

**PUBLIC RECORD**

**Dates:** 01/09/2021 - 06/09/2021

**Medical Practitioner’s name:** Dr Okon UMOH  
**GMC reference number:** 4667719  
**Primary medical qualification:** Vrach 1993 Stravropol Medical Institute

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

**Summary of outcome**  
 Suspension, 4 months

**Tribunal:**

Legally Qualified Chair	Mr William Hoskins
Lay Tribunal Member:	Mr Paul Curtis
Medical Tribunal Member:	Dr Ann Wolton
Tribunal Clerk:	Mr Matthew Rowbotham Ms Lauren Duffy – 03/09/2021 only

**Attendance and Representation:**

Medical Practitioner:	Present and represented
Medical Practitioner’s Representative:	Mr Patrick Cassidy, Counsel, instructed by BMA Law
GMC Representative:	Mr Iain Simkin, 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 - 03/09/2021

### Background

1. Dr Umoh qualified in 1993 from Stravropol Medical Academy in Russia. Prior to the events which are the subject of the hearing Dr Umoh worked in Nigeria in hospital practice, before undertaking medical practice in the UK in 1997. From 2008, Dr Umoh held locum and substantive consultant posts in psychiatry. Dr Umoh's most recent post is that of a consultant psychiatrist within the Community Mental Health Team at Essex Partnership University Hospital NHS Trust.
2. The allegation that has led to Dr Umoh's hearing can be summarised as writing and obtaining a prescription in the name of Ms A, which was intended for his own use. It is also alleged that Dr Umoh filed, or allowed to be filed on his behalf, an application to register a company where Ms A was listed as the Company Secretary without her consent.
3. The initial concerns were raised with the GMC in June and July 2019 by Ms A.

### The Outcome of Applications Made during the Facts Stage

4. The Tribunal granted Mr Cassidy's application, on behalf of Dr Umoh, to postpone the hearing for a short period of time on Day 1 of the hearing. This was to allow Mr Cassidy to have a discussion with Dr Umoh, as they had been in separate parts of the hearing building and unable to communicate. On behalf of the GMC, Mr Simkin did not oppose the application.
5. Mr Cassidy, on behalf of Dr Umoh, made an application to admit evidence following the completion of Ms A's evidence but before she had been released. The application was opposed by the GMC. The Tribunal determined to deny Mr Cassidy's application. Its full determination can be found at Annex A.

### The Allegation and the Doctor's Response

6. The Allegation made against Dr Umoh is as follows:

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

1. On 29 April 2019 you:
  - a. wrote a prescription for 42 doxycycline 100 mg tablets in the name of Ms A ('the Prescription');
  - b. wrote the Prescription on an NHS prescription pad;
  - c. falsified Ms A's signature on the Prescription.  
**Admitted and found proved**
2. On or around 1 May 2019 you obtained the Prescription from Boots Pharmacy in Southend-on-Sea.  
**Admitted and found proved**
3. You knew that:
  - a. the Prescription referred to in paragraphs 1 and 2 was intended for your own use;
  - b. you were gaining a monetary advantage by using an NHS prescription pad to obtain the Prescription.  
**3a Admitted and found proved, 3b To be determined**
4. Your actions described at paragraphs 1 and 2 were dishonest by reason of paragraph 3.  
**Admitted in respect of 3a and found proved, and 3b to be determined**
5. On or around 14 November 2016 you filed, or allowed to be filed on your behalf, an application to register a company, [Company B], at which time you listed Ms A as the Company Secretary.  
**Admitted and found proved**
6. You knew that Ms A had not provided her consent to act as the Company Secretary for [Company B].  
**To be determined**
7. Your actions described at paragraph 5 were dishonest by reason of paragraph 6.  
**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.**

### The Admitted Facts

7. At the outset of these proceedings, through his counsel, Mr Cassidy, Dr Umoh made admissions to some paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('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.

### The Facts to be Determined

8. In light of Dr Umoh's response to the Allegation made against him, the Tribunal was required to determine whether Dr Umoh had acted dishonestly when he gained a monetary advantage by using an NHS prescription pad to obtain the Prescription and whether he knew Ms A had not provided her consent to be named as the secretary of Company B on the documentation which that company filed electronically at Companies House.

### Evidence

9. The Tribunal received evidence on behalf of the GMC from Ms A, in person, who also provided a witness statement dated 12 September 2019, with a supplemental statement dated 13 August 2020.
10. Dr Umoh provided his own witness statement, dated 25 August 2021, and gave oral evidence at the hearing.

### Documentary Evidence

11. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included, but was not limited to, correspondence between Ms A and the GMC; photographs and copies of the prescription and medication; Dr Umoh's phone bill showing that Dr Umoh was in Nigeria in May 2019; screenshots from Companies House website; and Ms A's bank statement.

### 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 Umoh 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. The Tribunal noted that it must make a determination on matters of dishonesty. It had regard to the test set out in *Ivey v Genting Casinos (UK) Limited (t/a Crockfords Club)* [2017] UKSC 67:

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

14. Given that Dr Umoh had already made an admission of dishonesty, the Tribunal noted that it did not hear submissions on a good character direction. It was mindful that it must assess each alleged act of dishonesty separately. However, it may take into account Dr Umoh’s previous admission of dishonesty as a factor when assessing allegations that are yet to be determined.

### **The Tribunal’s Analysis of the Evidence and Findings**

15. The Tribunal has evaluated the evidence in order to make its findings on the facts.

#### Paragraph 3(b)

16. The Tribunal considered that the phrase ‘you knew that’ was to be interpreted as that which was in Dr Umoh’s mind at the time of his dishonesty, and not his overall general knowledge.
17. It considered that Dr Umoh would objectively know, if asked, that using an NHS prescription would allow him to obtain medicine for a lesser cost than that of a private prescription, and he would therefore gain a monetary advantage. In this case the Tribunal was told that the difference was £24.
18. However, the Tribunal was mindful of the events that led to Dr Umoh writing the prescription. It noted that Dr Umoh was attempting to gain the medication for the prevention of malaria, as he was due to visit Nigeria and had not given himself enough time to obtain a prescription through normal channels. The Tribunal, having heard Dr Umoh’s evidence, concluded that the difference in cost between an NHS and private prescription was not present in Dr Umoh’s mind when he dishonestly wrote the prescription which is the subject of this allegation. Dr Umoh’s background knowledge of the difference in cost between an NHS and Private prescription did not, in the Tribunal’s assessment, ‘contribute to’, or was not an ‘active component of’, his dishonest activity in writing the prescription. For this reason, the Tribunal was not satisfied on the balance of probability that Dr Umoh’s dishonest conduct extended to gaining a monetary advantage by using an NHS prescription pad to obtain the prescription.

19. For this reason paragraph 3(b) is not proved and paragraph 4 is not proved to the extent that it depends on paragraph 3(b)

Paragraph (6)

20. In their oral evidence both Ms A and Dr Umoh were agreed that in and around November 2016 they were involved in a close relationship. They XXX trusted each other in financial matters. For example, Dr Umoh would on occasion take the weekly cash and cheque receipts generated by Ms A's shop and pay them in to her bank account. XXX Dr Umoh transferred his own business affairs from his previous accountant to the accountant used by Ms A. Ms A told the Tribunal that she was perfectly happy for Dr Umoh to use XXX as a postal address for Company B. She would bring post addressed to Company B XXX when she left her business premises in the evening.

21. Ms A however told the Tribunal that she had never consented to become company secretary to Company B and was entirely unaware that her name had been used in this connection until she googled her own name in the Summer of 2019, and found that her name appeared as the company secretary of Company B. When she discovered this she made a complaint to the GMC.

22. Dr Umoh told the Tribunal that he knew from his previous business experience that the post of company secretary was not a post which required any actual work to be carried out. He told the Tribunal that he had had an earlier company set up for him by his previous accountants and he had never had to contact the person who he had then named as company secretary. In 2016 it was his understanding that a company secretary was required to be named upon the incorporation of a company and he therefore suggested to Ms A that she should be named as the company secretary when Company B was incorporated in November 2016. He recalled this conversation as taking place in Ms A's shop one Saturday morning and said that Ms A agreed to this suggestion. The company, he said, was incorporated on this basis with the paperwork entrusted to their shared accountant.

23. The Tribunal was therefore faced with two starkly contrasting accounts on this issue, each of which was possible. In assessing where the probabilities lay, the Tribunal had regard to the surrounding circumstances as they existed in 2016, and not as they were in 2019. The Tribunal attached weight to the evidence it had heard about the closeness of the relationship in 2016 between Ms A and Dr Umoh. It noted that there seemed no particular reason why Dr Umoh should have failed to mention this matter to Ms A when he was considering the formation of the company. It seemed more likely that the arrangement would have been mentioned and it was not implausible, XXX, that Ms A should have consented to this arrangement, particularly if told, as was Dr Umoh's understanding, of the arrangement as a necessity but one which did not require any activity on her part.

24. In his submissions Mr Simkin, on behalf of the GMC, invited the Tribunal to consider whether the nature of the allegedly dishonest activity in relation to the incorporation of the company was identical to the nature of the admitted dishonest activity in relation to the prescription. He pointed out that both, in his submission, involved the use of Ms A's name without her consent and submitted that the Tribunal could regard this common feature as a sufficiently striking similarity to enable it to conclude that the admitted dishonesty in relation to the prescription suggested dishonesty also in the incorporation of the company.
25. The Tribunal did not regard the two episodes as similar. Dr Umoh's dishonest prescribing was occasioned by what he regarded as a pressing necessity which had arisen because he had overlooked the need to obtain anti-malarial protection until the last day or two before his travel to Nigeria. There was no such feature in relation to the incorporation of the company. Even more importantly, the nature of the relationship between Dr Umoh and Ms A was quite different in 2016 to that which it had become by 2019. In the former case it was a close and cooperative relationship. By 2019 that kind of relationship no longer existed. The Tribunal did not find that Dr Umoh's admitted dishonesty in relation to the prescribing suggested dishonesty at an earlier period in relation to the incorporation of the company.
26. Having regard to the evidence given by Dr Umoh, and in view of all the surrounding circumstances as they existed in 2016, the Tribunal considered it more likely than not that Ms A had indeed provided her consent to acting as company secretary. In those circumstances Paragraph 6 of the Allegation is therefore not proved and Paragraph 7 falls away.

### The Tribunal's Overall Determination on the Facts

27. The Tribunal has determined the facts as follows:

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

1. On 29 April 2019 you:
  - a. wrote a prescription for 42 doxycycline 100 mg tablets in the name of [Ms A] ('the Prescription');
  - b. wrote the Prescription on an NHS prescription pad;
  - c. falsified [Ms A's] signature on the Prescription.

**Admitted and found proved**

2. On or around 1 May 2019 you obtained the Prescription from Boots Pharmacy in Southend-on-Sea.

**Admitted and found proved**

3. You knew that:
  - a. the Prescription referred to in paragraphs 1 and 2 was intended for your own use;
  - b. you were gaining a monetary advantage by using an NHS prescription pad to obtain the Prescription.**3a Admitted and found proved, 3b Not proved**
4. Your actions described at paragraphs 1 and 2 were dishonest by reason of paragraph 3.  
**Admitted and found proved in regards 3a, Not proved in regards 3b**
5. On or around 14 November 2016 you filed, or allowed to be filed on your behalf, an application to register a company, [Company B], at which time you listed [Ms A] as the Company Secretary.  
**Admitted and found proved**
6. You knew that [Ms A] had not provided her consent to act as the Company Secretary for [Company B].  
**Not proved**
7. Your actions described at paragraph 5 were dishonest by reason of paragraph 6.  
**Not 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 - 06/09/2021**

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 Umoh'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. In addition, Dr Umoh gave further oral evidence at this stage.
3. The Tribunal also received, in support of Dr Umoh; a testimonial and feedback from patients and colleagues; and a certificate showing completion of a three-day ethics course in January 2020.

## Submissions

### On behalf of the GMC

4. Mr Simkin submitted that Dr Umoh's fitness to practise is impaired by reason of his misconduct.
5. Mr Simkin submitted that there was a considerable amount of time between Dr Umoh falsifying the prescription and obtaining the prescription and falsifying Ms A's signature one day later. He submitted that this 'ongoing dishonesty' amounts to misconduct that is serious. Mr Simkin added that Dr Umoh's actions were "not a moment of madness" but considered dishonesty.
6. Whilst Mr Simkin accepted that there are no issues of patient safety in this case, he stated that Dr Umoh's actions in acting dishonesty brought the reputation of the medical profession into disrepute. Further, whilst Mr Simkin acknowledged that Dr Umoh has demonstrated evidence of remediation, he submitted that the need to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of the profession would be undermined if a finding of impairment was not made. He submitted that an ordinary member of the public would lose trust in the profession, given the full context of the facts, should Dr Umoh not be found to be impaired.

### On behalf of Dr Umoh

7. On behalf of Dr Umoh, Mr Cassidy submitted that Dr Umoh's fitness to practise is not currently impaired.
8. Mr Cassidy submitted that, whilst a finding of impairment usually follows in dishonesty cases, it does not mean that every case involving dishonesty should result in a finding of current impairment. Mr Cassidy submitted that Dr Umoh's actions in writing and obtaining the prescription over a two-day period was an isolated incident in Dr Umoh's 24 years of working as a doctor in the UK. Further, he submitted that Dr Umoh's dishonest conduct arose from his disorganisation rather than to make a financial gain.
9. Mr Cassidy acknowledged the seriousness of dishonesty, however, in considering whether Dr Umoh is currently impaired, he asked the Tribunal to take into account the extent and scale of his dishonest conduct. Mr Cassidy referred to Dr Umoh's oral evidence and submitted that he has made steps to remediate his misconduct. Mr Cassidy submitted that Dr Umoh has shown considerable insight and remorse as well as undertaking a number of steps by way of remediation. This includes discussing the Allegation openly and honestly with his colleagues,

10. Given the nature of the dishonesty, the passage of time since the events and Dr Umoh's efforts at remedying his misconduct, Mr Cassidy submitted that a finding of current impairment is not necessary in this case.

### The Relevant Legal Principles

11. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision of impairment is a matter for the Tribunal's judgement alone.
12. 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, which term means a serious falling short of generally accepted standards of professional conduct; and secondly whether the finding of misconduct should lead to a finding of impairment. It noted that this case did not raise any concerns regarding the safety of patients.
13. The Tribunal must determine whether Dr Umoh's fitness to practise is impaired today, taking into account Dr Umoh'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 any likelihood of repetition.
14. The Tribunal had regard to the approach to impairment set out in *The Fifth Shipman Report* and incorporated into *CHRE v NMC and Paula Grant [2011] EWHC 927 Admin*.
- a. Has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
  - b. Has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
  - c. Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
  - d. Has in the past acted dishonestly and/or is liable to act dishonestly in the future*

### The Tribunal's Determination on Impairment

15. The Tribunal first assessed Dr Umoh's dishonest conduct. It reminded itself that Dr Umoh had falsified a prescription using Ms A's name and forging her signature so as to dishonestly obtain medication for his own use.
16. The Tribunal had regard to Good Medical Practice (2013 edition) ('GMP') paragraph's 1 and 65, which state:

*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.*

*65 You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.*

17. The Tribunal was mindful that doctors enjoy a fundamental privilege in being permitted to prescribe medicines. It considered that Dr Umoh's actions were an abuse of this privilege, his professional position, and a significant breach of the paragraphs of GMP referred to above.
18. The Tribunal is in no doubt that a finding of misconduct should be recorded.
19. The Tribunal went on to assess whether Dr Umoh's current fitness to practise is impaired by his misconduct. It noted that dishonesty is generally held to be difficult to remediate. However, it took into account that Dr Umoh had attended a substantial ethics course, over three days, that had helped him to develop insight into his dishonesty.
20. The Tribunal also considered that Dr Umoh had been affected by his misconduct. It considered that the remorse and regret that he expressed during his oral evidence in this hearing were genuine. The Tribunal also noted that Dr Umoh's dishonesty was a single episode in a long career.
21. The Tribunal concluded that Dr Umoh had done all that could be expected of him by way of remediation, and that the risks of repetition were low.
22. However, the Tribunal noted that Dr Umoh's conduct was not a spontaneous act of dishonesty. He had understood that creating the prescription was wrong and had inevitably gone on to deceive a pharmacist when using it to collect the medication. It noted that Dr Umoh had actively considered how to carry out the fraudulent act, initially dismissing the possibility of writing the prescription in his own name or obtaining the medication through legitimate means. It considered that a member of the public would be disturbed by Dr Umoh's conduct, and that it was a breach of the public's trust in the profession.
23. The Tribunal was mindful that Dr Umoh's misconduct was closely bound up with his professional status and was not an impulsive or momentary act of dishonesty. It considered that Dr Umoh had failed to uphold the standards of the medical profession and breached its fundamental tenets.
24. Given all the circumstances of this case, the Tribunal determined that a finding of impairment is required to maintain public confidence in the profession and to declare and uphold proper standards of conduct.

**Determination on Sanction - 06/09/2021**

1. Having determined that Dr Umoh’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

#### On behalf of the GMC

3. Mr Simkin drew the Tribunal’s attention to paragraph 92 of the Sanctions Guidance (November 2020) ('SG'), which states

*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).*

4. Mr Simkin submitted that Dr Umoh’s dishonesty amounted to serious misconduct, but that it was not incompatible with continued registration as a doctor. He submitted that the appropriate sanction was therefore one of suspension, which would maintain public confidence in the profession.

#### On behalf of Dr Umoh

5. Mr Cassidy accepted that Dr Umoh’s dishonesty had breached a fundamental tenet of the profession. When considering the seriousness of Dr Umoh dishonesty, Mr Cassidy asked the Tribunal to take into account that it occurred over a two-day period in an otherwise long career.
6. Mr Cassidy submitted that the Tribunal had received evidence of Dr Umoh’s remediation, which was persuasive. He said this was not a case where Dr Umoh needed to do any further work in this respect.
7. When considering which sanction to impose, if any, Mr Cassidy submitted that either taking no action or a suspension would be the most appropriate. He asked the Tribunal to take into account the significant level of work Dr Umoh does in a deprived area of the country who are short of doctors. Mr Cassidy submitted that Dr Umoh is unlikely to

repeat his actions, and that the Tribunal should balance the public interest and consider taking no action.

8. If the Tribunal determine that a sanction of suspension is necessary, Mr Cassidy drew the Tribunal's attention to paragraph 100 of SG, which states:

*The following factors will be relevant when determining the length of suspension:*

- a the risk to patient safety/public protection*
- b the seriousness of the findings and any mitigating or aggravating factors*
- c ensuring the doctor has adequate time to remediate.*

Mr Cassidy pointed out that only sub-paragraph b was engaged in this case.

9. Mr Cassidy reminded the Tribunal of the mitigating factors of this case, including the positive testimonial and feedback the Tribunal had received. He said that a lengthy term of suspension would not be appropriate, as Dr Umoh did not need time to remediate, and the public interest would be served by his continuing to work with patients.

### The Tribunal's Determination on Sanction

10. The Tribunal considered the aggravating and mitigating factors in this case.

#### Aggravating

- Dr Umoh's actions were a significant breach of good medical practice;
- Dr Umoh's dishonesty was considered rather than impulsive.
- Dr Umoh's dishonesty was embedded in his professional practice. Prescribing medicine is a pivotal part of a doctor's role.

#### Mitigating

- There has been a lapse of time since the incident, which has allowed Dr Umoh to fully remediate;
- Dr Umoh's level of insight into his dishonesty is now satisfactory. The Tribunal considered that the events have had a genuine impact on his emotions, and that he has a true sense of responsibility to his patients. For example he was visibly upset when telling the Tribunal that he had been unable to offer treatment to patients because of the necessity of attending this hearing;
- Dr Umoh now has a better understanding of his workload, which he has discussed with his colleagues. He is still prepared to work hard, but appears to now have more support to do so. A lack of organisation on his part provided part of the context in which his dishonest conduct occurred;
- There was little chance of Dr Umoh repeating his actions;

- There was genuine evidence of remorse and regret.
11. The decision as to the appropriate sanction to impose, if any, in this case is a matter for this Tribunal exercising its own judgement.
  12. In reaching its decision, the Tribunal has taken account of the SG and of the overarching objective. The Tribunal was mindful that the SG provides guidance and, if departed from the Tribunal is under a duty to justify any such departure.
  13. Throughout its deliberations, the Tribunal has applied the principle of proportionality, balancing Dr Umoh's interests with the public interest. It has borne in mind that the purpose of sanctions is not to be punitive, but to protect patients and the wider public interest, although the sanction may have a punitive effect.
  14. In coming to its decision as to the appropriate sanction, if any, to impose in Dr Umoh's case, the Tribunal first considered whether to conclude the case by taking no action.

#### **No action**

15. The Tribunal was mindful of the passage of time since the events and that Dr Umoh had demonstrated a satisfactory level of remediation, remorse and insight. It noted that it had found the risk of Dr Umoh repeating his actions was low.
16. The Tribunal was also mindful that Dr Umoh's skills as a psychiatrist were in demand, and that the public interest may be served by allowing Dr Umoh to return to unrestricted practise.
17. However, the Tribunal considered the nature of Dr Umoh's dishonesty, and reminded itself that it had determined that it was an abuse of his privileged position as a doctor. It considered that other medical professionals would recognise Dr Umoh's behaviour as unacceptable and needed to be marked by a sanction.
18. The Tribunal therefore determined that in view of the serious nature of the Tribunal's findings on impairment, it would be neither sufficient, proportionate nor in the public interest, to conclude this case by taking no action.

#### **Conditions**

19. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Umoh's registration. It has borne in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable.
20. The Tribunal noted that neither counsel considered that conditions were appropriate.

21. The Tribunal determined that it would not be sufficient to direct the imposition of conditions on Dr Umoh's registration as it would not meet the public interest in this case.

### **Suspension**

22. The Tribunal then went on to consider whether suspending Dr Umoh's registration would be appropriate and proportionate.
23. The Tribunal were mindful of the gravity of Dr Umoh's misconduct. However, it took into account that it spanned a short period of time and was an isolated incident in a long career. No patient harm had been caused. The activity was out of character. There was little risk of repetition. For these reasons, the Tribunal considered that a period of suspension would be sufficient to satisfy the public interest. In the Tribunal's judgement the more serious sanction of erasure would be disproportionate having regard to the isolated nature of the dishonesty and the low risk of repetition.
24. The tribunal considered that a period of four months suspension would be sufficient to uphold the public interest in marking the seriousness of Dr Umoh's misconduct and send a message to the profession about the standards expected of a doctor. It would also enable a capable and hardworking doctor to return to practice within a reasonable period of time.
25. The Tribunal determined not to direct a review of Dr Umoh's case. It noted that Dr Umoh had provided a satisfactory level of remediation, meaning that there would be no useful material for a reviewing Tribunal to consider. The Tribunal considered that Dr Umoh would be able to keep his skills and knowledge up to date over the period of his suspension and that they would be unlikely to diminish.

### **Determination on Immediate Order - 06/09/2021**

1. Having determined to suspend Dr Umoh's registration for a period of 4 months, the Tribunal now has to consider, in accordance with Rule 17(2)(o) of the Rules, whether Dr Umoh's registration should be subject to an immediate order.

### **Submissions**

#### On behalf of the GMC

2. Mr Simkin did not make an application on this matter

#### On behalf of Dr Umoh

3. Mr Cassidy did not make submissions

### The Tribunal's Determination

4. The Tribunal accepted the GMC's submission on not making any application on this matter. It did not therefore impose an immediate order.
5. This means that Dr Umoh's registration will be suspended 28 days from when notice of this decision is deemed to have been served upon him, unless he lodges an appeal. If Dr Umoh does lodge an appeal he will remain free to practise unrestricted until the outcome of any appeal is known.

**Confirmed**

**Date** 06 September 2021

Mr William Hoskins, Chair

ANNEX A – 03/09/2021  
**Admission of Further Evidence**

XXX