PUBLIC RECORD

Dates: 05/10/2026 - 15/10/2026

Doctor:	Dr Ogechukwu ONWUASOIGWE
GMC reference number:	7786487
Primary medical qualification:	Vrach 2016 National Pirogov Memorial Medical University

Type of case:	**Outcome on facts:**	**Outcome on impairment:**
New - misconduct	Facts relevant to impairment found proved	Impaired

Summary of outcome

Suspension, 3 month

Tribunal:

Legally Qualified Chair	Mr Angus Macpherson
Lay Tribunal Member:	Ms Karen Naya
Registrant Tribunal Member:	Dr Anna Gevers

Tribunal Clerk:	Hadi Rachrach

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Ms Anesta Weekes, KC
GMC Representative:	Ms Katie Jones, Counsel

Attendance of Press / Public

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

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 and Impairment - 13/10/2026

1. The Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration or heard as evidence were confidential. This determination will be handed down in private but as this case concerns Dr Onwuasoigwe's alleged misconduct a redacted version will be published at the close of the hearing.

FACTS

Background

2. Dr Onwuasoigwe qualified in Ukraine in 2016. Prior to the events which are the subject of the hearing, Dr Onwuasoigwe practised for the first time as a doctor from 2016 till 2022 in Nigeria in the position of the equivalent of a Junior Medical Doctor in the UK. Dr Onwuasoigwe worked in number of different rotations including in obstetrics and gynaecology and the emergency departments and was able to get experience in different specialties.

3. In order to work in the UK, Dr Onwuasoigwe had to undertake an English Language test alongside two tests the "PLAB 1" and "PLAB 2" to meet the GMC's standards. Dr Onwuasoigwe passed her exams successfully.

4. After arriving to the UK, and from 26 October 2022, Dr Onwuasoigwe practised with Bedfordshire Hospitals NHS Foundation Trust (the Trust) at the Luton and Dunstable University Hospital (the hospital) as a junior clinical fellow and worked in same day

emergency care ("SDEC"). Until June 2023, Dr Onwuasoigwe was living in XXX with her family XXX.

5. Dr Onwuasoigwe moved to Luton in 2023 for the purpose of living closer to her place of work.

6. The allegations that have led to Dr Onwuasoigwe's hearing relate to her prescribing behaviour. It is alleged by the General Medical Council (GMC) that Dr Onwuasoigwe wrote four prescriptions for Mr B on hospital issued prescription pads, when she knew that Mr B was not a current patient at the hospital. The GMC alleged that Dr Onwuasoigwe forged the signature of Dr A on the second, third and fourth prescriptions when she knew that Dr A had not authorised his signature to be used. As such, the GMC alleged that Dr Onwuasoigwe's conduct was dishonest.

7. The initial concerns were raised with the GMC on 28 October 2024 by the Trust. Two Maintaining High Professional Standards (MHPS) investigations and subsequent hearings had explored the circumstances and mitigations regarding the four prescriptions which Dr Onwuasoigwe had obtained for Mr B, the latter three by "forging" another doctor's name on them. Following the first MHPS report dated 6 August 2024 into the prescription dated 12 December 2023, the Trust commissioned an audit into whether Dr Onwuasoigwe had issued any other prescriptions for Mr B. A further three prescriptions which she had written for Mr B were discovered. On 8 October 2024, Dr Onwuasoigwe admitted to these when interviewed by her Responsible Officer. She then went on to disclose these further prescriptions to her Educational Supervisor on 9 October 2024.

The Allegation and the doctor's response

8. The Allegation made against Dr Onwuasoigwe is as follows:

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

1. On 7 September 2023 you wrote a prescription ('Prescription 1') for the drugs listed at Schedule 1. **Admitted and found proved**

2. On 13 October 2023 you wrote a prescription ('Prescription 2') for the drugs listed at Schedule 2. **Admitted and found proved**

3. On 15 November 2023 you wrote a prescription ('Prescription 3') for the drugs listed at Schedule 3. **Admitted and found proved**

4. On 12 December 2023 you wrote a prescription ('Prescription 4') for the drugs listed at Schedule 4. **Admitted and found proved**

5. You wrote Prescription 1, Prescription 2, Prescription 3 and Prescription 4:

   a. for [Mr B], with whom you had a close personal relationship; **Admitted and found proved**

   b. on a hospital issued prescription pad. **Admitted and found proved**

6. When you acted in the manner described at subparagraph 5b above, you knew that [Mr B] was not a current patient at the hospital. **Admitted and found proved**

7. You forged the signature of Dr A on Prescription 2, Prescription 3 and Prescription 4. **Admitted and found proved**

8. When you acted in the manner described at paragraph 7 above, you knew Dr A had not authorised his signature to be used on the prescriptions. **Admitted and found proved**

9. Your conduct at subparagraph 5b was dishonest by reason of paragraph 6. **Admitted and found proved**

10. Your conduct at paragraph 7 was dishonest by reason of paragraph 8. **Admitted and found proved**

The admitted facts

9. At the outset of these proceedings, through her Counsel, Ms Weekes, KC, Dr Onwuasoigwe made full admissions to all of the paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the Rules. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

IMPAIRMENT

10. 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 Onwuasoigwe's fitness to practise is impaired by reason of misconduct.

Witness evidence

11. 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 C, Chief Pharmacist at Bedfordshire Hospital. His witness statement was dated 12 August 2025;
- Dr A, former Junior Clinical Fellow in Same Day Emergency Care at Luton and Dunstable Hospital. His witness statement was dated 18 September 2024;
- Dr D, Supervisor at the Same Day Emergency Care ('SDEC') unit at Luton Hospital. His witness statement was dated 18 June 2026.

12. Dr Onwuasoigwe provided a witness statement and also gave oral evidence at the hearing.

13. In addition, the Tribunal received oral evidence from the following witnesses on Dr Onwuasoigwe's behalf:

- Dr E, former Senior Clinical Fellow in General Medicine at Luton and Dunstable University Hospital. His statement was dated 27 November 2025, and he was called to give evidence on 7 October 2026. Dr E gave evidence on the collegiate professional relationship that he had with Dr Onwuasoigwe from January 2024. Dr E also gave evidence on the transparency of Dr Onwuasoigwe in telling him about the allegation brought against her. Dr E described Dr Onwuasoigwe as a "compassionate" and "holistic" doctor.

- Dr F, a GP Partner, Trainer and welfare officer for MANSAG supporting Nigerian doctors in the UK. She attended the second MHSP hearing in November 2024. Her statements were dated 22 October 2025 and 7 October 2026. She was called to give evidence on 7 October 2026. Dr E discussed the professional relationship that she had with Dr Onwuasoigwe since October 2024. Dr E gave evidence regarding the transparency of Dr Onwuasoigwe regarding the allegations brought by the GMC against her. Dr E considered that Dr Onwuasoigwe was "deeply remorseful" after her actions that led to the proceedings in question. She further described Dr Onwuasoigwe through her observation, as a professional that loved her job, continuously looked for opportunities that she can be trusted in and as someone that did not intend to bring disrepute to the profession. Dr E indicated that she believes that Dr Onwuasoigwe wants to grow and learn from her actions.

Documentary evidence

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

- Prescriptions, dated 7 September 2023, 13 October 2023, 15 November 2023 and 12 December 2023;
- Trust Interview notes from 14 February 2024 and 6 August 2024;
- MHPS Investigation Report, dated 29 April 2024;
- MHPS Investigation Report, dated January 2025;
- Dr Onwuasoigwe's Rule 7 response, dated 19 December 2025;
- Certificate of appraisal, dated 27 January 2026;
- References in support of Dr Onwuasoigwe;
- Evidence of continuing professional development (CPD);
- Mr B's GP medical record.

Submissions On behalf of the GMC

15. Ms Jones, Counsel, invited the Tribunal to look at the guidance dated November 2025 at step 2 of page 19 onwards (the guidance). Ms Jones submitted that since the Tribunal having found the Allegation proved, the Tribunal is invited to look at the guidance and to exercise their discretion within that guidance.

16. Ms Jones invited the Tribunal to consider that the legal basis for a finding of impairment was misconduct under the Medical Act 1983. Ms Jones submitted that the passage on misconduct can be found at paragraph 11 at page 22 of the guidance and it could consist of actions or omissions that pose a serious departure.

17. Ms Jones submitted that the Tribunal should have regards to the overarching objective under Section 1A of the Medical Act 1983. Ms Jones invited the Tribunal to consider the three limbs test of public protection.

18. Ms Jones submitted that there is no burden or standard of proof, referring to paragraph four of the guidance at page 20.

19. Ms Jones submitted that there is a two-stage test for finding of impairment where misconduct is concerned and identified the case of *Cheatle v GMC* [2009] EWCA 645 (Admin). Where misconduct has been found proved, the Tribunal should go on and find whether the doctor's fitness to practise is impaired.

20. Ms Jones referred to the case of *Martin v General Medical Council* [2011] EWHC 3204 (Admin) in which it was held that misconduct is the same as serious professional misconduct under the old rules. Ms Jones explained that serious professional misconduct means some acts or omissions falling short of what would be appropriate in the circumstances and the authorities are clear that seriousness should be given its proper weight. Ms Jones further invited the Tribunal to consider the standards of propriety that apply by reference to the rules and standards which are ordinarily to be followed by a professional in the particular circumstances of their profession.

21. Ms Jones submitted that here have been a substantial number of breaches of Good Medical Practice (GMP). Ms Jones invited the Tribunal to consider the GMP guidance published in 2013 as the matters are alleged to have happened in 2023.

22. Ms Jones submitted that paragraphs 1, 16 (g), 36, 37, 65, 68, 71 and 72 have been engaged in this case and there have been serious and multiple acts of dishonesty which were repeated and breached trust between colleagues.

23. Ms Jones invited the Tribunal to reach a decision that Dr Onwuasoigwe's actions amount to misconduct which was serious. She further submitted that the Tribunal should proceed to the second stage and determine whether the doctor's fitness to practise is impaired by reason of that serious misconduct.

24. Ms Jones referred to Dame Janet Smith's fifth report to the Shipman Enquiry and invited the Tribunal to consider the four situations which might make the Tribunal conclude that a registrant's fitness to practise is impaired. Firstly, that a practitioner presented a risk to patients. Secondly, that the practitioner had brought the profession into disrepute. Thirdly, that the practitioner had breached one of the fundamental tenets of the profession. Fourthly, that the practitioner's integrity could not be relied upon. Ms Jones submitted that all parts of that appear to be engaged in this case.

25. Ms Jones submitted that the issue of impairment should be judged as of today looking forward, but the case law is also clear that the Tribunal must look at past behaviour because that is the best predictor of future conduct. Ms Jones submitted that completing a fraudulent prescription several times in the manner that Dr Onwuasoigwe did puts the patient at risk of harm.

26. Ms Jones referred to the evidence by Dr E who had acknowledged that Dr Onwuasoigwe actions in writing prescriptions to Mr B were inappropriate and should have been managed by a GP. Ms Jones submitted that medical records must be accurate otherwise public safety will be put at risk. She submitted that the actions taken by Dr

Onwuasoigwe in these fraudulent prescriptions pose a significant risk as those prescriptions would not have featured on his medical records. Ms Jones further submitted that Dr Onwuasoigwe's repeated actions demonstrate a breach of fundamental tenets of the profession to act honestly at all times and they demonstrate a complete lack of integrity.

27. Ms Jones referred to *GMC v Nwachuku; R (on the application of Nwachuku) v GMC* [2017] EWHC 2085 (Admin) in which it was stated by Mr Justice O'Farrell, that dishonesty encompasses a very wide range of different facts and circumstances and any instance of it, is likely to impair a professional person's fitness to practise.

28. Ms Jones also submitted that a finding of dishonesty lies at the top end in the spectrum of the gravity of misconduct as indicated by the case of *Patel v GMC* [2003] UKPC 16 although it was acknowledged that a finding of impairment does not necessarily follow upon a finding of dishonesty. Ms Jones also submitted that it would be unusual if dishonesty was not found to impair fitness to practise.

29. Ms Jones next referred to *Professional Standards Authority for Health and Social Care v Health and Care Professions Council and Mohammed Ghaffar* [2014] EWHC 2723 (Admin), and submitted that even in cases where the Tribunal might find there is evidence of insight and remediation, there are cases where a finding of impairment should be made to protect public confidence.

30. Ms Jones invited the Tribunal to consider Step 2b of the Guidance, namely where on the spectrum of seriousness the allegation lies. She invited the Tribunal to conclude that the starting point was the highest level since the actions of Dr Onwuasoigwe were persistent, repeated, and benefitted her.

31. Ms Jones next submitted that the following features were present in the case. The Tribunal should therefore consider whether they increase the seriousness of the allegation:

- The behaviour or poor performance was persistent and repeated
- Premeditated behaviour
- Abuse of professional position
- A reckless disregard for patient safety or professional standards
- Undermining a system designed to protect the public
- Undermining collaborative working
- An attempt to hide and avoid taking responsibility for behaviour or poor performance

32. Ms Jones submitted that evidence of relevant context known about Dr Onwuasoigwe and / or her working environment and evidence of how she responded to the concern will usually have less impact and carry less weight because the risk to public protection arising from the Allegation is at the higher end of the spectrum of seriousness and is generally more difficult to mitigate. Ms Jones further submitted that dishonesty is difficult to remediate.

33. Ms Jones then went on to address Step 2c of the guidance, namely the starting point for assessing risk to public protection: the impact of any relevant context. Ms Jones acknowledged that there may be some relevant personal context; however, she submitted that the evidence of Dr Onwuasoigwe is that she knew very well the differences between the system for medication prescription in Nigeria and in England. She said this was not a case where she was unfamiliar with the guidance. Moreover, she submitted that Dr Onwuasoigwe was confident enough in her work environment that she was able to provide support to her colleagues.

34. Ms Jones reminded the Tribunal that any relevant context will usually have less impact, and therefore carry less weight where the allegation falls at the higher end of the spectrum of seriousness as the risk to public protection arising from these concerns is generally more difficult to mitigate.

35. Ms Jones then considered Step 2d of the guidance, namely how the doctor has responded to the Allegation. Ms Jones submitted that evidence of insight and remediation will carry less weight and impact if there is an ongoing risk of public protection, particularly where the allegation is connected to deep-seated attitude issues and beliefs which in this case surround Mr B's health.

36. Ms Jones submitted that apologising, being remorseful and undertaking some courses is not enough. Ms Jones further submitted that there is insufficient evidence in this case to say that remediation is complete. She submitted that there has also been insufficient time elapsed between the events and the current time for Dr Onwuasoigwe to have demonstrated that she would not behave dishonestly again.

37. Ms Jones finally addressed the Tribunal on Step 2e and submitted that Dr Onwuasoigwe poses a current and an ongoing risk to public protection and invited the Tribunal to make a finding of impairment.

On behalf of Dr Onwuasoigwe

38. Ms Weekes, submitted that Dr Onwuasoigwe was still relatively new to the system and had only worked for 11 months prior to the Allegation and was still becoming familiar with the healthcare system in the UK.

39. Ms Weekes submitted that Dr Onwuasoigwe believed that the emergency services would not have been an appropriate route for obtaining routine medication for Mr B.

40. Ms Weekes acknowledged that Dr Onwuasoigwe *'clearly told lies'* and that she was not forthcoming immediately about all of the prescriptions when the fourth incident firstly came to light. Dr Onwuasoigwe did not come forward and tell the truth about the preceding three prescriptions until October 2024.

41. Ms Weekes submitted that this case does not fall in the higher level of seriousness and invited the tribunal to conclude that it falls in the middle ranking of seriousness. Ms Weekes further submitted that this is not a high risk to public protection case and the question for the Tribunal should be how likely it is that the Allegation will be repeated.

42. Ms Weekes reminded the Tribunal of the fact that several doctors have written character references on behalf of Dr Onwuasoigwe despite their being aware of the seriousness of the Allegation, and that this has a positive connotation.

43. Ms Weekes submitted that Dr Onwuasoigwe's actions were only on one occasion in each month, September, October, November, December 2023 and on each occasion were committed to obtain medication for Mr B's XXX.

44. Ms Weekes submitted that Dr Onwuasoigwe perhaps ought to regret that when she begun to recognise the nature of her actions, she did not reveal the full truth of what she had done. Ms Weekes explained that Dr Onwuasoigwe was overwhelmed at the time and placed getting medicine for Mr B above her thoughts of what her position as a doctor should be.

45. Ms Weekes invited the Tribunal to consider the evidence of Dr E that Dr Onwuasoigwe was ready to go to work in a hospital again. The Tribunal was also reminded to consider the Registrant's bundle of Exhibits which Ms Weekes labelled as important.

46. Ms Weekes submitted that this case falls in the middle level of seriousness and that there are several cases that will fall at much higher levels than the case of Dr Onwuasoigwe.

The relevant legal principles

47. The Tribunal reminded itself that the decision on impairment should follow GMC guidance and that the Tribunal is independent from the GMC. It should reach its own judgements and conclusions.

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

49. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amount to misconduct, whether 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.

50. The Tribunal approached the task of considering whether Dr Onwuasoigwe's fitness to practice is impaired with the three limbs of the protection of the public firmly in its mind. That involves the following:

- The protection, promotion and maintenance of health, safety and wellbeing of the public;
- The promotion and maintenance of public confidence in the medical profession; and
- The promotion and maintenance of proper professional standards and conduct for members of the profession.

51. In determining whether Dr Onwuasoigwe's conduct amounted to misconduct, the Tribunal was guided by the definition of misconduct as set out by Lord Clyde in the case of *Roylance v GMC* [2000] AC 311:

> *"Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a medical practitioner in the particular circumstances. The misconduct is qualified in two respects. First, it is qualified by the word "professional" which links the misconduct to the profession of medicine. Secondly, the misconduct is qualified by the word "serious". It is not any professional misconduct which will qualify. The professional misconduct must be serious."*

52. The Tribunal was also guided by the definition of misconduct set out by Elias J. as he then was, in the case of *Remedy v GMC* [2010] EWHC 1245 (Admin):

> *'(1) Misconduct is of two principal kinds. First, it may involve sufficiently serious misconduct in the exercise of professional practice such that it can properly be described as misconduct going to fitness to practise. Second, it can involve conduct of a morally culpable or otherwise disgraceful kind which may, and often will, occur outwith the course of professional practice itself, but which brings disgrace upon the doctor and thereby prejudices the reputation of the profession.'*
> *'(2) Conduct falls into the second limb if it is dishonourable or disgraceful or attracts some kind of opprobrium; that fact may be sufficient to bring the profession of medicine into disrepute. It matters not whether such conduct is directly related to the exercise of professional skills.'*

53. The Tribunal also reminded itself of the following paragraphs of the guidance:

- 6: regarding the legal basis for considering a doctor's fitness to practice;
- 23: regarding the spectrum of seriousness;
- 26: regarding certain types of behaviour or poor performance**;**
- 28: regarding incidents of dishonest behaviour, which is limited in nature and had limited impact;
- 33: regarding allegations that are likely to fall at the higher end of the spectrum of seriousness;
- 47: regarding evidence of relevant context that relates to the facts found proved;
- 48: regarding changes to the specific setting or circumstances that created the context and increases the level of risk of public protection;
- 49: regarding changes to the specific setting or circumstances that created the context and decreases the level of risk of public protection;
- 50: regarding weight in cases that fall at the higher end of the spectrum of seriousness;
- 51 to 73: regarding context; and
- 80: regarding cases where the allegation falls at the higher end of the spectrum.

54. The Tribunal was guided to consider any differences in culture, faith and communication that are known about which may have impacted on the quality of evidence, such as how the doctor has expressed insight or framed and communicated an apology.

55. The Tribunal was guided to consider what has happened since the time of the events giving rise to the allegation in terms of Dr Onwuasoigwe's response to the allegations and the level of insight and remediation she has shown.

56. The Tribunal was guided that if it makes findings that the likelihood of repetition is very low or zero, the Tribunal should not make a finding of impairment on Dr Onwuasoigwe's fitness to practice in order to protect, promote and maintain the health, safety and wellbeing of the public. However, the Tribunal will also need to consider whether a finding of impairment is required in order to protect the reputation of the profession, and to declare and uphold standards of conduct from members of the profession.

57. To assess whether Dr Onwuasoigwe poses any current and ongoing risk to public protection which may require restrictive action, the Tribunal will consider where on the spectrum of seriousness the allegation lies, based on the facts it has already found proved, and thereafter it shall consider the risk to the protection of the public taking into account the impact of any relevant context and how Dr Onwuasoigwe has responded to the allegations.

58. Throughout its decision making, the Tribunal had regard to all the evidence it has received, the submissions of Ms Jones and Ms Weekes KC, and the Guidance.

The Tribunal's determination on impairment

Step 2a: Is there a legal basis for considering impairment?

Misconduct

59. The Tribunal noted that the behaviour found proved in this case includes the following aspects:

- Dishonesty in prescribing on hospital issued prescription pads on four occasions for a patient (Mr B) who was not a (current) patient in the hospital;
- Dishonesty in forging the signatures of Dr A on three occasions, when Dr Onwuasoigwe knew he had not authorised his signature to be used on the prescriptions;
- Prescribing for a close relative;

60. The Tribunal understood from the evidence that Dr Onwuasoigwe's reason for her conduct was her perceived responsibility to meet an urgent need to continue Mr B's XXX medication for XXX. The precise reason why Mr B did not take that responsibility is not

entirely clear, but that she did is not in doubt. It noted that XXX, she had been managing Mr B's medication and prescribing it XXX.

61. Dr Onwuasoigwe XXX. However, she did acknowledge that travel to XXX could have been undertaken, but her focus was on rapidly obtaining his medication.

62. Notwithstanding that Dr Onwuasoigwe worked in Same Day Emergency Care ("SDEC") at Luton and Dunstable Hospital, she did not understand that repeat medication could be obtained through telephoning the non-emergency health advice number (111) or through urgent care clinics. XXX. Although the precise discussions are not clear from the evidence, it appears that on 7 September 2023, Dr Onwuasoigwe one way or another obtained a prescription signed by Dr D for Mr B although Mr B was not a current patient at Luton and Dunstable Hospital. He had been a patient at that hospital at one time. Whatever the encounter that Dr Onwuasoigwe had with Dr D, there is no evidence that Dr Onwuasoigwe was informed at that time of alternative appropriate ways of obtaining the prescriptions other than from the XXX GP.

63. Dr Onwuasoigwe XXX, the same predicament presented itself on each of the succeeding months. Having obtained a prescription from within SDEC on that first occasion, Dr Onwuasoigwe then obtained three successive monthly prescriptions in October, November and December by signing the prescriptions with the name of Dr A, who had been away from work in XXX 2023. Dr A was unaware of what she had done and had not authorised the prescriptions.

64. On each of the occasions when the prescriptions were written, they were written on hospital prescription pads, notwithstanding that Mr B was not a current patient. Although there did not appear to be any attempt to mimic Dr A's signatures on the three subsequent prescriptions, in effect, Dr Onwuasoigwe had forged Dr A's signatures on all three.

65. Although Dr Onwuasoigwe was aware that in the UK a doctor should not prescribe for anyone with whom they have a close personal relationship, she proceeded so to do for the reasons stated. Although she has admitted all the charges, including the dishonesty charges (9 and 10), she did not understand at the time the seriousness of what she was doing.

66. The Tribunal finds that her actions as set out in the charges amount to serious misconduct notwithstanding her motivation. At all material times, she knew that she should not have behaved as she did, that she should not have signed prescriptions in another doctor's name knowing that they did not authorise the prescriptions, and that she should not be prescribing for Mr B.

67. Although the Tribunal acknowledged the circumstances that informed Dr Onwuasoigwe's conduct, it concluded that these circumstances were insufficient to justify her actions to the extent that they would undermine the legal basis of the allegation. Therefore, while the context was relevant to understanding her conduct, it did not negate the finding of misconduct.

Step 2b: Where on the spectrum of seriousness does the allegation lie?

68. Any finding of misconduct which goes to fitness to practise must be serious. The question for the Tribunal is how serious that finding is.

69. The Tribunal recognised that acting dishonestly and without integrity breaches a fundamental tenet of the medical profession. Further it recognised that prescribing for someone with whom the doctor has a close personal relationship is not permissible save in an emergency. The Tribunal considered that the dishonesty cannot be said to have taken place outside Dr Onwuasoigwe's role as a clinical fellow as she exploited her position in the Trust to write the prescriptions and obtain the medication. However, the motivation for Dr Onwuasoigwe's actions including her dishonesty was to provide urgently needed medication for Mr B. Her actions were occasioned in the context of emotional stress. The Tribunal considered that the dishonesty, albeit repeated was limited in nature and scope, that the impact of her behaviour was limited in as much as the Trust systems were briefly compromised although the extent of that was not detected until an audit took place, two doctors were implicated in Dr Onwuasoigwe's dishonesty without serious consequence to themselves, two MHPS inquiries were undertaken and Mr B received medication which was not approved on review. The only value of the benefit for Dr Onwuasoigwe was the relief consequent upon her having obtained the medication for Mr B.

70. The Tribunal accept that Dr Onwuasoigwe's behaviour breached multiple paragraphs of GMP 2013 as follows:

- *'1. Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.'*
- *'16. In providing clinical care you must:*
  (g) wherever possible, avoid providing medical care to yourself or anyone with whom you have a close personal relationship.'
- *'36. You must treat colleagues fairly and with respect.'*

- *'37. You must be aware of how your behaviour may influence others within and outside the team.'*
- *'65. You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.'*
- *'68. You must be honest and trustworthy in all your communication with patients and colleagues. This means you must make clear the limits of your knowledge and make reasonable checks to make sure any information you give is accurate.'*
- *'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.'
- *'72. You must be honest and trustworthy when giving evidence to courts or tribunals. You must make sure that any evidence you give or 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.'

71. Taking all these matters into consideration, and looking at the individual circumstances of the case, the Tribunal's initial assessment of the seriousness of Dr Onwuasoigwe's actions was mid-range.

72. The Tribunal then considered the factors which the GMC submitted increased the seriousness of the allegation. Taken sequentially they are as follows:

- The behaviour or poor performance was persistent and repeated.
  - The Tribunal accepts that this was the case, although it observes that the purpose of this was to address Mr B's ongoing need for medication and that this would have come to an end when XXX;
- Premeditated behaviour
  - The Tribunal accepts that this was the case, although it did not consider that the behaviour was planned other than to the extent that Dr Onwuasoigwe repeatedly found herself in a position that she had to obtain further medication and she followed a path which enabled her to achieve that end;
- Abuse of professional position

  - Dr Onwuasoigwe exploited her professional position to obtain the hospital prescription pads, and to identify doctors who might be seen to prescribe for patients.

- A reckless disregard for patient safety or professional standards

  - Dr Onwuasoigwe did not stop to think whether writing repeat prescriptions for Mr B was in his best clinical interest and she disregarded professional standards associated with these behaviours;

- Undermining a system designed to protect the public

- Undermining collaborative working

  - Dr Onwuasoigwe undermined collaborative working by exploiting her medical colleagues;

- Attempting to hide and / or avoid taking responsibility for behaviour

  - Dr Onwuasoigwe did not confess the full extent of her dishonesty when she was found to have dishonestly obtained the prescription on 12 December 2023. Instead, she volunteered that she had not behaved in that way before. The reason she did so was to protect her employment. Whilst this increases the seriousness of her behaviour, her reasoning for so doing was recognised by the Tribunal. Her journey to come to England as a doctor had been lengthy and challenging, involving qualifying in Ukraine, undertaking rotation placements in Nigeria, sitting English language and PLAB exams. She achieved that and by the time she arrived in England, XXX. They embarked upon their new life XXX. She held the visa which was the key to the new life for which she had striven for such a long time at considerable expense. She feared that if she had lost her job, she would have lost the visa; if she disclosed the extent of her misconduct at the first MHPS enquiry, she may very well have lost that life which she had achieved, and all because she needed to obtain medication for Mr B. The Tribunal does not underestimate the pressures which she would have experienced, particularly as a doctor in the family with cultural expectations to manage the responsibility of their healthcare. She had no outside support: XXX.

73. The Tribunal accept that these factors, notwithstanding the points which it has made about several of them, do increase the seriousness of her behaviour. The Tribunal assessed that seriousness as lower end of the high range.

Step 2c: The impact of any relevant context

74. The Tribunal noted that the guidance provides, at paragraph 44, that where the allegation falls at the higher end of the spectrum of seriousness, the starting point for assessing current and ongoing risk to public protection will be high. It identifies three categories of potentially relevant context which may have an effect on the assessment of risk which the Tribunal considers in turn.

Working environment context

75. The Tribunal noted the evidence from Dr E that SDEC which he joined in 2024 was a friendly place to work. Dr Onwuasoigwe acknowledged much the same. The Tribunal therefore considered that, subject to her being sufficiently confident to do so, there were clinical colleagues to whom she could have spoken in order to gain help and support. The Tribunal did accept that Dr Onwuasoigwe approached Dr D and whatever the nature of that exchange, she was not directed to an appropriate pathway.

Role and experience

76. The Tribunal acknowledged that Dr Onwuasoigwe was a junior doctor from Nigeria and was likely to experience difficulties in navigating her way in a culturally and clinically different landscape. She had only been working for some eleven months in her role; she lacked understanding as to how she should deal with the difficult situation which she faced and whom she should approach and what the correct pathway was.

77. The Tribunal recognised that, as Dr Onwuasoigwe worked in SDEC and part of her job was to advise patients, she should have been familiar with 111 and urgent care clinics. However, the Tribunal also acknowledged that Dr Onwuasoigwe did not understand that she could have availed herself of an appropriate alternative as she approached another doctor.

78. The Tribunal accepted that Dr Onwuasoigwe now understands the UK healthcare system and that other pathways would have been available to her and would now be available to her should a similar situation arise.

A doctor's personal context

79. The Tribunal noted that in the Autumn of 2023, Dr Onwuasoigwe was XXX. She was working as a junior doctor and had an obligation to conform to GMP. At the material time, the Tribunal considered that Dr Onwuasoigwe was in a difficult situation, experiencing high anxiety and fearful for Mr B's health. When it came to her failure to disclose that she had obtained the three earlier prescriptions by fraud, she was fearful for her job and her visa.

80. The Tribunal considered that this was personal context which directly influenced her behaviour. It has now resolved. Dr Onwuasoigwe now understands the system. The precise reason for requiring a prescription other than through a GP is no longer extant since Mr B has XXX registered with a new GP XXX.

81. The Tribunal acknowledge that the guidance provides that the three contextual matters which it has been considering

> '*will usually have less impact, and therefore carry less weight, 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. This is because the risk to public protection arising from these concerns is generally more difficult to mitigate.'*

82. Nevertheless, the Tribunal was of the view that the contextual matters which it has considered in this section of the determination have reduced the risk significantly.

Step 2d: How has Dr Onwuasoigwe responded to the Allegation?

83. The Tribunal considered the evidence of Dr Onwuasoigwe and Dr E when assessing the insight which Dr Onwuasoigwe has achieved and the remediation which she has undertaken. The Tribunal considered Dr Onwuasoigwe has:

- considered the allegation, understood what went wrong and accepted that she should have acted differently;
- fully understood the impact of her behaviour;
- expressed empathy for the two doctors whose integrity was implicated by her actions, by apologising;
- taken, and is continuing to take, steps to remediate and to identify how she will act differently in the future to avoid similar issues arising;
- sought appropriate support and advice so that she has understood why she behaved as she did and is continuing to access such support.

84. The Tribunal noted the evidence of Dr E, the Welfare Secretary for the Medical Association of Nigerians Across Great Britian (MANSAG) both written and oral. In her written evidence she stated:

> *'…, I have found Dr Onwuasoigwe to be open to advice and willing to engage in difficult and, at times, challenging conversations. She has demonstrated a commitment to reflection and remediation and has shown a genuine desire to understand the areas in which she needs to develop further.*
>
> *Our conversations have included frank discussions about the circumstances and sequence of events that led to the current situation. In those discussions, she has spoken about the significant personal, family and cultural pressures she was experiencing at the time, including her concern for Mr B and the expectations and responsibilities associated with her wider family. She was also the principal visa holder on whom members of her family were dependent, which placed additional responsibility and pressure upon her.*
>
> *Dr Onwuasoigwe in our discussions and in her reflection is aware that these circumstances do not excuse the conduct that has brought her before the Panel. They just provide relevant context to the pressures she was experiencing at the time. Importantly, our discussions have also focused on the fact that doctors are required to maintain professional standards even in circumstances of significant personal difficulty, and on the importance of maintaining the trust that patients and the wider public place in the medical profession.*
>
> *I have been encouraged by Dr Onwuasoigwe's willingness to engage with these issues rather than avoid them. Through our conversations, she has demonstrated that she is developing a much clearer understanding of the responsibilities associated with being a doctor in the UK, including the importance of honesty, professional integrity, appropriate professional boundaries and adherence to the standards set out in Good medical practice.*
>
> *… We have also discussed what happens when you make an error, the importance of learning from mistakes and what duty of candour means. We have addressed the fact that as doctors, we have a duty and are required to be open and transparent with those we care for, and I would say also with our employers and organisations.*
>
> *We have discussed the importance of trust within healthcare teams. I have encouraged her to reflect on the responsibility doctors have to trust appropriately in the integrity, judgement and professionalism of colleagues, while also recognising the*

limits of their own role and responsibilities. These discussions have formed part of a broader consideration of what safe and effective professional practice requires. Dr Onwuasoigwe's current role has enabled her to see practically what safe and effective practice means at the point of delivering care to vulnerable service users and how crucial it is that proper processes are followed by all team members to ensure safe and best quality care.

Although her current employment is outside her chosen area of professional practice, she is continuing to apply herself positively. From our discussions, I understand that she is developing her communication and teamwork skills and is gaining experience of working with colleagues in a setting where trust, sound judgement and professional integrity are particularly important when supporting vulnerable members of society.

In all my interactions with Dr Onwuasoigwe since we were first acquainted in October 2024, I have observed humility, openness to feedback and a willingness to consider difficult questions about her conduct and professional responsibilities. She has consistently engaged with the process of reflection and has demonstrated a desire to learn and improve.

85. Dr E's oral evidence was in the same vein. The Tribunal was impressed by her and regarded her as a credible and experienced mentor who understood Dr Onwuasoigwe and the circumstances in which she found herself. It recognised MANSAG as an organisation which performed a very important role for young doctors from Nigeria adjusting to new circumstances in the United Kingdom. The Tribunal accepted that Dr E carefully and properly articulated Dr Onwuasoigwe's current situation.

86. Dr Onwuasoigwe's reflective witness statement showed significant insight, remorse and relevant remediation.

87. The Tribunal further acknowledged that Dr Onwuasoigwe undertook continuing professional development involving courses in ethics, probity and prevention of future occurrences breaching these principles, all of which are relevant to the nature of the matters in question. The Tribunal acknowledged Dr Onwuasoigwe's confession, remorse, seeking help from MANSAG and keeping her knowledge and skill up to date. A testimonial from her current employer in respect of her position as a support worker demonstrates that she is currently working in a committed manner in a healthcare environment with positive feedback. Ms G, the director writes:

'*Ogechukwu is a dedicated healthcare professional who consistently goes beyond the basic requirements of her role to provide high-quality, person-centered care. Her*

clinical judgment is sound, and her commitment to ethical practice is unwavering. She possesses the temperament and the technical competence required to excel in demanding healthcare environments, and we have no reservations regarding her integrity or her suitability for her position as a support Care worker. We believe she is a valuable asset to the healthcare community.'

88. The Tribunal noted paragraph 92 of the guidance which provides as follows:

'In many cases, evidence of complete or well-developed insight will have the impact of decreasing the level of current and ongoing risk to one or more of the three parts of public protection posed by the doctor. However, 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, the impact of insight and remediation and the weight it carries may be less because the risk to public protection arising from these concerns is generally more difficult to address.'

89. Nevertheless, the Tribunal accepted that Dr Onwuasoigwe has fully responded to the allegation. She has developed insight into her actions, and by her remediation, in particular with the support of Dr E, she has addressed the risk of repeating her behaviour.

Step 2e: Tribunal's decision as to whether Dr Onwuasoigwe poses any current and ongoing risk to public protection which may require restrictive action in response and its finding on impairment

90. The Tribunal considered that Dr Onwuasoigwe's behaviour was capable of remediation given the context in which it occurred. The Tribunal is satisfied that she has remediated it and that her behaviour is most unlikely to be repeated. It would assess the chances of repetition as negligible, since although it is possible that she will be exposed to emotional pressure of a similar nature, she now understands the UK healthcare system, she has access to MANSAG and she knows her duty to apply the principles of GMP in all circumstances. The Tribunal therefore assesses the risk to the first part of the over arching objective to protect the public, namely:

'the protection, promotion and maintenance of the health, safety and well-being of the public'

as minimal. It does not find that there is any need to make a finding that Dr Onwuasoigwe's fitness to practise is impaired on that ground.

91. The Tribunal must also consider whether it should made a finding that Dr Onwuasoigwe's fitness to practise is impaired on the second and third grounds of public protection namely:

> *'(b) the promotion and maintenance of public confidence in the medical profession, and*
> *(c)the promotion and maintenance of proper professional standards and conduct for members of that profession.'*

92. Dr Onwuasoigwe acted dishonestly in obtaining from the Luton and Dunstable Hospital prescriptions to which she was not entitled. She abused her position as a doctor in the NHS, and took advantage of two fellow doctors in so doing. That behaviour will have tarnished the reputation of the medical profession, and, if in anyway condoned, will diminish the professional standards which need to be met by members of the profession. She breached the fundamental tenet of the medical profession to act with integrity. If the Tribunal did not make a finding of impairment on these two grounds of public protection, the public would be dismayed, and trust in the medical profession would be eroded. The Tribunal therefore finds that Dr Onwuasoigwe's fitness to practise is impaired on these wider public interest grounds as her actions, have posed a residual small risk to the profession and its members.

93. The Tribunal has therefore determined that Dr Onwuasoigwe's fitness to practise is impaired by reason of misconduct.

94. Given the submissions made by parties and the Tribunal's findings in relation to misconduct and impairment, the Tribunal determined that consideration of a warning was not necessary.

Determination on Sanction - 15/10/2026

95. The Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration were confidential. This determination will be handed down in private due to the confidential nature of some of the matters under consideration. However, as this case concerns Dr Onwuasoigwe's alleged misconduct a redacted version will be published at the close of the hearing.

The evidence

96. The Tribunal has reviewed its findings at the facts and impairment stages and taken into account evidence received during the earlier stages of the hearing insofar as it is relevant to reaching a decision on sanction.

Submissions On behalf of the GMC

97. Ms Jones submitted that the Tribunal must consider the guidance from November 2025 specifically Part C, stage two, which is from page 57 onwards, in making its determination on sanctions.

98. Ms Jones referenced the guidance and submitted that if the doctor is found to be impaired, the Tribunal must consider what sanction is proportionate and needed, but no more than necessary to protect the public.

99. Ms Jones submitted that the Tribunal must review the decision on impairment and consider the level of current and ongoing risk the doctor poses to public protection. She further submitted that the Tribunal must refer to sanctions banding where available, consider whether there is relevant evidence relating to the impact a certain type of sanction will have and / or relevant references and testimonials and what impact if any they have.

100. Ms Jones submitted that the Tribunal needs to decide on the type and length of sanction, check that it is proportionate to meet the level of current and ongoing risk posed to public protection, and consider directing a review and/or whether an immediate order is needed and whether action is needed in relation to the interim order in place currently.

101. Ms Jones reminded the Tribunal of the need to refer to its legal duty to protect the public in accordance with the overarching objective.

102. Ms Jones submitted that the Tribunal must remind itself of its previous determination, and have regard to the level of current and ongoing risk the relevant parts of public protection posed by the doctor. Ms Jones indicated that the guidance describes the level of risk posed to be either low, medium or high.

103. Ms Jones referred the Tribunal to the range of sanctions available, namely taking no action, conditions, suspension and erasure. Ms Jones reminded the Tribunal of paragraph 8 of the guidance that makes reference to paragraph 62 later on in the guidance and which identifies the sanctions banding, in which dishonesty is the applicable area of banding in this case.

104. Ms Jones reminded the Tribunal that sanction bandings are available for certain types of cases and that whilst banding is a guide, there may be evidence relevant to particular circumstances of the case which indicates that the appropriate action should be lower or higher than that indicated by the banding. Ms Jones submitted that this could include whether the type of sanction should be less or more restrictive.

105. Ms Jones reminded the Tribunal of the need to record its reasons if it departs from the principles in this part of the guidance; it must explain how that is justified given the specific circumstances of the case and explain how the decision relates to any submissions made by the parties. Ms Jones reminded the Tribunal of paragraphs 10 and 12 of the guidance and submitted that any sanction imposed must be proportionate, transparent and fair.

106. In making its submissions on sanction, Ms Jones emphasised that the GMC does not seek to go behind the findings of the Tribunal at stage two. However, Ms Jones submitted that the GMC consider this case to be extremely serious as it concerns multiple instances of dishonesty which implicated professional colleagues, and that there were multiple features which increased the seriousness of Dr Onwuasoigwe's conduct.

107. Ms Jones submitted that, notwithstanding the Tribunal's finding that the risk posed by Dr Onwuasoigwe is low level, taking no action, imposing conditions or a suspension would not be proportionate, and would not meet the seriousness of this case. Ms Jones submitted that erasure is the appropriate sanction because the doctor's behaviour is incompatible with continued registration at this point in time. Ms Jones further submitted that this is one of those rare cases where the sanction that is suggested as appropriate in the guidance at paragraph 62, namely a suspension order of up to three months for dishonesty where the risk to public protection is at a lower level, would not be proportionate due to the seriousness of the case.

108. Ms Jones further submitted that any time spent under an interim order of conditions or suspension is unlikely to be relevant to deciding the appropriate length of a suspension. Ms Jones submitted that interim orders serve a very different purpose to sanctions; when an Interim Order Tribunal is dealing with a case, it is not making findings of fact, it is dealing with risk presented and therefore a different test is applied.

109. At the close of her submissions, Ms Jones confirmed that Dr Onwuasoigwe was subject to an interim order of conditions which was imposed on 21 November 2024.

Submissions on behalf of Dr Onwuasoigwe

110. Ms Weekes KC acknowledged the residual small risk to the profession and its members that was found by the Tribunal in the impairment determination.

111. Ms Weekes submitted that Dr Onwuasoigwe had had imposed *'quite a lot'* of restrictions on her license since November 2024. She submitted that this was a sufficient sanction, and that it is due to expire on 20 February 2027, and that no further action is required. Ms Weekes indicated that those restrictions presented difficulties for Dr Onwuasoigwe in finding a job in any '*appropriate' position* where she could work.

112. Ms Weekes indicated how Dr Onwuasoigwe has managed to take steps to continue her development and "her work", and she affirmed that she would like to go back to work.

113. Ms Weekes reminded the Tribunal, in particular, of the evidence of Dr E, the CPD which Dr Onwuasoigwe has undertaken, and the certificates that she has obtained since she was dismissed for misconduct over 2 years ago. Ms Weekes referred to the several medical references and testimonials which speak well of Dr Onwuasoigwe as a doctor, notwithstanding that they were aware that she was admitting the serious allegations which were before the Tribunal.

114. Ms Weekes submitted that Dr Onwuasoigwe should not receive any further "*serious conditions*" and that as Dr Onwuasoigwe has '*clearly accepted that she has done something very serious',* she should be given an opportunity to put things behind her.

115. Ms Weekes submitted that the risk to the protection of the public has been addressed by the finding of impairment, that the interim order of conditions is a sufficient measure. She further submitted that if the Tribunal considered that a sanction should be imposed, a suspension of three months would be appropriate.

116. Ms Weekes acknowledged, after the close of her submissions that, when the Tribunal reached its determination on sanction, the current interim order would be revoked.

The Tribunal's determination on sanction

117. The Tribunal reminded itself that the sanction it will impose, if any, will be determined by reference to its finding on impairment, namely that Dr Onwuasoigwe's fitness to practise is impaired in order to protect the on public interest grounds, 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.

Further, the Tribunal reminded itself that it found that Dr Onwuasoigwe presented a low risk to the public in respect of those grounds, and that it found that there was a negligible risk on the public safety ground, such that no finding of impairment was warranted on that ground.

118. The Tribunal also reminded itself of a number of general paragraphs in the guidance about sanction as follows:

> *'10. A good decision about a doctor's fitness to practise should protect the public, be proportionate, be transparent and be fair. In the context of deciding what sanction, if any, is required to address the level of current and ongoing risk to public protection posed by a doctor (low, medium or high), being proportionate means:*
>
> - *when deciding what is required but no more than necessary to achieve public protection, approaching the question by considering if the least restrictive action is appropriate, and not making a final decision until the options immediately above and below the action the MPT is minded to take, have also been assessed.*
> - *... whilst there may be a public interest in facilitating a doctor's return to safe practice, the decision on what sanction is required needs to reflect the level of current and ongoing risk to one or more of the three parts of public protection that has been identified, and which takes into account the seriousness of the allegations, and must be consistent with the GMC and MPTS's legal role to protect the public.*
> - *the interests of the doctor will include the impact on their career. This means when deciding what sanction is required, it may be appropriate to consider any increased impact a specific outcome would have on an individual doctor compared to others, considering their specific circumstances. However, case law is clear that the need to protect the public always outweighs the interests of any individual medical professional. And while restrictive action is not put in place to punish or discipline a doctor, a sanction may have a punitive effect yet still remain necessary.'*
>
> '13. Where a doctor's fitness to practise is impaired, it will usually be *necessary for the medical practitioners tribunal (MPT) to restrict the doctor's registration to achieve public protection. But there may be exceptional circumstances to justify an MPT taking no action. Exceptional circumstances are unusual, special, or uncommon, so such cases are likely to be very rare.*

'14. When making their decision on impairment, the MPT will already have taken into account any relevant context and the doctor's response to the allegation. Therefore, the presence of relevant context and insight and remediation are unlikely on their own to justify an MPT taking no action.'

No action

119. 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 did not consider that there were any exceptional circumstances in the case which would justify taking no action. The Tribunal's finding was that Dr Onwuasoigwe's actions were at the high level of seriousness, having taken into account a number of matters which increased their seriousness. Taking no action would not mark the Tribunal's view of the seriousness of the misconduct, nor would it be an appropriate or proportionate response. A finding of impairment without some form of sanction would not address the elements of public protection it must protect, namely public confidence in the medical profession and the need to uphold and maintain professional standards for members of the profession.

Conditions

120. The Tribunal reminded itself of several paragraphs in the guidance which relate to conditions as follows:

'Appropriate

21. To be appropriate, conditions must address the specific findings about the current and ongoing risk to public protection posed by the doctor.

Workable

22. To be workable, conditions must be capable of producing the desired result of addressing the specific findings about the current and ongoing risk to public protection posed by the doctor.

When are conditions likely to be proportionate?

28. Conditions may be proportionate in cases where the doctor has shown a degree of insight into the allegation and some, or all, of the following factors are present:

- *a. the doctor has demonstrated they are willing and/or able to remediate*
- *b. identifiable areas of the doctor's practice need prohibiting, monitoring, or retraining*
- *c. the doctor has demonstrated they are willing to be open and honest with patients and others they work with if things go wrong*

d. the doctor will not put patients at harm, either directly or indirectly, by having conditions on their registration.

30. Conditions are unlikely to be a proportionate response in cases where the nature of the allegations about the doctor's behaviour fall at the higher end of the spectrum of seriousness and/or suggest an underlying problem with their attitude.'

121. The Tribunal considered that conditions would not address the specific findings about the current and ongoing risk to public protection posed by the doctor. The Tribunal did not find that Dr Onwuasoigwe poses any current risk to public safety other than a negligible risk. The misconduct which the Tribunal must address is not her lack of competence in the writing of prescriptions but her dishonesty in obtaining 4 prescriptions, for Mr B, by forging the signatures of another doctor or howsoever implicating another doctor in the issue of a prescription. This is not a case where there is an identifiable area of Dr Onwuasoigwe's clinical practice which needs prohibiting, monitoring or training. The Tribunal has found that the likelihood of her repeating those actions is minimal. However, the Tribunal must impose a sanction which protects the medical profession and declares to the members of the profession and the public that such conduct is never acceptable. Moreover, conditions are inappropriate where the behaviour is at the highest level of seriousness.

Suspension

122. The Tribunal reminded itself of several paragraphs in the guidance which relate to suspension as follows:

'When is suspension likely to be proportionate?

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.

123. The Tribunal has already determined that conditions are not appropriate or proportionate. Provided Dr Onwuasoigwe's misconduct is not incompatible with continued registration, and in circumstances where the appropriate sanction is not to address patient safety but to maintain public confidence in the profession and to maintain professional standards, a sanction of suspension commends itself to the Tribunal as appropriate and proportionate. However, the Tribunal must first consider whether this is a case where erasure is the appropriate sanction.

Erasure

124. The Tribunal reminded itself of several paragraphs in the guidance which relate to erasure as follows:

'*Erasure from the medical register*

> *55. Erasure is action available for those cases where a doctor's behaviour, performance, or the impact that a health condition is having on their ability to practise safely and effectively,[16] is incompatible with continued registration at this point in time. It means the level of current and ongoing risk the doctor poses to public protection is so significant that they should not be allowed to practise.'*
>
> *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. the doctor's behaviour or performance is such that it caused serious harm, and the risk of harm recurring cannot be mitigated sufficiently through putting conditions or suspension in place*
> *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.'*

125. At the impairment stage, the Tribunal did not find that the level of current and ongoing risk the doctor poses to public protection is so significant that *'they should not be allowed to practise*'. The Tribunal did find that Dr Onwuasoigwe's actions were at the high

level of seriousness, but it found that the risk to public protection was low. In fact, in relation to public safety, it found that it was negligible.

126. The Tribunal noted paragraph 61 of the guidance which provides that:

> *'The level of risk (low, medium, high) identified by the MPT should be used to inform where within the sanctions bandings the case falls.'*

127. The relevant sanction banding for dishonesty set out in paragraph 62, where the risk level to public protection is low or even medium is not erasure but suspension of up to 3 months or 3 to 9 months respectively.

128. The Tribunal acknowledges that the GMC submission in this case is that erasure is the appropriate sanction as the behaviour of Dr Onwuasoigwe was in the high spectrum of seriousness. However, the Tribunal noted paragraph 10 of the guidance which affirms that the seriousness of the allegations will have been taken into account when considering the level of risk. It is not a free standing element which drives the Tribunal to impose a specific sanction, unless the Tribunal considered that '*the effect of the doctor continuing to hold registration is such that it will undermine public confidence in the profession'.*

129. This is not a case where Dr Onwuasoigwe caused serious harm to patients, or where she has not demonstrated insight into the seriousness of the allegation about her behaviour or performance and the potential or actual consequences. In its impairment determination, the Tribunal has considered extensively the circumstances in which Dr Onwuasoigwe committed her acts of serious misconduct, the insight which she has and how she has remediated her behaviour. It does not repeat the relevant passages of that determination here, but they are very much in its collective mind when considering the issues which arise as it considering the imposition of a sanction.

130. The Tribunal noted the several testimonials which Dr Onwuasoigwe submitted from colleagues. They included the following:

> Dr H: *'In my experience, Dr Onwuasoigwe is a deeply kind, approachable and generous colleague, someone whose presence lifts the morale of those around her. She has a natural ability to make people feel supported, valued and capable. My interactions with her have consistently reflected a colleague who cares deeply about people and who contributes meaningfully to the culture and cohesion of any team she is part of.'*

Dr I: '*During her tenure, she consistently demonstrated commitment to patient care, reliability in clinical duties, and a strong work ethic. She was regarded as a supportive and approachable member of the team.'*

Dr J: *'In my experience, Dr. Onwuasoigwe is courteous, respectful, and empathetic towards patients and colleagues alike. She has shown professionalism in her day-to-day interactions and displays a caring and conscientious approach to patient management. While I am aware of the current proceedings before the GMC, my comments are limited to my own direct experience of working with her. Within that context, I have found her to be cooperative, diligent and motivated to provide safe and effective care.'*

Dr E: *'Esther is a dedicated and compassionate doctor, who has consistently demonstrated a high level of professionalism and expertise in her practice. I have witnessed her commitment to delivering excellent patient care and her ability to work effectively in a team. During my time working with Dr Onwuasoigwe, I have observed her strengths in clinical skills, compassion, communication and leadership. She has consistently demonstrated a strong work ethic and a willingness to learn and improve.'*

Dr K: *'For the past two years I have known Oge, she comes across as a very dutiful physician who had high moral standards. I have had the opportunity to speak with her on multiple occasions. My impression of her is that she is a young woman who loves her chosen career, her job and her family. She was very keen to learn and was very conscientious. She always conducted herself with integrity and I was very surprised when she told me about her falsifying prescriptions as it was extremely not keeping with her character. I can attest that Oge is very remorseful of her actions and does not pose a threat to her patients and the public.'*

131. All of these doctors were aware of the allegations which Dr Onwuasoigwe faced in these proceedings and that she admitted them. The Tribunal noted that Dr Onwuasoigwe has continued to demonstrate the qualities to which the testimonials speak, in particular her compassion, in her present employment as a support worker in the community and that her current employer speaks highly of her. Dr Onwuasoigne has demonstrated resilience and a determination to rise above this damaging episode in her professional career. The Tribunal is aware that there is a public interest in retaining doctors especially ones that work in emergency care settings.

132. Taking all these matters into account, the Tribunal does not conclude that Dr Onwuasoigwe's continuing to hold registration will undermine public confidence in the

profession. It does not consider that her behaviour, in the light of its findings, is incompatible with her continuing to hold registration.

133. The Tribunal therefore finds that the fair, appropriate and proportionate sanction in Dr Onwuasoigne's case is suspension. That will send out the message to her, to the public and to other members of the profession that her conduct was wholly unacceptable.

The length of the suspension order and whether to direct a review

134. The Tribunal reminded itself of paragraph 52 of the guidance which relates to these matters as follows:

'

> *52. The question of whether the doctor can safely return to unrestricted practice will need to be considered before a period of suspension concludes and so a review should be directed. The exception to this is where a short suspension (usually three months or less) has been imposed on public confidence grounds and/or to maintain professional standards.'*

135. The Tribunal has determined to follow the banding guidance set out above and impose a 3 month suspension order. The risk to the wider public interest identified by the Tribunal in its impairment determination was set by the Tribunal at a low level. The informed member of the public who has read that determination should understand its reasons for doing so. Further, as this is '*a short suspension*' '*imposed on public confidence grounds and to maintain professional standards',* it has determined not to direct a review. Dr Onwuasoigwe has insight and has addressed her behaviour by remediation. A review would serve no benefit as it is not required to assess and monitor her further progress. If she returns to practise, she will have the support of her workplace and ongoing assistance and support from MANSAG.

136. The Tribunal has therefore determined to impose a 3 month suspension order upon Dr Onwuasoigwe's registration with no review.

Determination on Immediate Order - 15/10/2026

137. Having determined that Dr Onwuasoigwe's registration should be suspended for a period of 3 months without review, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Onwuasoigwe's registration should be subject to an immediate order.

Submissions on behalf of the GMC

138. Ms Jones submitted that an immediate order is a matter for the Tribunal ultimately but given the findings of the Tribunal that Dr Onwuasoigwe poses a low risk of harm to members of the public, the test for an Interim order is "probably not met". Ms Jones submitted that she does not request the Tribunal to impose an Interim order.

139. Ms Jones submitted that the interim order of conditions will need to be revoked because they are not necessary any longer.

Submissions on behalf of Dr Onwuasoigwe

140. Ms Weekes KC, did not make any submissions.

The Tribunal's determination

141. Pursuant to section 38(1) of the 1983 Act, on giving a direction for suspension, the Tribunal may impose an immediate order (of suspension in this case) if it considers it necessary for the protection of members of the public or if it is otherwise in the public interest.

142. The Tribunal had regard to the relevant paragraphs of the MPTS Guidance, including:

> *'79 The MPT may impose an immediate order where 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. Where the MPT has imposed a sanction of conditions, it may impose an immediate order of conditions. Where the MPT has imposed a sanction of suspension or erasure, it may impose an immediate order of suspension.*
>
> *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.'

143. The Tribunal considered its findings at previous stages in relation to Dr Onwuasoigwe's misconduct. It assessed the level of current and ongoing risk posed to public protection to be low in relation to the promotion and maintenance of public confidence in the medical profession, and in relation to the promotion and maintenance of proper professional standards and conduct of members of that profession, and negligible in relation to public safety. It also considered that immediate action is not needed to maintain public confidence within the medical profession.

144. Given its findings at the previous stages, the Tribunal considered that an immediate order is not necessary in this case to uphold professional standards and to maintain public confidence in the profession.

9. This means that Dr Onwuasoigwe's registration will be suspended 28 days from the date on which written notification of this decision is deemed to have been served, unless Dr Onwuasoigwe lodges an appeal. If Dr Onwuasoigwe does lodge an appeal she will be free to practise unrestricted until the outcome of any appeal is known.

145. The interim order currently in place on Dr Onwuasoigwe's registration is hereby revoked.

146. That concludes the case.