

PUBLIC RECORD

Dates: 05/08/2024 - 07/08/2024

Medical Practitioner's name: Dr Okwuolisa IGWILO

GMC reference number: 5206895

Primary medical qualification: MB BS 1997 University of Nigeria

Type of caseRestoration following
disciplinary erasure**Summary of outcome**

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

Tribunal:

Legally Qualified Chair	Mrs Zeenat Islam
Lay Tribunal Member:	Mr Michael Glickman
Medical Tribunal Member:	Dr Michelle Taggart
Tribunal Clerk:	Mr Michael Murphy

Attendance and Representation:

Medical Practitioner:	Present, represented
Medical Practitioner's Representative:	Ms Catherine Stock, Counsel
GMC Representative:	Mr Bob Sastry, 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.

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 Restoration Following Disciplinary Erasure - 07/08/2024

1. This determination will be read in private. However, as this case concerns Dr Igwilo's misconduct a redacted version will be published at the close of the hearing XXX.

Determination on Restoration

2. The Tribunal has convened to consider Dr Igwilo's application for his name to be restored to the Medical Register following his erasure for disciplinary reasons in September 2016.

3. The Tribunal has considered the application in accordance with Section 41 of the Medical Act 1983, as amended ('the Act') and Rule 24 of the GMC (Fitness to Practise) Rules 2004, as amended ('the Rules').

4. This is Dr Igwilo's first application to be restored to the Medical Register.

Background

5. Dr Igwilo qualified with a Bachelor of Medicine and Surgery in 1996, in Nigeria. He obtained his membership of the Royal College of Psychiatrists and completed an MSc in 2006. Dr Igwilo has practised in various capacities as a Locum Staff Grade Psychiatrist, Locum Associate Specialist and Locum Consultant Psychiatrist. He has also practised as a substantive Consultant in the private sector.

6. The circumstances that led to Dr Igwilo's erasure were first considered at a hearing before a Medical Practitioners Tribunal (MPT) in 2015. The 2015 Tribunal found proved that, on 21 November 2012, Dr Igwilo submitted to the GMC a reapplication for review of an initial unsuccessful application for entry onto the Specialist Register. Dr Igwilo further admitted and it was found proved, as part of his reapplication, that he had supplied documents knowing that he had not prepared the originals, had made alterations to them, that they had not been properly certified and that he had caused a false signature and certifying stamp to be applied to them. In addition, Dr Igwilo admitted and it was found proved that on 17 January 2013, he sent an email to a GMC Adviser confirming, falsely, that he was the author of a medical report. Dr Igwilo admitted and it was proved that on 29 January 2013, he telephoned a GMC adviser to confirm the remainder of the documents submitted as part of the application were his own work. On the same date, he emailed a GMC adviser and falsely stated that 'my

medical report, which was queried by you, contained information which I copied and pasted from someone else's report'.

7. The 2015 Tribunal determined that Dr Igwilo's fitness to practise was not impaired and that it would be disproportionate to issue a warning. Following this, the Professional Standards Authority for Health and Social Care (PSA) referred this decision to the High Court. The appeal was heard in the High Court in March 2016 by Mrs Justice Lang who determined that the 2015 Tribunal was unduly lenient in concluding that Dr Igwilo's fitness to practise was not impaired and quashed this decision. She substituted a decision that Dr Igwilo's fitness to practise was impaired and remitted the case back for the question of sanction to be determined by a freshly constituted MPT. This was heard by an MPT in September 2016.

8. However, prior to Mrs Justice Lang's determination, Dr Igwilo had applied to the GMC for Voluntary Erasure (VE) which was granted on 29 February 2016 and Dr Igwilo's name was removed from the Medical Register. The 2016 Tribunal were informed that Mrs Justice Lang was unaware of the matters relating to VE when making her determination. On 28 April 2016, the GMC wrote to Dr Igwilo advising him that his name had been restored to the Register.

9. The 2016 Tribunal considered what action, if any, to take in relation to Dr Igwilo's registration with regard to sanction. It considered Dr Igwilo's dishonest actions to have seriously undermined the overarching objective. It took the view that the dishonest behaviour was so serious as to be fundamentally incompatible with continued registration. The 2016 Tribunal therefore determined that the only appropriate and proportionate sanction was to erase Dr Igwilo's name from the Medical Register.

The Current Restoration Hearing

10. This Tribunal convened to consider Dr Igwilo's application for his name to be restored to the Medical Register in accordance with Section 41 of the Medical Act 1983 (as amended) and Rule 24 of the Rules.

The Outcome of Applications made during the hearing

11. The Tribunal agreed to hear parts of this case in private, in accordance with Rule 41XXX of the Rules, XXX.

The Evidence

12. The Tribunal has taken into account all the evidence that it has received, both oral and documentary.

Witness Evidence

13. Dr Igwilo provided his own witness statement dated 9 July 2024 and also gave oral evidence at the hearing.

Documentary Evidence

14. The parties provided the following documentary evidence, which included but was not limited to:

- Dr Igwilo’s Restoration Application Form, dated 6 October 2023;
- Independent Monitoring Report prepared by Dr A, dated 6 June 2023;
- Testimonial from Dr B, dated 2 July 2024;
- Testimonial from Dr C, dated 7 April 2024;
- Testimonial from Dr D, dated 28 February 2024;
- Clinical observer notes including patient logs from April to June 2024;
- Certificate of Good Standing from the Medical and Dental Council of Nigeria, dated 9 October 2023;
- Certificate of completion and notes for Probity and Ethics in Practice Course;
- Dr Igwilo’s reflection notes on Good Medical Practice; and
- Continuing Professional Development certificates and logs.

Summary of Dr Igwilo’s Evidence

15. Dr Igwilo provided a reflective written statement and gave oral evidence to the Tribunal. He was cross-examined and also answered questions from the Tribunal. In his evidence, Dr Igwilo apologised for the misconduct that led to his erasure and described the negative impact that the erasure has had upon him. He informed the Tribunal about his personal circumstances at the time of his misconduct which included the loss of XXX, stress and burnout. Dr Igwilo stated that stress and burnout led him to act dishonestly and that it caused a ‘change in personality’. Dr Igwilo described his dishonest actions as a ‘one off’. After being cross examined, he accepted that his dishonesty had spanned approximately a year. In re-examination he explained that he meant he had not been dishonest before 2012.

16. Dr Igwilo took full responsibility for his actions and stated that there would be no repetition of his misconduct. Dr Igwilo stated on a number of occasions that dishonesty is not compatible with being a medical doctor.

17. Dr Igwilo explained the work he has undertaken since he was erased, including voluntary roles in Nigeria and the UK and academic studies. He explained how he has kept his clinical knowledge and skills up to date. He told the Tribunal that he had undertaken clinical observerships since 2023 and that he had undertaken numerous CPD courses, including a course in Probity and Ethics in Practice.

Submissions on behalf of the GMC

18. On behalf of the GMC, Mr Sastry submitted that it was a matter for the Tribunal as to whether it is satisfied on the evidence that Dr Igwilo should be restored. He drew the

Tribunal's attention to the circumstances that led to erasure and that Mrs Justice Lang categorised it as '*serious and sustained deception of the regulator*'. Mr Sastry submitted that the dishonest behaviour had lasted about a year. Dr Igwilo's insight was previously determined to be limited which was an aggravating feature.

19. He reminded the Tribunal that Dr Igwilo had described his dishonesty as a 'one off' and that it was a matter for the Tribunal as to whether that demonstrates full insight. He referred to the vulnerabilities Dr Igwilo had explained as the context to his dishonesty, XXX. Mr Sastry noted that XXX. Mr Sastry said it was a matter for the Tribunal to determine whether Dr Igwilo's reliance on the context of his dishonest actions was supportive of the development of insight, XXX.

20. Mr Sastry acknowledged the clinical observership work and continuing professional development that Dr Igwilo had undertaken. He highlighted that there had never been a criticism of Dr Igwilo's clinical skills, but that not working in clinical practice for 10 years would have led to an erosion of skills. He said it was for the Tribunal to decide whether the work undertaken was sufficient for Dr Igwilo to return to unrestricted practice.

21. Mr Sastry submitted that stress and burnout can affect most professionals and that it is very likely Dr Igwilo will be subject to these again if he returns to medical practice due to the nature of the work. He invited the Tribunal to consider whether the risk of repetition had been reduced given Dr Igwilo's evidence about the cause of his dishonest behaviour.

22. Mr Sastry reminded the Tribunal of the importance of considering diversity issues and having regard to language and cultural differences that may be relevant when assessing Dr Igwilo's evidence and his use of particular phrases, such as his description of his dishonest behaviour as 'one off'.

23. Mr Sastry submitted that this case did not fall under paragraph B49 of the MPTS 'Guidance for medical practitioners tribunals on restoration following disciplinary erasure' ('the Guidance') and that Dr Igwilo was not erased for conduct that was of an 'exceptionally serious nature'.

Submissions on behalf of Dr Igwilo

24. On behalf of Dr Igwilo, Ms Stock made oral submissions and provided lengthy written submissions. She submitted that Dr Igwilo has expressed remorse from the start and that he has continued to do so. She reminded the Tribunal that Dr Igwilo has provided a detailed plan for his restoration and that he has kept his clinical knowledge and skills up to date by completing numerous CPD courses and clinical observerships. Ms Stock stated that Dr Igwilo has taken time to familiarise himself with the latest version of Good Medical Practice (GMP).

25. Ms Stock submitted that Dr Igwilo's misconduct took place during an isolated time period. She stated that Dr Igwilo does not rely on stress and burnout as an excuse for his behaviour but rather to provide context. She submitted that Dr Igwilo understands and has

detailed his vulnerabilities at the time of his dishonest actions and that this process of analysis is crucial to his insight to ensure no future repetition. Ms Stock submitted that Dr Igwilo has done all he can to remediate his misconduct and that he has shown humility, tenacity and a drive to move forward at great cost to himself both personally and financially.

26. Ms Stock said that Dr Igwilo has been open and honest with others on his remediation journey and that he would ensure he is subject to regular supervision if he is permitted to return to practice. She informed the Tribunal that Dr Igwilo has apologised for his behaviour. Since his erasure he XXX but had still undertaken work in several areas including for charitable organisations in Nigeria and in London. He has also just completed his studies at St Mellitus Theological College. She referred the Tribunal to the observerships Dr Igwilo has undertaken with Dr C, Dr B and Dr D and their support of his skills and capabilities.

27. Ms Stock reminded the Tribunal that although Dr Igwilo has been erased from the Medical Register for over 7 years, the lapse in time should not be the determinative factor as to whether Dr Igwilo is fit to practise. She submitted that the context that led to Dr Igwilo's misconduct is unlikely to be repeated. She stated that stress and burnout are factors to be considered but that Dr Igwilo has outlined the steps he would take if those factors arise again and that he would act differently and have support and supervision in place.

28. Ms Stock said that Dr Igwilo has accepted the impact his actions had upon patients, colleagues, the medical profession and the wider public. She submitted that an informed member of the public would be impressed with the dedication Dr Igwilo has shown and that his misconduct, once remediated, is not fundamentally incompatible with being on the Medical Register. She submitted that Dr Igwilo has fully remediated his past conduct, such that there is no risk of repetition. As such, she invited the Tribunal to grant Dr Igwilo's application for restoration.

The Tribunal's Approach

29. The Tribunal reminded itself that its power to restore a practitioner to the Medical Register in accordance with Section 41 of the Act is a discretionary power. This power is to be exercised in the context of the Tribunal's primary responsibility to act in accordance with the statutory overarching objective to protect the public, as set out later in this determination.

30. While the Tribunal has borne in mind the submissions made by the parties, the decision as to whether to restore Dr Igwilo's name to the Medical Register is a matter for this Tribunal exercising its own judgment. The Tribunal reminded itself that, if it directs that Dr Igwilo's name should be restored to the Medical Register, it can do so only without restrictions on his practice.

31. Throughout its consideration of Dr Igwilo's application for restoration, the Tribunal was guided by the approach laid out in the the Guidance.

32. The Tribunal reminded itself that the onus is on Dr Igwilo to satisfy it that he is fit to return to unrestricted practice and that the Tribunal should not seek to go behind the previous Tribunal's findings on facts, impairment and sanction.

33. The Guidance sets out at paragraph B2 that the test for the Tribunal to apply when considering restoration is:

'Having considered the circumstances which led to erasure and the extent of remediation and insight, is the doctor now fit to practise having regard to each of the three elements of the overarching objective?'

34. The Tribunal reminded itself that, in making its decision, it should consider the following five factors set out within paragraphs B4-B34 of the Guidance which address:

- a. the circumstances which led to the erasure;
- b. whether Dr Igwilo has demonstrated insight into the matters that led to erasure, taken responsibility for his actions and actively addressed the findings about his behaviour or skills;
- c. what Dr Igwilo has done since his name was erased from the register;
- d. the steps Dr Igwilo has taken to keep his skills and knowledge up to date; and
- e. the lapse of time since erasure;

and then go on to determine whether restoration will meet the overarching objective.

The Tribunal's Decision

35. The Tribunal has considered the parties' submissions carefully and has evaluated the evidence in order to reach its decision as to whether Dr Igwilo is fit to practise.

The circumstances which led to Dr Igwilo's erasure

36. The Tribunal fully considered the transcripts and determinations of the 2015 and 2016 Tribunal's and reminded itself that it should not seek to go behind any of the findings made by these. It also had regard to the Judgment of the High Court from Mrs Justice Lang in 2016, where she described Dr Igwilo's dishonest conduct as *'very serious and sustained deception of the regulator which he embarked upon, purely to advance his career'*.

37. The Tribunal noted that the aggravating features identified by the 2016 Tribunal, including that his dishonest actions were a significant departure from the principles set out in GMP, his dishonesty was of a large scale and involved elaborate planning, his actions impacted professional colleagues, were for personal gain and had the potential to cause harm to patients. The 2016 Tribunal noted that Dr Igwilo had demonstrated insight, but that

it was limited. It found his dishonest actions to have been fundamentally incompatible with continued registration.

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

38. The Tribunal considered Dr Igwilo's level of insight into the issues which led to his erasure. It had regard to all relevant paragraphs of the Guidance, in particular paragraph B10 of the Guidance which states:

'B10 Factors that can be relevant to a doctor demonstrating genuine insight include, but are not limited to, evidence they have:

a considered the concern, understood what went wrong and accepted they should have acted differently

b demonstrated that they fully understand the impact or potential impact of their performance or conduct, for example by showing remorse

c demonstrated empathy for any individual involved, for example by apologising fully

d taken steps to remediate and to identify how they will act differently in the future to avoid similar issues arising'

39. The Tribunal was satisfied that Dr Igwilo had continued to demonstrate remorse and had developed further insight since the 2016 Tribunal. However, it considered that Dr Igwilo had not yet developed full insight, particularly in relation to patient harm and the potential consequences of his dishonest actions on patient safety and that he demonstrated an over-reliance on the context within which his misconduct occurred.

Insight and remorse

40. The Tribunal accept that Dr Igwilo has considered the concerns raised in relation to his misconduct and understands that he should have acted differently. It was apparent from Dr Igwilo's evidence, reflections and the openness he has demonstrated with colleagues that he had developed further insight. The Tribunal noted that Dr Igwilo demonstrated empathy, had sought to be open and honest and apologised several times. However, the Tribunal was not persuaded that Dr Igwilo fully understood what went wrong, in that there appeared to be an overreliance, at times, on his personal circumstances at the time of the misconduct.

41. Through his written and oral evidence, Dr Igwilo demonstrated that he understood some of the potential impact of his misconduct but he had not yet understood it fully. The Tribunal found that there was an incomplete understanding of the potential impact on patients. The focus of Dr Igwilo's evidence was on patients deserving to be treated by a

qualified person. However, there was insufficient understanding of the potential harm that could come to patients as a result of his dishonest behaviour. There was a limited reference to this in oral evidence regarding prescribing the wrong medication, but this was only after being asked several questions by the Tribunal.

42. In summary, the Tribunal concluded that Dr Igwilo has developing insight and understanding, but this is not yet complete.

Remediation and risk of repetition

43. The Tribunal took the view that Dr Igwilo had made attempts to remediate his misconduct and noted in particular, the professional mentoring undertaken with Dr A, a Consultant Clinical Psychologist and the Probity and Ethics in Practice Course, both in 2023. In respect of the mentoring, the Tribunal found Dr A's report helpful, but to a limited degree. The Tribunal considered that there was limited evidence of what Dr Igwilo had gained from these sessions in terms of his personal reflective and restorative journey, addressing his misconduct, for example, by way of a reflective log. As such, whilst the mentoring was relevant, it was not clearly measurable to see what had been achieved across each of the six sessions. In his reflective statement when talking about the mentoring Dr Igwilo stated '*the time has changed me*' with no further exploration of what that meant. When asked in oral evidence to expand upon the impact the mentoring sessions had on him, Dr Igwilo provided a limited response, explaining that it covered things like the context of the misconduct, insight, impact assessment, how to conduct oneself and remediation. The Tribunal considered that this did not go far enough in demonstrating the impact the mentoring had on Dr Igwilo's remediation journey and therefore were unclear as to whether the mentoring had been fully effective.

44. In relation to the Probity and Ethics Course, the Tribunal noted that this was an online Zoom course attracting seven CPD hours in June 2023. Dr Igwilo provided some accompanying notes about his learning from the course, in which he shared some of his learning and reflections which the Tribunal acknowledged. However, the notes confirmed that the course was not specific to medical practice, which was of concern to the Tribunal in terms of its relevance and efficacy to Dr Igwilo's misconduct. The Tribunal also observed that this is the only probity related course that Dr Igwilo has undertaken.

45. The Tribunal noted the extensive portfolio of certificates in relation to continuing professional development, but it did not consider that this related to remediation of the original misconduct. The Tribunal also noted the peer group that Dr Igwilo has been a member of since 2022. Whilst recognising the potential of that group to assist Dr Igwilo in his remediation, particularly with respect to discussions about wellbeing in the profession, the Tribunal had limited information about those sessions and what had been achieved in that respect. The notes in Dr Igwilo's CPD logs regarding this group often referred to the minutes of those meetings, rather than personal reflections from Dr Igwilo. The Tribunal also noted that a large focus of the peer group was in relation to clinical matters.

46. In summary, whilst the Tribunal accepted that Dr Igwilo had made some efforts to remediate, there was a lack of depth in the evidence provided to fully understand the extent of Dr Igwilo’s learning and understanding. Given there had not yet been full remediation, the Tribunal considered that there remained a potential risk of repetition.

Are the previous findings about the doctor’s behaviour remediable?

47. The Tribunal noted that serious dishonesty is difficult to remediate but that it is possible to do so. Dr Igwilo acknowledged this in his oral evidence.

Have the findings about the doctor’s behaviour been remedied?

48. As outlined above, the Tribunal noted that Dr Igwilo has provided some evidence of remediation but that this was not complete for the reasons already outlined.

49. Additionally, the Tribunal noted that the professional mentoring sessions and probity course were undertaken in 2023, which it considered to be recent given the misconduct dated back to 2012 with Dr Igwilo being erased in 2016. There was no evidence of any similar remediation prior to this date and the Tribunal also noted that nothing further in this respect had appeared to have been undertaken since 2023. Therefore, there did not appear to be a sufficient timeframe within which to evaluate these aspects of Dr Igwilo’s remediation.

Are the previous findings about the doctor’s behaviour, skills, or performance likely to be repeated?

50. The Tribunal bore in mind that the circumstances around Dr Igwilo’s misconduct, namely stress and burnout, are highly likely to occur again due to the nature of the profession. It noted that Dr Igwilo has some structures in place to deal with these circumstances in the future. Dr Igwilo outlined the steps he would take XXX which included XXX, speaking to peers, speaking with his family and friends, and accessing other support services. However, the Tribunal took the view that these steps were only relevant if he found himself experiencing stress and burnout again. There was limited evidence about what preventative measures Dr Igwilo had in place to avoid reaching this stage in future.

51. The Tribunal noted that in his oral evidence Dr Igwilo explained that his dishonesty was in the context of his desire to move from the private sector, where he was working as a consultant, into the NHS. He said he had felt he was ‘*a good doctor*’ and his patients would benefit, despite his original application to be on the Specialist Register being rejected. In light of this, the Tribunal were concerned about Dr Igwilo’s oral evidence that his skills would not have eroded after 10 years out of practice. The Tribunal categorised this as an overconfidence in his clinical abilities that needed to be addressed to eliminate the possibility of repetition in the future.

What Dr Igwilo has done since his name was erased from the register steps taken to keep his medical knowledge and skills up to date and the lapse of time?

52. Since his erasure Dr Igwilo has undertaken work in Nigeria as the Director General of the Alex Ekwueme Foundation and as the Chief Executive Officer of the Fisher Educational Development Trust. At the time of writing his witness statement, Dr Igwilo was working as a volunteer for St Johns Church Stratford London and a charity called Inspiration. He was also a full-time student at St Mellitus Theological College studying Theology, Ministry and Missions, which he completed in July 2024.

53. Since his erasure, Dr Igwilo has undertaken CPD courses with the Royal College of Psychiatrists. He provided CPD certificates and CPD logs for two cycles of CPD between 2022-2023 and 2023-2024. As already outlined, Dr Igwilo completed a course, on 16 June 2023, entitled Probitry & Ethics in Practice. Dr Igwilo also provided various other CPD certificates obtained throughout 2023 and 2024. In his 2022-2023 CPD cycle, Dr Igwilo completed 67 hours and 40 minutes. In his 2023-2024 CPD cycle, Dr Igwilo completed 97 hours. The Tribunal noted that a large proportion of the courses undertaken appear to have been online webinars which would not present any opportunities for patient interaction. The Tribunal noted the Guidance which states that online courses are generally to be given less weight due to limited doctor/patient interaction first hand.

54. Dr Igwilo was an observer at Apex Medical Centre, a GP practice from March to August 2023. The Tribunal placed limited weight on this evidence as it did not consider it to be directly relevant to the work Dr Igwilo would be doing if he returned to practice. Dr Igwilo has also undertaken clinical observerships with Dr C, a Consultant Psychiatrist at Southwest London and St George's Mental Health NHS Trust between September 2023 to March 2024 for one day a week, and with Dr B, a Consultant Psychiatrist and Deputy Medical Director at the same Trust from April 2024 to date, for generally one day a week.

55. The Tribunal acknowledged that Dr C stated that *'Dr Igwilo had satisfactorily demonstrated his knowledge and skills from the cases he has assessed and presented'* but noted that there was no formal work log in respect of the work undertaken with Dr C, which made it difficult to assess this independently. In respect of the work with Dr B, the work log listed eight days of attendance and interaction with a limited number of patients. The Tribunal acknowledged the positive feedback that Dr B provided about Dr Igwilo in his testimonial, however remained concerned about Dr Igwilo's skills and knowledge being up to date, given the relatively short period of time of his clinical observerships after a significantly long time out of practice. Of note, is that Dr Igwilo has not been subject to any formal objective assessments in relation to his skills and knowledge, which Dr B's testimonial made clear.

56. The Tribunal noted that Dr Igwilo's attempts to keep his medical knowledge and skills up to date began substantively in 2023, which, given the date of the original misconduct, is recent. It noted that prior to this, and when Dr Igwilo was in Nigeria, there was limited evidence about what efforts Dr Igwilo had made to keep his medical skills and knowledge up to date. Whilst he maintained his Certificate of Good Standing in Nigeria, he told us that this required 30 hours of CPD a year. Dr Igwilo also told us that the majority of CPD courses were general in nature and only identified one relating to self-harm as directly relevant to his field.

57. Dr Igwilo has currently been erased for over eight years and was subject to a period of suspension before this, and as such he has not practised medicine for a significant period of time.

Will restoration meet the overarching objective?

58. Having made the above findings as to whether Dr Igwilo is fit to practise, the Tribunal next had regard to the statutory overarching objective. In so doing, it performed a balancing exercise, weighing its findings above with its obligations under the individual limbs of the overarching objective. The Tribunal considered the Guidance in relation to the application of the overarching objective which states at paragraph B35:

‘Having considered the different factors above, the tribunal must make findings in relation to whether the doctor is fit to practise. The tribunal should then step back and balance its findings against whether restoration will meet our overarching objective. This balancing exercise will involve careful consideration of each of the elements.’

59. Having considered the specific concerns that led to Dr Igwilo’s erasure by the 2016 Tribunal, the Tribunal went on to determine whether he is fit to practise and be restored to the Medical Register. The Tribunal carefully balanced its findings against whether restoring Dr Igwilo to the Medical Register will meet the overarching objective.

60. The Tribunal was mindful of the serious findings of dishonesty that led to Dr Igwilo’s erasure by the 2016 Tribunal. It considered that as Dr Igwilo has not yet fully remediated and his insight was still developing, there remained a risk to patient safety, public confidence in the profession would be seriously undermined and restoration at this stage would be inconsistent with promoting and maintaining professional standards of conduct in the profession.

61. Having carefully considered the evidence and specific circumstances of this case, the Tribunal was not satisfied that Dr Igwilo had demonstrated that he was fit to return to unrestricted practice at this time. Accordingly, it determined to refuse Dr Igwilo’s application to be restored to the Medical Register.

62. That concludes the case.