on this paragraph of the Allegation, the Tribunal considered that there was a substantial amount of evidence demonstrating that Dr Oriaifo worked at Dr Gray's while employed by NLL between the dates indicated in the Allegation. Both NHS Grampian and NLL provided copies of the weekly time sheets and invoices submitted in respect of Dr Oriaifo's work at Dr Gray's, covering a period from 20 May 2014 until 24 January 2016. The Tribunal was also provided with copies of some of the contracts between NHS Grampian and NLL in respect of Dr Oriaifo's work at Dr Gray's. In an emailed letter from the GMC to the Responsible Officer ('RO') for NLL, dated 28 April 2021, it was confirmed that:

"On 25 November 2019, [Ms L] of National Locums confirmed to us via email that Dr Oriaifo worked at NHS Grampian between 20 May 2014 until 24 January 2016."

16. The Tribunal heard from a number of the Consultant Physicians at Gray's hospitals all of whom confirmed that Dr Oriaifo had worked with them, during the period in question. They confirmed that Dr Oriaifo had been at the hospital working on 26 January 2016. The Tribunal noted that during his interview with the Enquiry Agent from the Brownsword Group US, Dr Oriaifo confirmed that he had worked at Dr Gray's for a locum agency. The Tribunal was satisfied that the evidence clearly demonstrated that Dr Oriaifo had worked as a locum doctor at Dr Gray's whilst employed by NLL, between 23 May 2014 and 26 January 2016.

17. Accordingly, the Tribunal found this paragraph of the Allegation proved.

Paragraph 2

18. The Tribunal noted the weekly time sheets submitted by Dr Oriaifo, which run from the week ending 27 May 2014 through to the 24 January 2016. Each one was signed by Dr Oriaifo below a counter fraud declaration, which stated:

"I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the NHS body and the NHS CFSMS for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud"

19. In his interview with Enquiry Agents on 1 March 2021, Dr Oriaifo confirmed that he had submitted the timesheets.

20. The Tribunal heard from a number of Consultant Physicians at Dr Gray's who had been asked to countersign the timesheets by Dr Oriaifo. The Tribunal accepted their evidence that they had countersigned the timesheets at Dr Oriaifo's request.

21. NLL confirmed to the GMC that the timesheets were submitted to them by Dr Oriaifo by fax. The Tribunal noted the invoices submitted by NLL, which included copies of the timesheets completed by Dr Oriaifo and the subsequent remittances showing payments from NHS Grampian to NLL in respect of the invoices. The Tribunal was satisfied that Dr Oriaifo had signed the counter fraud declaration on the timesheets and had submitted them to NLL on a weekly basis for payment.

22. Accordingly, the Tribunal found this paragraph of the Allegation proved.

Paragraph 3

3(a)

23. In reaching its determination on this paragraph of the Allegation, the Tribunal considered the implausibility of the hours claimed on the timesheets, which state that from November 2014 onwards Dr Oriaifo worked 13 hours a day, every day, without a day off for a period of 15 months. Dr B, Dr D, Dr F and Dr G all said that such a working pattern was impossible and would not have happened.

24. In his interview with the Enquiry Agents, Dr Oriaifo said that he worked between 40 and 60 hours per week, or up to 70 on some occasions. This is consistent with the evidence of Dr B and Dr F that Dr Oriaifo, as a locum, filled a 'vacant slot' on the Junior Doctors rota. They said that within this rota Junior Doctors such as Dr Oriaifo would have worked on average 56 hours per week. This was confirmed by Ms E, who described the rota pattern and produced a spreadsheet in which the rostered hours were compared to Dr Oriaifo's claimed hours each week. It was accepted by all the Consultants that there were often changes to shifts and the rota at Dr Gray's, that there was no system of recording these except for relying on the doctor's honesty and that because of the system of payment, it was the locum doctors who tended to work the additional shifts. However, the witnesses were all of the view that Dr Oriaifo could not have worked the hours that he claimed.

25. The Tribunal noted that there were a number of alterations to the timesheets and discrepancies with the rostered hours. For example, they show that from November 2014 onwards that after every period Dr Oriaifo claimed that he was working nights he claimed that he would immediately work the subsequent day shift and would have therefore worked 26 hours straight.

26. The Tribunal heard consistent evidence from Dr B and the Consultant Physicians that the hours claimed by Dr Oriaifo would not have been permitted, especially over such a long period of time. The Tribunal noted the evidence that Dr Gray's comprises a small hospital and a close-knit group of clinicians so that everyone knew everyone else, and it would not be possible for Dr Oriaifo to work such excessive hours unnoticed. This was further indicated by

the fact that there were night to day shift handovers and had Dr Oriaifo worked the night shift and intended to remain and work the subsequent day shift, it would have been apparent to the Consultants.

27. The evidence of Dr D, Dr F and Dr G was that they would have raised with Dr Oriaifo the numbers of hours that he was claiming to have worked if it was apparent on the timesheets they were asked to sign. Dr D stated that he would not have signed timesheets with the number of changes and corrections on as those ultimately submitted by Dr Oriaifo. Dr F's evidence was that the timesheets he was asked to sign did not contain all the changes and have the columns filled in, as were ultimately on the timesheets submitted by Dr Oriaifo. The Tribunal considered that Dr D and Dr F were credible witnesses who gave clear and consistent accounts that they would not have signed the forms with the corrections and elements added in. This was consistent with the contemporaneous accounts they gave as part of the NHS counter-fraud investigation, shortly after the irregularities in the timesheet came to light.

28. The Tribunal also took into account that there were examples within the timesheets of the same hour being claimed multiple times, where Dr Oriaifo would claim for the hour cross over between the day and night sheet on two separate timesheets, meaning he would be paid twice for the same hour.

29. The Tribunal noted that in respect of 8 October 2015, Dr Oriaifo claimed that he worked 13 hours from 9am until 10pm, however in an email dated 24 September 2019 the Sherriff Clerk of Elgin Crown Court, confirmed that Dr Oriaifo was in attendance at court that day. The Tribunal is satisfied that Dr Oriaifo could not have therefore been working the hours that he claimed on the timesheet on that day.

30. In his email to the GMC, dated 16 March 2021, Dr Oriaifo stated that:

“Regarding the allegations of fraud, I can say that I have been dishonest and I am really sorry for my mistakes and what it has caused to the people involved. I changed the times worked to reflect more hours after the timesheets were signed by the consultants. However, I worked most of the shifts claimed on the timesheets. I did this out of ignorance and financial difficulties I faced at that time.”

31. Given the implausibility of the hours Dr Oriaifo claimed and the evidence of Dr B, Dr G, Dr D and Dr F, which the Tribunal accepted, it concluded that Dr Oriaifo falsified timesheets on a sustained and persistent basis. The Tribunal was satisfied that on the basis of the evidence before it, most if not all of the timesheets from November 2014 onwards were falsified in order for Dr Oriaifo to claim for excess hours that he had not worked.

32. Accordingly, the Tribunal found this paragraph of the Allegation proved.

3(b)

33. The Tribunal accepted all the evidence demonstrating that Dr Oriaifo was paid on the basis of the timesheets he submitted and that these were submitted to NHS Grampian via NLL. Although an exact figure of how much Dr Oriaifo was overpaid cannot be calculated, Ms E in her evidence to the Tribunal provided a spreadsheet which provided details of the rostered hours, the hours claimed by Dr Oriaifo and the payments made to NLL by NHS Grampian. In Ms E' statement to the NHS counter-fraud investigation she stated that, after allowing for a margin of error, she estimated that the total overpayment was £224, 485.04. When she broke this figure down she estimated that Oriaifo Medical was overpaid a total of £146,237 by NLL. The Tribunal concluded that Dr Oriaifo was paid based on the inflated timesheets he had submitted.

34. Given its finding at paragraph 3(a) that Dr Oriaifo had falsified his timesheets on one or more occasion, it was satisfied that he had received payment for hours he was not entitled to be paid for, and the Tribunal therefore found this paragraph of the Allegation proved.

Paragraph 4

35. The Tribunal was satisfied that Dr Oriaifo would have known the hours that he was working each day. He would have been aware that the hours that he entered onto the timesheet were in excess of those that he had actually worked and that he would therefore be paid more money that he was entitled to. The Tribunal noted that in general, Dr Oriaifo presented each completed timesheet for counter signature within 24 hours of completion of the hours claimed. The Tribunal considered this supported the proposition that Dr Oriaifo knew that the information on the timesheet was wrong.

36. The Tribunal also took into account the email from Dr Oriaifo to the GMC on 16 March 2021 in which he accepted that he had been dishonest and had changed the times worked to reflect that he had worked more hours after they had been signed by the consultants. The Tribunal concluded that Dr Oriaifo knew that the information in the timesheets were untrue and did not accurately reflect the actual hours that he had worked.

37. Accordingly, the Tribunal found this paragraph of the Allegation proved.

Paragraph 5

38. The Tribunal was satisfied that Dr Oriaifo knowingly submitted timesheets which claimed for hours in excess of what he had worked on multiple occasions.

39. The Tribunal was of the view that ordinary decent people would objectively consider Dr Oriaifo's conduct, in claiming from NHS Grampian payment for hours that he knew that had not worked, to be dishonest.

40. Accordingly, the Tribunal found this paragraph of the Allegation proved.

Paragraph 6

41. The Tribunal was provided with a copy of the timesheet and the associated document audit trail, which it accepted. The Tribunal therefore found this paragraph of the Allegation proved.

Paragraph 7

42. The Tribunal considered the evidence in support of this paragraph of the Allegation, namely that of Dr A. Her written and oral evidence was that the signature on the timesheet was not hers and that in any event, she had not worked on the date she was said to have signed the timesheet. In her oral evidence, Dr A said that she remembers that on the day in question she had taken the day off, having worked the weekend before. She told the Tribunal that her husband had marked this on their family calendar, which she had confirmed with her husband during her interview with the counter-fraud investigator a few weeks later.

43. The Tribunal accepted the evidence of Dr A that she had not signed the timesheet and that it was not her signature on it. It noted that Dr A accepted having signed a different timesheet but not the one on 4 January 2016. She had denied signing the timesheet shortly after the irregularities were raised during her interview as part of the NHS counter-fraud investigation held in February 2016, just a few weeks after she was said to have countersigned the timesheet.

44. The Tribunal concluded that if Dr A did not sign her own name on the timesheet, then it was a reasonable inference that Dr Oriafio must have signed Dr A's name on the timesheet instead, and accordingly found this paragraph of the Allegation proved.

Paragraph 8

45. Having determined that Dr Oriafio falsified Dr A's signature on the timesheet, the Tribunal determined that he must have known Dr A did not sign it when he submitted it, and found this paragraph of the Allegation proved.

Paragraph 9

46. The Tribunal considered the two limbs of the Ivey test as set out above. Dr Oriafio knowingly submitted a timesheet having falsified Dr A's signature on it to confirm hours that he had not actually worked. The Tribunal was of the view that such conduct would objectively be considered dishonest by an ordinary, decent member of the public.

47. Accordingly, the Tribunal found this paragraph of the Allegation proved.

Paragraph 10

48. The evidence of Dr B in his written and oral accounts was that he can clearly remember what happened with Dr Oriafio on 26 January 2016. He stated that he was told by

phone that there were some irregularities with Dr Oriaifo's timesheets but at the time he did not know the extent of it. He saw Dr Oriaifo in the corridor around 12 noon and asked Dr Oriaifo to speak with him and the relevant administration personnel later that day about irregularities with the timesheets that had been submitted. Dr B recalled that Dr Oriaifo did not reply but appeared to be taken somewhat aback, and Dr B's main concern at the time had been not to upset Dr Oriaifo. Dr B stated that around half an hour later, Dr Oriaifo failed to turn up for a presentation he was scheduled to make to colleagues and that he tried calling and contacting Dr Oriaifo to see what had happened. A telephone search through the hospital for Dr Oriaifo was conducted unsuccessfully. Dr B explained the main concern at the time was for Dr Oriaifo's wellbeing and that something might have happened to him, as he had left the hospital without telling anybody during his shift.

49. The Tribunal accepted Dr B's evidence, which was supported by both Dr D and Dr F. The Tribunal therefore found this paragraph of the Allegation proved.

Paragraph 11

50. The Tribunal considered Dr Oriaifo's statement in his email to the GMC on 16 March 2021 that, *"Regarding the failure to appear in court, I was not aware of the citations for traffic offences because I was not in the UK"*. It noted however the evidence from Ms I a Sheriff Clerk for Scottish Courts and Tribunal Service (SCT5) based in Elgin Sheriff Court who confirmed that in respect of the first offence, committed 11 July 2015, Dr Oriaifo had attended Elgin Sherriff Court in person on 8 October 2015. Ms I confirmed that the Court records show that Dr Oriaifo was legally represented and had initially pleaded guilty to the offence, but subsequently changed his plea to one of not guilty.

51. Correspondence from Police Scotland confirms that Dr Oriaifo was stopped and interviewed by police in respect of both offences. Correspondence relating to the second offence, committed 1 December 2015, was sent by the Court on 18 January 2016 confirming the hearing date. The Tribunal considered it more likely than not that Dr Oriaifo would have received this before he left the UK to travel to Baltimore, USA on 30 January 2016.

52. The Tribunal therefore did not accept Dr Oriaifo's statement in his email that he was not aware of the citation for these offences. A check of the GMC records by Ms J confirmed that Dr Oriaifo never notified the GMC about the two offences.

53. The Tribunal noted that Dr Oriaifo accepted a warning issued by the GMC, on 9 April 2015 for having failed to disclose a motoring offence to the GMC. Paragraph 75 of Good Medical Practice (2013) ('GMP'), was expressly set out in the warning which states:

"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.”*

54. The Tribunal concluded that Dr Orirafo was well aware of the necessity for him to report the prosecutions he was facing in Scotland to the GMC but failed to do so.

55. Accordingly, the Tribunal found this paragraph of the Allegation proved.

Paragraph 12

56. The Tribunal was provided with a sworn statement from Mr M an employee of Process Service Network LLC who conducted a public records search, appertaining to Dr Orirafo, in the United States of America on 1 March 2021. The search identified seven traffic offences committed in Maryland by Dr Orirafo between October 2016 and May 2020 and which were reflected in Schedule 2 of the Allegation. The report identified a further four traffic violations which were dismissed.

57. During his interview with the Enquiry Agent from the Brownsword Group, Dr Orirafo accepted that he was aware of having committed “*about seven*” driving offences in Maryland. He stated that he had not notified the GMC of them as he was unaware that he needed to. A search by Ms J of the GMC’s records confirmed that Dr Orirafo had not notified the GMC of any of the motoring offences in Maryland.

58. The Tribunal was satisfied that having received and accepted the warning on 9 April 2015, Dr Orirafo was aware that he had a duty to notify the GMC of the offences. The warning clearly reminded Dr Orirafo that paragraph 75 of GMP required him to notify the GMC of any offences committed ‘anywhere in the world’. In respect of the seven traffic offences in Maryland, Dr Orirafo did not notify the GMC about them.

59. Accordingly, the Tribunal found this paragraph of the Allegation proved.

The Tribunal’s Overall Determination on the Facts

60. The Tribunal has determined the facts as follows:

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

1. Between 23 May 2014 and 26 January 2016, you worked as a locum doctor at Dr Gray’s Hospital, Elgin (‘Dr Gray’s’) during which time, you were employed by National Locums Ltd (‘NLL’), a locum agency. **Determined and found proved**
2. Between 27 May 2014 and 26 January 2016, you:
 - a. submitted your weekly timesheets (‘timesheets’) for payment to NLL;
Determined and found proved

- b. signed the counter fraud declaration on the timesheets. **Determined and found proved**
3. On more than one occasion between 27 May 2014 and 26 January 2016, you falsified your timesheets so as to:
 - a. claim for hours in excess of the hours you had worked; **Determined and found proved**
 - b. receive payment for hours which you were not entitled to be paid for. **Determined and found proved**
4. You knew that the information included in the timesheets as described at paragraph 3 was untrue in that it did not accurately reflect the hours that you had worked. **Determined and found proved**
5. Your actions at paragraph 2 and 3 were dishonest by reason of paragraph 4. **Determined and found proved**
6. You submitted a timesheet dated 4 January 2016 ('4 January timesheet') to NLL for payment. **Determined and found proved**
7. You had completed and signed the 'client' section of the 4 January timesheet in the name of Dr A. **Determined and found proved**
8. You knew that Dr A had not completed and signed the 'client' section of the 4 January timesheet when you submitted it. **Determined and found proved**
9. Your actions as described at paragraphs 6 and 7 were dishonest by reason of paragraph 8. **Determined and found proved**
10. On 26 January 2016 you were working at Dr Gray's and having been informed by Dr B about the irregularities in your timesheets, you left the hospital between 12:00-12:30 during your scheduled working hours, and you failed to:
 - a. notify colleagues of your intention to leave Dr Gray's; **Determined and found proved**
 - b. complete the allocated hours of your shift; **Determined and found proved**
 - c. arrange suitable cover for your post; **Determined and found proved**
 - d. deliver a presentation to colleagues at 12:30; **Determined and found proved**

- e. respond to attempts made by Dr B to contact you by telephone. **Determined and found proved**

Criminal Offences

11. You failed to notify the GMC without delay that you were being prosecuted in respect of the criminal offences detailed in Schedule 1. **Determined and found proved**

Overseas determinations

12. You failed to notify the GMC without delay that you had formally admitted to committing the motoring offences in the State of Maryland, USA as set out in Schedule 2. **Determined and found proved**

And that by reason of the matters set out above, your fitness to practise is impaired because of your misconduct. **To be determined**

Determination on Impairment - 01/03/2022

1. 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 Orirafo's fitness to practise is impaired by reason of misconduct.

The Evidence

2. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary.

Submissions

3. On behalf of the GMC, Mr Dite submitted that Dr Orirafo's actions amounted to significant and prolonged dishonesty and clearly fell short of what would be expected of a registered practitioner. Mr Dite referred the Tribunal to what he submitted were the relevant paragraphs of Good Medical Practice (2013) ('GMP'), breached by Dr Orirafo. He submitted that the Tribunal might consider it significant, that when confronted about his dishonesty Dr Orirafo chose to flee Dr Gray's Hospital and the UK to avoid facing the consequences. Mr Dite invited the Tribunal to conclude that Dr Orirafo's dishonesty, being both serious and repeated, amounts to misconduct.

4. Mr Dite submitted that Dr Orirafo's repeated dishonest misconduct was compounded by his failure to disclose multiple motoring offences in the UK and US. This was despite Dr Orirafo having received a formal warning from the GMC reminding him of his obligation to report such offences without delay. Mr Dite submitted that this in and of itself was serious enough to constitute misconduct.

5. Mr Dite submitted that while Dr Oriaifo accepted in his email to the GMC that he had been dishonest and apologised for altering the timesheets, any insight demonstrated through that acknowledgement of wrongdoing was limited and undermined by the caveats and denials within the email. He submitted that the Tribunal should be mindful of the context of Dr Oriaifo's apology which was limited and was only offered after he had been tracked down in the USA, some five years after leaving the UK.

6. Mr Dite reminded the Tribunal of Dr Oriaifo's responses when he had been questioned about his motoring offences. He submitted the responses demonstrated a lack of insight as despite having received a formal warning in April 2015, Dr Oriaifo maintained that he was unaware of the need to report the offences he committed in Maryland. Dr Oriaifo also maintained that he was unaware of the prosecutions in the UK contrary to all of the evidence and the Tribunal's finding. Mr Dite invited the Tribunal to conclude that Dr Oriaifo has still not developed appropriate insight.

7. Mr Dite submitted that there is no evidence of Dr Oriaifo having taken any steps to remediate his misconduct. He invited the Tribunal to consider if remediation would even be possible in a case of repeated and prolonged dishonesty such as this.

8. Mr Dite submitted that Dr Oriaifo does not accept full responsibility for his actions nor demonstrated insight. The risk of repetition therefore remains and Dr Oriaifo's fitness to practise is currently impaired by reason of his misconduct.

9. Mr Dite reminded the Tribunal of the overarching objective and submitted that a finding of impairment would be necessary in order to protect the reputation of the profession and the regulatory process, and to uphold proper standards for practitioners within the profession.

The Relevant Legal Principles

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

11. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: 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 could lead to a finding of impairment.

12. The Tribunal must determine whether Dr Oriaifo's fitness to practise is impaired today, taking into account Dr Oriaifo's conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and the likelihood of repetition.

The Tribunal's Determination on Impairment

Misconduct

13. The Tribunal considered its finding that Dr Orirafo had deliberately and repeatedly falsified timesheets for his own financial benefit over a sustained period of time. The Tribunal was of the view that Dr Orirafo's actions breached paragraphs 65, 71 and 77 of GMP, which state:

- 65** *You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.*
- 71** *You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading.*
- a** *You must take reasonable steps to check the information is correct.*
- b** *You must not deliberately leave out relevant information.*
- 77** *You must be honest in financial and commercial dealings with patients, employers, insurers and other organisations or individuals.*

14. The Tribunal concluded that Dr Orirafo's actions fell seriously below the standards expected and would be considered wholly unacceptable by members of the public and profession alike. The Tribunal was satisfied that Dr Orirafo's dishonesty amounted to misconduct which was serious.

15. The Tribunal was satisfied that Dr Orirafo's actions in falsifying Dr A's signature also fell seriously below the standards set out in GMP. The need for a Consultant to countersign the timesheets was there as a check to prevent fraudulent claims. In forging Dr A's signature, Dr Orirafo sought to avoid that scrutiny in order to benefit financially from the excess hours he claimed to have worked. The Tribunal was of the view that Dr Orirafo's behaviour in forging his colleague's signature would be considered deplorable by fellow practitioners. The Tribunal concluded that his actions fell seriously below the standards of conduct reasonably expected of a doctor and amounted to misconduct which was serious.

16. In respect of Dr Orirafo leaving the premises of Dr Gray's without informing anyone, the Tribunal considered Dr Orirafo's failure to give the planned presentation to his colleagues to be trivial and that such conduct did not amount to misconduct. However, by leaving the hospital in the middle of his shift without notifying anybody or arranging suitable cover, Dr Orirafo potentially put patients at risk of harm. Also, as nobody knew what had happened to Dr Orirafo, Dr B had to conduct a search of the hospital to try and locate him, wasting his time. The Tribunal was satisfied that paragraph 38 of GMP, below, was applicable:

38 *Patient safety may be affected if there is not enough medical cover. So you must take up any post you have formally accepted, and work your contractual notice period before leaving a job, unless the employer has reasonable time to make other arrangements.*

17. The Tribunal concluded that Dr Oriaifo's action in leaving the hospital in the middle of his shift, in the way that he did, fell seriously below the standards expected and amounted to misconduct that was serious.

18. In regard to Dr Oriaifo's failures to disclose his motoring offences, the Tribunal considered paragraph 75 of GMP to be relevant, which states:

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.*

19. The Tribunal noted that the warning received by Dr Oriaifo had expressly mentioned paragraph 75 of GMP and had been given to him as a result of a previous failure to notify the GMC of a conviction in a timely manner. That warning was given to Dr Oriaifo only a few months before he was informed that he was to be prosecuted in respect of the July 2015 driving offence. There were a number of occasions when it would have been clear to Dr Oriaifo that he needed to inform the GMC about the driving offences, such as when he attended his hearing, but he chose not to.

20. The Tribunal considered Dr Oriaifo's failure to notify the GMC of nine motoring offences, despite having received a warning for the same failing, to be serious and a clear and repeated breach of the standards expected of a registered practitioner. The Tribunal concluded that his actions amounted to misconduct which was serious.

Impairment

21. The Tribunal having found that the facts found proved amounted to serious misconduct, went on to consider whether, as a result of that misconduct, Dr Oriaifo's fitness to practise is currently impaired.

22. The Tribunal consider Dr Oriaifo's insight to be limited. It noted when Dr B informed Dr Oriaifo that he wished to discuss possible irregularities with the timesheets, Dr Oriaifo left the hospital in the middle of his shift without telling anybody. He then left the UK a few days later. Within a few weeks of leaving the UK, Dr Oriaifo applied to the GMC for a Certificate of Good Standing ('CGS').

23. Five years after Dr Oriaifo left the UK, he was tracked down by the GMC in the USA. He denied during an interview conducted on behalf of the GMC having any knowledge of the GMC's investigation despite having been informed about it when he applied for a CGS. In email correspondence with the GMC, dated 29 March 2016, he was informed:

"I am contacting you about your request for a Certificate of Good Standing (CGS). I cannot issue a CGS at present because the investigation into your fitness to practise is still underway. We may be able to issue one once our investigation is complete."

24. Dr Oriaifo then made an application for Voluntary Erasure. It was only in response to a request for information in relation to that application that Dr Oriaifo acknowledged his dishonesty and offered a partial apology. The Tribunal noted that in the email Dr Oriaifo sought to justify his actions, stating:

"However, I worked most of the shifts claimed on the timesheets. I did this out of ignorance and financial difficulties I faced at that time."

25. The Tribunal is not satisfied that the admission and apology demonstrate any significant or meaningful insight. Dr Oriaifo's suggestion that he persisted in sustained dishonesty out of 'ignorance' shows a lack of appreciation about the seriousness of his wrongdoing. The Tribunal therefore concluded that Dr Oriaifo has limited insight into his dishonesty.

26. The Tribunal noted that despite the previous warning issued to Dr Oriaifo, he still failed to notify the GMC of nine subsequent motoring offences. When asked about this he denied knowing about the offences in the UK and that he was required to report the ones in the USA. Both the warning Dr Oriaifo received in April 2015 and paragraph 75 of GMP make clear the obligation to report such offences. Choosing not to and then feigning a lack of knowledge demonstrates a complete lack of insight.

27. The Tribunal has been provided with no evidence of any remediation or efforts to remediate on the part of Dr Oriaifo. The Tribunal considers the apology put forward by Dr Oriaifo in his email to be of limited value given the circumstances in which it was given and the attempt to justify and minimise his dishonest behaviour.

28. Despite knowing that his actions in claiming in excess of the hours he was actually working was dishonest, Dr Oriaifo nevertheless persisted in doing so for a sustained period of time. Further, having received a warning reminding him of the need to notify the GMC of any offences, Dr Oriaifo failed to do so in respect of nine further matters. Given the lack of any meaningful insight or reflection, the Tribunal considers the risk of repetition remains high. Accordingly, the Tribunal determined that Dr Oriaifo's fitness to practise is currently impaired by reason of his misconduct.

29. The Tribunal also considered that a finding of impairment is necessary to mark the seriousness of Dr Oriaifo's repeated and persistent departures from the standards expected of a doctor and to send a signal to members of the public and profession alike that such behaviour is wholly unacceptable.

30. The Tribunal has therefore determined that Dr Oriaifo's fitness to practise is currently impaired by reason of misconduct.

Determination on Sanction - 01/03/2022

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

The Evidence

2. The Tribunal has taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

Submissions

3. On behalf of the GMC, Mr Dite invited the Tribunal to conclude that a sanction was necessary in this case to uphold the second and third limbs of the overarching objective, namely to: promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for the members of the profession.

4. Mr Dite referred the Tribunal to what he submitted were relevant paragraphs of the GMC Sanctions Guidance 2020 ('Sanctions Guidance'), in particular paragraphs 120, 121, 124 and 128, which state:

120 *Good medical practice states that registered doctors must be honest and trustworthy, and must make sure that their conduct justifies their patients' trust in them and the public's trust in the profession.*

121 *In relation to financial and commercial dealings, paragraph 77 of Good medical practice also sets out that:*

'You must be honest in financial and commercial dealings with patients, employers, insurers and other organisations or individuals.'

124 *Although it may not result in direct harm to patients, dishonesty related to matters outside the doctor's clinical responsibility (eg providing false statements or fraudulent claims for monies) is particularly serious. This is*

because it can undermine the trust the public place in the medical profession. Health authorities should be able to trust the integrity of doctors, and where a doctor undermines that trust there is a risk to public confidence in the profession. Evidence of clinical competence cannot mitigate serious and/or persistent dishonesty.

128 *Dishonesty, if persistent and/or covered up, is likely to result in erasure*

5. Mr Dite submitted that the Tribunal's determination on impairment identified a number of factors, which should be considered aggravating, particularly when considered in light of the Sanctions Guidance.

6. Mr Dite submitted that there are no exceptional circumstances in this case which would justify taking no action, that conditions would not be workable nor proportionate and that suspension would not be compatible with the need to uphold the second and third limbs of the overarching objective given the severity of Dr Oriaifo's dishonesty.

7. Mr Dite submitted that Dr Oriaifo's sustained and persistent dishonesty and his subsequent behaviour and attitude are fundamentally incompatible with continued registration, and that erasure is therefore necessary in this case. He submitted that the statutory overarching objective requires nothing less than a sanction of erasure.

The Tribunal's Determination on Sanction

8. The decision as to the appropriate sanction to impose, if any, is a matter for the Tribunal exercising its own judgment. In reaching its decision, the Tribunal has taken into account the Sanctions Guidance and the statutory overarching objective.

9. The Tribunal bore in mind that the main reason for imposing sanctions is to protect the public and that sanctions are not imposed to punish or discipline doctors, though they may have a punitive effect. The Tribunal has taken a proportionate approach, by balancing Dr Oriaifo's interests with the public interest, but bore in mind that the reputation of the profession as a whole is more important than the interests of any individual doctor, as explained in *Bolton v Law Society [1994] 1 WLR 512*.

10. The Tribunal has also borne in mind that in deciding what sanction, if any, to impose, it should consider all the sanctions available, starting with the least restrictive and then consider each sanction in ascending order.

Mitigating and Aggravating Factors

11. The Tribunal has already set out its decisions on the facts and impairment and it took those determinations into account during its deliberations on sanction. It first considered the aggravating and mitigating factors in this case and then moved on to consider the appropriate sanction, starting with whether to take no further action.

12. The Tribunal considered the following factors to be aggravating:
- a lack of probity demonstrated by Dr Oriaifo having engaged in persistent and repeated dishonesty which was covered up;
 - Dr Oriaifo's lack of insight into the severity of his actions and the allegations made against him;
 - Dr Oriaifo's actions in avoiding responsibility and accountability by fleeing Dr Gray's hospital, the UK and failing to engage meaningfully in any investigation;
 - the absence of any evidence of remediation, and;
 - Dr Oriaifo repeated failure to disclose motoring offences despite previously being issued a formal warning by the GMC for the same behaviour.

13. The Tribunal considered whether there were any mitigating factors in this case, but determined that none were applicable. While there has been a significant lapse of time since the events, this was due to Dr Oriaifo fleeing the hospital, and shortly thereafter, the country. Since the time he fled, he has avoided any meaningful engagement with the GMC. It took five years for the GMC to locate Dr Oriaifo. There is no evidence that he has used the intervening time to keep his skills up to date or undertake any remediation. The Tribunal therefore did not view the passage of time as a mitigating factor.

14. The Tribunal was of the view that the apology offered by Dr Oriaifo to the GMC was limited and was not genuine, for the reasons set out in its determination on impairment. The Tribunal noted that there has been no offer by Dr Oriaifo to start to repay the significant amount of money he defrauded from the NHS. It therefore did not consider the apology offered by Dr Oriaifo to be a mitigating factor in the case.

No action

15. The Tribunal determined that there were no exceptional circumstances in this case which could justify it taking no action. It considered that to take no action would neither reflect nor address the gravity of Dr Oriaifo's misconduct.

Conditions

16. The Tribunal then went on to consider whether to impose a period of conditions on Dr Oriaifo's registration.

17. The Tribunal concluded that conditions would not be workable due to the dishonest nature of Dr Oriaifo's misconduct, his lack of insight and the fact that he is no longer living or practising in the UK. The Tribunal determined that a period of conditional registration would in any event be insufficient to mark the seriousness of Dr Oriaifo's misconduct.

Suspension

18. The Tribunal then went on to consider whether a period of suspension would be the appropriate sanction in the circumstances of this case.

19. In doing so, the Tribunal was mindful of paragraphs 92, 93 and 97(a), (e), (f) and (g) of the Sanctions Guidance, which state:

92 *Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (ie for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession).*

93 *Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions.*

97 *Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.*

a *A serious breach of Good medical practice, but where the doctor’s misconduct is not fundamentally incompatible with their continued registration, therefore complete removal from the medical register would not be in the public interest. However, the breach is serious enough that any sanction lower than a suspension would not be sufficient to protect the public or maintain confidence in doctors.*

...

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

f *No evidence of repetition of similar behaviour since incident.*

g *The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour.*

20. The Tribunal considered the nature of Dr Oriaifo’s dishonesty, which was repeated, persistent and enabled Dr Oriaifo to obtain a significant amount of money from NHS Grampian fraudulently. It noted that Dr Oriaifo has been unwilling to engage with the

regulatory proceedings and has failed to demonstrate any insight or remediation. The Tribunal considered that there remains a high risk of repetition.

21. In light of these factors, the Tribunal determined that a period of suspension would be insufficient to mark the seriousness of Dr Oriaifo's misconduct and to adequately protect the public interest.

Erasure

22. The Tribunal then went on to consider whether erasure would be the appropriate sanction in the circumstances of this case.

23. In doing so, the Tribunal was satisfied that paragraphs 109(a), (b), (d), (h), (i), and (j), apply in this case:

109 *Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive).*

a *A particularly serious departure from the principles set out in Good medical practice where the behaviour is fundamentally incompatible with being a doctor.*

b *A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.*

...

d *Abuse of position/trust (see Good medical practice, paragraph 65: 'You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession').*

...

h *Dishonesty, especially where persistent and/or covered up (see guidance below at paragraphs 120–128).*

i *Putting their own interests before those of their patients (see Good medical practice paragraph 1: – 'Make the care of [your] patients [your] first concern' and paragraphs 77–80 regarding conflicts of interest).*

j *Persistent lack of insight into the seriousness of their actions or the consequences.*

24. In reaching its determination, the Tribunal also bore in mind paragraphs 124 and 128 of the Sanctions Guidance (as set out in submissions above).

25. The Tribunal determined that Dr Oriaifo's dishonesty, which was both persistent and covered up, is fundamentally incompatible with continued registration. Dr Oriaifo repeatedly departed from the principles set out in GMP and breached fundamental tenets of the profession. Despite having previously received a warning from the GMC, Dr Oriaifo continued to fail to follow GMP. In doing so, he has demonstrated a disregard for proper professional standards. By forging a colleague's signature and amending timesheets for his own financial gain, Dr Oriaifo has significantly undermined public trust and confidence in the medical profession.

26. The Tribunal is satisfied that given Dr Oriaifo's lack of insight and remediation, that there is a high risk of him repeating his misconduct and as such erasure is the only sanction that would adequately reflect the seriousness of his misconduct. Erasure of Dr Oriaifo's name from the Medical Register is the only sanction sufficient to uphold the over-arching objective to protect the public, maintain public confidence in the profession and uphold proper professional standards.

27. The Tribunal has determined to erase Dr Oriaifo's name from the Medical Register.

Determination on Immediate Order - 01/03/2022

1. Having determined to erase Dr Oriaifo's name from the Medical Register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Oriaifo's registration should be subject to an immediate order.

Submissions

2. On behalf of the GMC, Mr Dite submitted that the Tribunal should impose an immediate order of suspension in this case.

3. Mr Dite submitted that this is a serious case involving significant and persistent dishonesty, which the Tribunal found to be incompatible with continued registration. He submitted that public confidence in the profession would be significantly undermined were an immediate order not imposed and Dr Oriaifo were allowed to practise unrestricted during the 28-day appeal period and the duration of any appeal, should he make one.

The Tribunal's Determination

4. The Tribunal noted that an immediate order must be "*necessary*". In reaching its decision, the Tribunal considered the relevant paragraphs of the Sanctions Guidance and exercised its own independent judgement. In particular, it took account of paragraphs 172, 173 and 178, which state:

- 172** *The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order.*
- 173** *An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor's special position of trust, or where immediate action must be taken to protect public confidence in the medical profession.*
- 178** *Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect.*

5. The Tribunal considered that the test for the imposition of an immediate order is necessity, and such an order is required where there is a risk to patient safety or where immediate action is required to protect the public interest.

6. The Tribunal concluded that given the seriousness of its findings against Dr Oriaifo and that it determined that his behaviour was fundamentally incompatible with continued registration, public confidence would be undermined were an immediate order not imposed in this case. Having determined that erasure was the appropriate and proportionate sanction, the Tribunal could not identify any justification for allowing Dr Oriaifo to remain free to practise unrestricted pending the 28-day appeal period and any potential appeal proceedings. This is particularly true given the high risk of repetition identified by the Tribunal.

7. The Tribunal considered that in addition to the public interest, an immediate order is also necessary to protect patient safety. Dr Oriaifo has not been practising medicine for approximately five years and there has been no evidence put before the Tribunal that he has kept his knowledge or skills up to date. Additionally, he previously put patient safety in jeopardy by disappearing in the middle of his shift at Dr Gray's once the timesheet irregularities were raised with him.

8. This means that Dr Oriaifo'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.

9. The interim order is hereby revoked.
10. That concludes this case.

ANNEX A – 22/02/2022

Service & Proceeding

Service

1. Dr Orirafo was not present at these proceedings, nor was he legally represented. Mr Alexis Dite, counsel, made submissions on behalf of the General Medical Council ('GMC') in relation to service. Mr Dite submitted that the GMC has complied with the requirements and therefore service has been effected.

2. The Tribunal was provided with a copy of a service bundle from the GMC. This included:

- Screenshot of Dr Orirafo's registered postal address;
- Email, dated 16 March 2021 from Dr Orirafo confirming his email address and that this should be the primary means of contact;
- Email correspondence between MPTS Case Management and Dr Orirafo, dated 3 August 2021;
- Email correspondence between GMC and Dr Orirafo, dated 10 January 2022, in which the time and date of the hearing as well as the Allegation was provided, and in which Dr Orirafo confirmed receipt and stated he would not be attending the hearing;
- Notice of hearing issued via email by MPTS, dated 11 January 2022;
- Email correspondence from MPTS to Dr Orirafo and GMC, dated 27 January 2022.

3. Mr Dite submitted that in addition to the documents provided within the service bundle demonstrating that notice had been properly served to Dr Orirafo's registered email address, the Report from Enquiry Agents (Brownsword) contained in the main hearing bundle also evidences that Dr Orirafo had confirmed he wished to receive email correspondence in relation to the investigation, at his registered email address.

4. Having considered the documentation contained within the service bundle as set out above, the Tribunal was satisfied that Dr Orirafo was aware of the nature, date and time of this hearing.

5. The Tribunal therefore determined that notice of this hearing had been served on Dr Orirafo in accordance with Rules 15 and 40 of the General Medical Council's (GMC) (Fitness to Practise) Rules 2004, as amended, ('the Rules') and paragraph 8 of Schedule 4 to the Medical Act 1983, as amended.

Adjournment/Proceeding in Absence

6. The Tribunal then went on to consider whether it would be appropriate to adjourn proceedings under Rule 29(2) of the Rules, or proceed in Dr Orirafo's absence pursuant to

Rule 31 of the Rules. The Tribunal was conscious that its discretion to proceed in the absence of a doctor should be exercised with the utmost care and caution. It bore in mind that fairness to Dr Oriaifo is a prime consideration although fairness to the GMC and the interests of the public should also be taken into account.

7. Mr Dite submitted that the Tribunal should proceed with the hearing in Dr Oriaifo's absence pursuant to Rule 31 as he is clearly aware of the time, date and nature of these proceedings and has chosen not to attend. In response to a Rule 34(9) letter sent to his registered email address by the GMC on 10 January 2022, Dr Oriaifo replied "*I will neither attend the tribunal nor be represented.*"

8. Mr Dite submitted that Dr Oriaifo has voluntarily waived his right to be present at these proceedings, that there is no information which indicates he is likely to attend at any future dates, and that he has not requested any such adjournment.

9. Mr Dite submitted that in addition to fairness to Dr Oriaifo, fairness to the wider public interest and the GMC should also be taken into account, and that although Dr Oriaifo has not made any formal submissions, the Tribunal has been provided with comments made by him to the Enquiry Agents on 5 March 2021 and those made by him via email to the GMC on 16 March 2021. He submitted that this is a serious case where the main events related back to a period between 2014 and 2016 and that it is therefore in the public interest that the hearing proceeds.

10. The Tribunal considered that Dr Oriaifo was made aware of the hearing and although he engaged with the GMC, provided some responses to the allegations and attended an earlier Interim Orders Tribunal, he explicitly responded that he would not be attending these proceedings and would not be represented. It noted that on 15 March 2021 Dr Oriaifo confirmed to the GMC, via email, that he wished to apply for voluntary erasure from the Medical Register. In this correspondence he also stated that he no longer resides in the UK and has not practised as a doctor anywhere since leaving the UK in 2016.

11. The Tribunal was of the view that Dr Oriaifo has voluntarily absented himself from these proceedings. He has not requested an adjournment, and given his statements, it appears unlikely that any adjournment would bring about his attendance at a later date.

12. The Tribunal was satisfied that given the timescales of the events leading to these proceedings and the number of medical witnesses who are scheduled to take time out of their clinical duties in order to assist this Tribunal, it was in the public interest that the hearing proceed in a timely manner. It was therefore satisfied that it would not be unjust or unfair to proceed in Dr Oriaifo's absence.

13. Having considered all the circumstances, the Tribunal was satisfied that it was appropriate to proceed with the hearing in Dr Oriaifo's absence.

Schedule 1

UK Criminal Offences

1. On 11 July 2015 you drove a mechanically propelled vehicle, namely a car registered number 111 OJC dangerously contrary to Section 2 of the Road Traffic Act 1988.
2. On 1 December 2015 you drove a mechanically propelled vehicle, namely a car registered number 111 OJC dangerously contrary to contravention of Section 2 of the Road Traffic Act 1988.

Schedule 2

Traffic Infractions in USA

Date	Location	Infraction	Case No.	Disposition
14 Oct 2016	Maryland	Traffic- driving wrong side of road	0000003480AWT	Guilty
6 Feb 2017	Maryland	Traffic	0000005Z90E9K	Guilty
1 April 2017	Maryland	Traffic- Failure to Obey Control	0000000B00LZ7	Guilty
4 Dec 2017	Maryland	Traffic	0000000BZ0FG3	Guilty
16 April 2018	Maryland	Traffic – Speeding	28B0MX3	Guilty
19 April 2018	Maryland	Traffic- Speeding	0000000YV0FH2	Guilty
22 May 2020	Maryland	Traffic- Speeding	3Y50FM4	Guilty