

PUBLIC RECORD

Dates: 07/04/2025 - 09/04/2025

Doctor: Dr Omoaga Omoyosola MUNIS also known as
Omoaga Omoyosola AWESU

GMC reference number: 5181338

Primary medical qualification: MB BS 1980 Lagos

Type of case

Restoration following
disciplinary erasure

Summary of outcome

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

Tribunal:

Legally Qualified Chair	Mrs Alison Storey
Lay Tribunal Member:	Mrs Sarah Hamilton
Registrant Tribunal Member:	Dr Mahesh Nagar

Tribunal Clerk:	Mr Matt O'Reilly
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Attendance and Representation:

Doctor:	Present, not represented
GMC Representative:	Ms Chloe Hudson, 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 Restoration - 09/04/2025

1. The Tribunal has convened to consider Dr Munis' application for her name to be restored to the GMC register following her erasure for disciplinary reasons in November 2014.
2. 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').
3. This is Dr Munis' first application to be restored to the Medical Register.

Background

4. Dr Munis first entered the UK with visitor status in 1995. In 2008 she was issued with discretionary leave to remain in the UK until 10 August 2012. On 10 March 2013 Dr Munis made an application to the DVLA using a Nigerian passport issued in Lagos under the name Omoaga Omoyosola Munis, XXX. The Passport was examined and it was determined that the bio data was counterfeit. Dr Munis was arrested on 8 August 2013. When her employer was contacted, it became apparent that she had supported her job application to the ID Medical Group on three different occasions (4 August 2011, 8 August 2012, and another unconfirmed date) with three different UK passports. They bore her name and date of birth but had different passport numbers. Upon investigation of the passport numbers, it was confirmed that two of them had been issued to UK citizens and one number was confirmed as never having been issued.

5. When Dr Munis was interviewed by police on 8 August 2013, she stated that she did not know that the Nigerian passport she had used was false and that she had obtained it at the Nigerian passport office in Lagos. She further stated that she had supplied UK passports to her employer because she was not British and had used the documents to gain employment. This was confirmed in the Judge’s sentencing remarks.

6. Dr Munis’ case was considered by a Fitness to Practise Panel (the 2014 Panel), between 29 September and 1 October 2014. Dr Munis did not attend. The 2014 Panel found the entirety of the Allegation proved, namely:

1. On 15 November 2013 at the Chester Crown Court you were convicted of two counts of possession/control identity documents with intent **Found proved**
2. On 11 December 2013 you were sentenced to:
 - a. four months imprisonment for the first count, **Found proved**
 - b. five months imprisonment for the second count (consecutive to the term of imprisonment for the first count), **Found proved**
 - c. to pay a victim surcharge of £90.00. **Found proved**

And that by reason of the matters set out above your fitness to practise is impaired because of your conviction. **Found proved**

7. The 2014 Panel had regard to Rule 34(3) of the Rules which stated:

“Production of a certificate purporting to be under the hand of a competent officer of a Court in the United Kingdom or overseas that a person has been convicted of a criminal offence or, in Scotland, an extract conviction, shall be conclusive evidence of the offence committed.”

8. The 2014 Panel considered the signed Certificate of Conviction, dated 30 December 2013, which confirmed that on 15 November 2013 at Chester Crown Court, Dr Munis was convicted of two counts of having possession/control of identity documents with intent. She was sentenced on 11 December 2013 to four months imprisonment on the first count, and five months consecutive imprisonment on the second count. Dr Munis was also ordered to pay a victim surcharge of £90. The 2014 Panel accepted the Certificate of Conviction as conclusive evidence of the offence committed and the sentence imposed.

9. The 2014 Panel was of the view that an informed member of the public would be very concerned by Dr Munis' conviction for offences of repeated dishonesty. It noted that Dr Munis was given an immediate custodial sentence which indicated the seriousness of her offences. Further, that Doctors occupy a position of privilege and trust in society and are expected to act with integrity and to uphold proper standards of conduct and that members of the public are entitled to expect that doctors will be honest and trustworthy at all times. The 2014 Panel was of the view that action by any doctor that breached the trust of the public put the relationship between the profession and the public at risk. Dr Munis' conviction for dishonesty constituted a serious departure from a fundamental tenet of the profession, has brought the profession into disrepute and has undermined public confidence in the medical profession.

10. The 2014 Panel determined in the light of the serious nature of Dr Munis' conviction, a finding of impairment was necessary, in the public interest, to declare and uphold proper standards of conduct and behaviour so as to maintain public confidence in the medical profession and its regulatory body. It determined that Dr Munis' fitness to practise was currently impaired by reason of her conviction.

11. The 2014 Panel considered that repeatedly submitting fraudulent documents was completely unacceptable and such behaviour was fundamentally incompatible with continued registration. It was of the view that Dr Munis abused her position of trust as a doctor and sought to gain employment using false documents. It was also satisfied that Dr Munis had put her own interests ahead of her duties as a doctor, to her profession and had brought the profession into disrepute. The 2014 Panel determined that Dr Munis had sought to blame the authorities in Nigeria for issuing a false passport. It further noted that she had not engaged with her regulatory body or provided any explanation for her offending save for what appeared in the Judge's sentencing comments. The 2014 Panel determined that Dr Munis' behaviour demonstrated a reckless disregard for the principles set out in Good Medical Practice.

12. The 2014 Panel noted that Dr Munis used one counterfeit passport in an application to the DVLA for a driving licence and that there was no evidence to indicate that this had anything to do with XXX, as she had purported. The 2014 Panel determined to erase Dr Munis' name from the Medical Register as that was the only way to protect the wider public interest in maintaining standards and upholding confidence in the medical profession.

13. Dr Munis' name was erased from the Medical Register in November 2014 following the 28-day appeal period following the conclusion of the 2014 hearing.

The Current Restoration Hearing

New allegations of impaired fitness to practise

14. Further to the application for restoration the GMC has alleged that since Dr Munis was erased there have been concerns that call into question her fitness to practise.

15. During the GMC's discussions with the Home Office at the time of these matters coming to their attention, further information was provided which went beyond what the doctor had been convicted of by the criminal courts. The Home Office indicated that when Dr Munis was arrested, following further enquiries it became apparent that the information provided on the passport was that of Person A and that Dr Munis had falsely applied for a passport using the name of Person A, but that it was Dr Munis' image on the photograph in the passport. There was also information that Dr Munis had started a company called Crestgates Limited under the name of Person A through which she was being paid as a doctor. She also had in her possession bank cards in the name of Person A. Crestgates Limited allegedly owed £17,609 to what was then Her Majesty's Revenue and Customs. The Home Office conducted an interview with the genuine individual with the identity of Person A who contended that she had not applied for the passports found in Dr Munis' possession.

16. These matters did not form part of the criminal case against Dr Munis and her subsequent conviction, nor were they part of the Allegation against her before the 2014 Panel leading to her subsequent erasure. The Tribunal had regard to paragraph C2(b) of the MPTS '*Guidance for medical practitioners tribunals on restoration following disciplinary erasure*' ('the Guidance'), which states:

“C2 The approach which should be taken by tribunals is to consider all the factors detailed in part B in relation to the original matters which led to erasure. In addition, where there are previously untested allegations which call into question the doctor's fitness to practise, tribunals must weigh the evidence carefully to reach a judgment:

...

b secondly on whether the doctor's fitness to practise is impaired by reason of those new allegations.”

The New Allegations (Statement of Case) and the Doctor's Response

17. The statement of case is as follows:

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

1. You obtained fraudulent passports in the name of [Person A], issued on the dates outlined in Schedule 1. **Admitted and found proved**
2. On 12 October 2007 you incorporated a company called ‘Crestgates Limited’ under the false identity of [Person A]. **Admitted and found proved**
3. On the dates outlined in Schedule 2, you opened bank accounts using a fraudulent passport in the name of [Person A]. **Admitted and found proved**
4. Between around 12 October 2007 and 8 August 2013 you incurred a debt of £17,609 in corporation tax owed to HMRC, under the identity of [Person A]. **Admitted and found proved**

The Admitted Facts

18. Dr Munis, who was self-represented, made admissions to the entirety 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 the Allegation proved.

The Evidence

19. The Tribunal examined and considered all the evidence that it has received.

Witness Evidence

20. The Tribunal received evidence on behalf of the GMC from the following witnesses:

- Witness statement of Ms B, Immigration Officer at the Home Office, Criminal Directorate, dated 22 January 2025. She also produced a supplemental witness statement, dated 31 January 2025. Ms B was not called to provide oral evidence;
- Witness statement of Mr C, Investigator with the Home Office (at the time of the new alleged facts), dated 4 February 2025. Mr C was not called to provide oral evidence.

Documentary Evidence

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

- Offence Report [MG5], dated 8 August 2013;

- Report to Crown Prosecutor for charging decision [MG3], dated 9 August 2013;
- Witness statement of Person A to the police, dated 27 August 2013;
- Witness statement of Ms D, dated 4 October 2013;
- Transcript of an interview with Dr Munis, dated 8 August 2013;
- Witness statement and exhibits of Mr E, Executive Officer employed by the Her Majesty's Passport Office in London, dated 30 September 2013;
- Companies House search results for Crestgates Limited, undated;
- HSBC Letter to Crestgates Limited, dated 24 July 2013;
- HHJ F sentencing remarks, dated 11 December 2013;
- Certificate of Conviction Chester Crown Court, dated 15 November 2013;
- Emails between Mr C and the GMC, dated 5 February 2014;
- MPTS Record of Determination, dated 29 September – 1 October 2014.

On behalf of Dr Munis:

- Restoration Application, dated 19 July 2024;
- Letter from Dr Munis to accompany the restoration application, undated;
- Curriculum Vitae, undated;
- Certificate from Trinity College London awarding Dr Munis Grade 5: Graded Examination in Spoken English, Entry Level Certificate in ESOL International Speaking and Listening (Entry 3) CEFR Level 81.1 - with Distinction. Certificate issued 9 August 2021;
- Pass Notification Letter: Life in the UK Test, dated 30 July 2012;
- Deed of Change of Name (Deed Poll) Certificate, stating Dr Munis changed her name from Omoaga Omoyosola Munis, to Omoaga Omoyosola Awesu, dated 26 September 2014.

Impairment in respect of the new allegations

22. Before dealing with the application for restoration the Tribunal considered whether or not Dr Munis' fitness to practise is impaired by reason of those paragraphs of the new Allegation admitted and found proved.

Submissions on behalf of the GMC

23. Ms Hudson addressed the new allegations which Dr Munis had admitted, and whether they impaired her fitness to practise. Ms Hudson submitted that it was the GMC's position that Dr Munis' fitness to practise is impaired by these new matters. She said that

these matters clearly fell into the subcategory of misconduct pursuant to Section 35c of the Medical Act, that they formed a pattern of behaviour which was dishonest.

24. When considering impairment in this regard, Ms Hudson referred the Tribunal to Good Medical Practice (2006) ('GMP'), the relevant version in force at that time of these events. She submitted that paragraphs 56, 57 and 73 of GMP were engaged in respect to the new allegations.

"Being honest and trustworthy

56. *Probity means being honest and trustworthy and acting with integrity. This is at the heart of medical professionalism."*

57. *You must make sure that your conduct at all times justifies your patients trust and the public's trust in the profession.*

Financial and commercial dealings.

73. *You must be honest in financial and commercial dealings with employers, insurers and other organisations and individuals."*

25. Ms Hudson submitted that Dr Munis' use of false identity documents to incorporate a company, the opening of bank accounts using fraudulent passports, and then incurring a debt to Her Majesty's Revenue and Customs of over £17,000, meant that these paragraphs of GMP were engaged. She submitted that Dr Munis clearly knew that the tax in this country goes to pay for things which the public at large benefit from, and to have allowed debts like that to accumulate, clearly engages paragraph 73 of GMP.

26. Ms Hudson submitted that when considering these matters in terms of current impairment, they form a pattern of the doctor submitting and using fraudulent passports and documents for her own benefit, including to obtain employment. She submitted that the consequence was that Dr Munis gained employment that she might not otherwise have done.

27. Ms Hudson submitted that proper standards of conduct and honesty were at the heart of the medical profession and GMP makes clear as to how important it is to act with honesty and integrity. She submitted that the first paragraphs in GMP 2006 and GMP 2013 both set out that patients need good doctors, and that doctors need to be honest and

trustworthy and act with integrity. Ms Hudson submitted that for the reasons set out, Dr Munis' fitness to practise is currently impaired in respect of the four new allegations.

Dr Munis' submissions

28. Dr Munis admitted paragraphs 1 to 4 of the new allegations against her. Initially, she said that she was not aware of paragraph 4 of the Allegation and knew nothing about it. Mindful that Dr Munis was not legally represented, she was invited by the Legally Qualified Chair to provide any evidence she wanted in respect of that allegation by way of defence if she disputed it or, if she so wished, to provide oral evidence under oath or affirmation in response to it. Dr Munis also had the option of making submissions only with regard to this allegation. Dr Munis was advised that if she gave oral evidence, she could be cross examined by Ms Hudson on behalf of the GMC. Having had time to consider her options, Dr Munis admitted the entirety of the new Allegation and said that she would make submissions in response to the new allegations against her.

29. Dr Munis said that she accepted full responsibility for everything that had happened in 2013, referring to it as an unfortunate terrible incident. She said that she had been working in the UK since the age of 15 and started her application for leave to remain in the UK in 1996 but that it was not granted despite XXX, but she has subsequently been granted indefinite leave to stay.

30. Dr Munis suggested that maybe the unfortunate incident would not have happened had a Home Office representative been present during her criminal trial. She said that she had been working, paying taxes, not claiming benefits and had the right to work. She said that during the criminal case the judge and lawyers were all wondering what she was doing with all the passports and she could not answer that question, that she did not know what happened, but she did have them and it was fraud.

31. Dr Munis made the Tribunal aware of the XXX at the time and that she XXX. She explained that she was suffering from stress and uncertainty because of the immigration issues, XXX. She said that from the events that happened, she lost XXX because of the cultural taboo in her country and was left all alone and that she had to try to be strong for herself. Dr Munis said that she lost everything including XXX and work due to her carelessness and stupidity.

32. Dr Munis said that she had not used Crestgates Limited for any fraudulent purposes, just for her salary. She said she had worked all over the United Kingdom and that for something foolish her career was gone. She explained the impact on her of going into prison,

that it was a shock that on the Tuesday she was going there to see her patients and then on the Thursday she was sent there as a prisoner and that it was not an easy experience.

33. Dr Munis said that she is still being asked what made her do it and she still has no answer which was the worst part. Dr Munis said that she had so much remorse and that she thinks about these events every day. Dr Munis said that she is 68 years old and wants to contribute whatever she can to society. She said that she felt useless during COVID and had not stopped working since the day she graduated so everything came as a shock to her.

Impairment

34. The Tribunal considered whether or not Dr Munis' fitness to practise is impaired by reason of those paragraphs of the Allegation admitted and found proved.

35. 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 judgment alone.

36. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct and that the misconduct was serious, and then whether the finding of that misconduct which was serious could lead to a finding of impairment.

37. Whilst there is no statutory definition of impairment, the Tribunal had regard to paragraph 76 of the judgment in the case of *CHRE v NMC & Paula Grant [2011] EWHC 927 (Admin)*, when considering impairment, in which Mrs Justice Cox adopted the approach of Dame Janet Smith in her Fifth Shipman Report. The Tribunal determined that limbs b, c and d of this approach were engaged with regards to the new allegations:

“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

d. has in the past acted dishonestly and/or is liable to act dishonestly in the future.”

38. The Tribunal considered that Dr Munis' conduct included her having counterfeit passports for another individual. Dr Munis had opened a limited company in the name of that individual as a director/ signatory on the company. Dr Munis had opened a bank account and had bank cards in Person A's name and that the company accumulated a debt of £17,609 which Person A had debt collectors knocking at her door in order to retrieve that sum of money, which she did not owe.

39. Dr Munis' actions, incurring and not paying the large tax bill, impacted public finances, which are paid for by the public, and her actions provided her with financial gain in that she did not pay tax on her earnings in the sum of £17,609. Dr Munis' actions were repeated and dishonest.

40. Dr Munis gained employment based on her having fraudulent documents. When she was asked by the Tribunal why she had acted in the way she did, Dr Munis was vague, and did not give a clear or straight answer. She said that she did not recall why, that she had stress which led to her behaviour at the time and she also said that she did not fully know why she acted as she did. Dr Munis referred to her conduct as an unfortunate incident.

41. The Tribunal considered however that this was not a one-off unfortunate event. Rather it took some effort to obtain a fraudulent passport and open a limited company and bank account in someone else's name.

42. The circumstances of these new allegations demonstrated to the Tribunal that the conduct for which Dr Munis received her conviction and was erased, was more extensive and there was a repeated pattern of behaviour.

43. The Tribunal considered that the new allegations amounted to serious misconduct.

Insight and Remediation

44. The Tribunal then considered whether Dr Munis was impaired today as a result of these new allegations, particularly given that they occurred more than 10 years ago. In particular, the Tribunal considered whether the misconduct was capable of remediation and had been remediated, and whether there was a risk of repetition.

45. The Tribunal considered whether Dr Munis had demonstrated insight. Dr Munis had expressed regret and remorse about what she described as an unfortunate incident. She said that she has taken full responsibility for her actions. The Tribunal considered that even this description of events indicated a lack of insight on Dr Munis' part. Further, although she said

that she took full responsibility and was full of remorse she has said that she does not understand why she acted as she did.

46. A large part of Dr Munis' submissions related to how her actions had impacted on her; the loss of liberty, being erased from the register and being ostracised by XXX. She referred to the punishment that she has suffered.

47. The Tribunal did not underestimate what the impact has been on her life, it is substantial. However, Dr Munis did not appear to have insight into the wider effects of her conduct, such as the impact of the public's trust in the medical profession. Further she did not mention any regret in relation to what happened to Person A.

48. Although Dr Munis referred to having reflected upon matters on a daily basis, it was not clear that this has gone any further than its effects on her own life. There was no evidence of a reflective statement, journal or diary recording what specifically she had reflected on, why these incidents happened, how she would do things differently in the future, or what she had learned. She also made no reference to having reflected on the concerns raised in respect of the standards expected in the profession, namely honesty, integrity or probity.

49. Dr Munis had not provided evidence of any probity or ethics courses she has undertaken and there was no evidence of any Continuous Professional Development, courses or conferences attended. She did not provide a reflective statement, although she was asked to do so at the pre-hearing stage. There is no evidence of any attempts to remediate her misconduct. The Tribunal has heard no evidence that Dr Munis has taken any steps to repay the debt owed, or to make any apology towards Person A.

50. The Tribunal is therefore not satisfied that Dr Munis has real insight into her misconduct and has not remediated it. The Tribunal could not say that there is no risk of repetition.

51. In view of the serious nature of the misconduct and the lack of insight and remediation the Tribunal determined that were it not to make a finding of impairment in respect of the new allegations, the public trust in the profession and the need to maintain proper professional standards would be undermined. It therefore determined that Dr Munis' fitness to practise is currently impaired by reason of the new allegations.

Submissions on the Doctor's Application for Restoration

52. In respect of Dr Munis' application for restoration, Ms Hudson referred the Tribunal to the Guidance, having considered the new matters that have been admitted by the doctor. Ms Hudson emphasised the case of *GMC v Chandra [2018] EWCA Civ 1898*, that the key factors to consider must be considered alongside the overarching objective. Ms Hudson submitted that the purpose of a restoration hearing is for the Tribunal to decide if the doctor is fit to practise now, consistent with the overarching objective, in allowing the doctor to regain their registration.

53. Ms Hudson reminded the Tribunal that the onus was on the doctor applying for restoration to satisfy it that she is fit to return to unrestricted practice. Ms Hudson submitted that when considering all of the circumstances that led to erasure in the first place and in considering the new matters which Dr Munis has admitted, she was not fit to practise, having regard to each of the three elements of the overarching objective.

54. In respect of insight and remorse in relation to the matters that led to Dr Munis' erasure, Ms Hudson said that there were various factors which might indicate the doctor has genuine insight into those issues which arose and led to her erasure. She submitted however that the Tribunal had not heard any oral evidence under oath from Dr Munis, which would have been tested under cross examination. Ms Hudson submitted that such oral evidence under oath would have placed the Tribunal in a better position to assess the doctor's level of insight. Nor had Dr Munis provided a written statement, albeit there were written comments Dr Munis had made in her application to be restored and her submissions on day 1 of these proceedings.

55. Ms Hudson submitted that the Tribunal would have to consider whether Dr Munis has understood how seriously the 2014 Panel took the matters, whether she has understood what went wrong and accepted that she should have acted differently. Ms Hudson submitted that Dr Munis has not demonstrated an understanding of how concerned members of the public would be regarding a doctor who has accrued such a large debt to Her Majesty's Revenue and Customs, and had a criminal conviction.

56. Ms Hudson submitted that in terms of genuine insight, Dr Munis would have to have been honest and open about her wrongdoing, apologised fully and undertaken appropriate remediation. She submitted that this had not been demonstrated. She said that there had been no demonstration of anything that could inform this Tribunal that the concerns and the findings had been remediated.

57. When considering whether the conduct was likely to be repeated, Ms Hudson submitted that there were the new matters which demonstrated that Dr Munis repeatedly submitted documentation which she knew to be false. She submitted that there was no evidence of any measurable steps taken by Dr Munis to remediate, or evidence of any work she has undertaken in other fields that would have allowed her to demonstrate that she was an honest individual.

58. Ms Hudson submitted that Dr Munis had not produced any evidence to demonstrate how she had kept her medical knowledge up to date, such as undertaking clinical placements, observing consultations or taking part in courses in person or online. She submitted that Dr Munis had now been away from clinical practice for over a decade and because of that, there is a greater likelihood that her knowledge and skills will have deteriorated to such a degree that, should she be allowed to return to practise, patients may be placed at risk.

59. Ms Hudson submitted that restoring Dr Munis would undermine all three limbs of the overarching objective and that the doctor has demonstrated serious and persistent failures to follow the various standards of conduct and behaviour. She submitted that there was limited material or reasons for Dr Munis' restoration and that the application should be refused.

Submissions by Dr Munis

60. Dr Munis submitted that this was an unfortunate incident which happened many years ago and since she was removed from the Medical Register, almost immediately she had realised and taken responsibility for what had happened. She said that she was in full remorse and had insight into everything, she did not think words could really express her feelings and remorse just by saying it and writing it down.

61. Dr Munis submitted that after so many years of practising medicine, her career just came to a sudden and unexpected end which was something that she was going to have to carry for life. Dr Munis said that employment for the last 12 to 13 years had been difficult as she had a criminal conviction and she could not obtain employment without having to XXX. Dr Munis submitted that what had happened to her was that she felt like an outcast and that she had been reflecting on everything. She said that she had been going to the library to read medical journals and books to keep her medical knowledge up to date and undertaking voluntary work.

62. Dr Munis submitted that in her letter to the Tribunal (with her restoration application), and in her letter to the Court, she again said that she had shown understanding,

insight and remorse into everything that happened. She said that she had not however provided witnesses or testimonial evidence in response to what the GMC had put forward.

63. Dr Munis submitted that even though what she did was dishonest and led to a criminal conviction, her fitness to practise was not currently impaired because throughout her practice as a doctor, her fitness to practise/honesty have never been put into question. She submitted that as it had now been over a decade since these events, if she were allowed to be restored to the Medical Register, it would be a way for her to acknowledge the mistakes she has made which affected so many people and the NHS. Dr Munis submitted that if she were allowed to return to practise it would probably be a way of her paying back for what she had done wrong.

64. Dr Munis submitted that her knowledge and skills were not a problem, but that her skills may not really be up to date, but that they were up to the stage where she was a consultant psychiatrist. She submitted that she had read in some GMC rules and regulations that if she were to be restored, she could be under supervision. Dr Munis submitted that she knew she would not repeat what had happened and so the supervision would be more in respect of her studying, to meet the requirements for the level of knowledge and skills if they were not at that level, which she believed she would fulfil.

65. Dr Munis invited the Tribunal to consider the fact that she has paid the greatest price for what has happened, and that she did not think that the greatest price should continue with her not being able to work as a doctor. Dr Munis submitted that there had been nothing else reported about her apart from what had happened in 2013 and that she had worked relentlessly as a doctor working at 80 locations in the United Kingdom, which was reflected on her CV. She invited the Tribunal to consider that she did not think her conduct would affect her ability to work with her patients or keep them safe. She submitted that whatever the decision of this Tribunal, she would accept it with dignity and respect.

66. Dr Munis was asked about what work she had undertaken in the last 10 years. She said that she had not been employed but had carried out some volunteering work. This was for her church, and related to distribution of food parcels during the COVID epidemic.

67. Dr Munis was asked more specifically about the journals she had been reading and she told the Tribunal these included the British Medical Journal, the American Journal of Psychiatry and the British Journal of Psychiatry.

68. Dr Munis had not kept any record of what she had read about and was not able to tell the Tribunal about the most recent topic or article she had read about. Dr Munis said that she does not subscribe to any publications.

69. Dr Munis was asked about whether she had completed any course, whether in person or online, or attended any conferences, relating to her field, she said that she had not.

The Tribunal's Approach

70. The Tribunal reminded itself that its power to restore a practitioner to the Medical Register is a discretionary power 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.

71. While the Tribunal has borne in mind the submissions made by the parties, the decision as to whether to restore Dr Munis' name to the Medical Register is a matter for this Tribunal exercising its own judgment.

72. Throughout its consideration of Dr Munis' application for restoration, the Tribunal was guided by the approach set out in the Guidance.

73. The Tribunal reminded itself that the onus is on Dr Munis to satisfy it that she 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.

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

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

75. The Tribunal will then go on to determine whether restoration will meet the overarching objective considering any factors relevant to the original erasure and the new

information. In this case the Tribunal must also consider the impact of the circumstances of the further admitted allegations.

76. The test to be applied by tribunals when considering if a doctor should be restored is that set out in *GMC v Chandra* [2018] EWCA Civ 1898, namely: *'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.'*

- a. The protection, promotion and maintenance of the health, safety and well-being of the public.
- b. The promotion and maintenance of public confidence in the medical profession.
- c. To promote and maintain proper professional standards and conduct for members of the medical profession.

The Tribunal's Decision

The circumstances which led to Dr Munis' erasure

77. The Tribunal had careful regard to the 2014 Panel's determinations and findings throughout its deliberations, the background to the case as set out in detail above, and the new allegations. These actions demonstrated a pattern of dishonest behaviour, they were repeated and serious.

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

78. In considering whether Dr Munis has demonstrated insight, the Tribunal considered paragraphs B10 - B12 of the Guidance, which state:

'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 (see below)*
- c demonstrated empathy for any individual involved, for example by apologising fully (see below)*

d taken steps to remediate and to identify how they will act differently in the future to avoid similar issues arising (see below)

B11 The doctor is unlikely to be able to demonstrate genuine insight if they have failed to demonstrate some or all of the factors above or have only demonstrated them in a limited way.

B12 Expressing remorse involves the doctor taking responsibility and exhibiting regret for their actions. This could include evidence that the doctor has:

a been open and honest about and admitted their wrongdoing

b apologised fully

c undertaken appropriate remediation.'

79. The Tribunal noted that Dr Munis did not attend the Tribunal hearing in 2014, nor did she provide any statement or documentation to them. No reflective statement has been provided to this Tribunal by Dr Munis. This Tribunal is completely reliant upon her oral submissions in looking for evidence of insight and remediation.

80. The Tribunal referred back to its reasoning and decision above in respect to the new allegations. They are equally applicable to the matters for which Dr Munis was erased in November 2014. She provided no evidence of any remediation, save for her saying that she accepts full responsibility for her actions and expressing remorse for her conduct.

81. The Tribunal asked Dr Munis about the impact of her actions on the public and public confidence in the profession. Dr Munis only went as far as to say that the public and her colleagues would be disappointed in her. She was unable to elaborate further as to the impact of her actions on the public and its trust in the profession, or on professional standards.

82. In all the circumstances and as already set out above, the Tribunal was of the view that Dr Munis' insight is lacking in respect of the matters which led to her erasure, and the new matters.

83. In considering whether Dr Munis has fully remediated her misconduct and conviction the Tribunal considered paragraph B15 of the Guidance, which states:

'B15 Remediation can take several forms, including, but not limited to:

- a participating in training, supervision, coaching and/or mentoring relevant to the concerns raised*
- b attending courses relevant to the concerns raised, for example anger management, maintaining boundaries, ethics or English language courses*
- c evidence that shows what a doctor has learnt following the events that led to the concerns being raised, and how they have applied this learning in their practice (where applicable)*
- d evidence of good practice in a similar environment to where the concerns arose.'*

84. In her submissions Dr Munis has confirmed that she has not attended any courses or training. She has not provided any evidence that shows the Tribunal what she has learned from events or her consideration of them. The Tribunal considered that Dr Munis has not taken the necessary steps to develop her insight. She has provided little to demonstrate any actions taken to remediate her behaviour.

85. In considering the risk of repetition, the Tribunal was mindful of paragraph B23 of the Guidance, which states:

'B23 Tribunals can also consider the following factors in assessing whether the concerns are likely to be repeated:

- a whether there was a pattern of similar concerns*
- b the environment in which a doctor has been working since their erasure*
 - i. where a doctor has been working in a similar environment to where the concerns arose and has been exposed to situations when there was a risk of repeating the concerns, the absence of repetition will be relevant*
 - ii. where a doctor has not been working in a similar environment to where the concerns arose the absence of repetition will be of little or no relevance*
- c the circumstances giving rise to the concerns – if the concerns arose in unique circumstances which are themselves unlikely to be repeated, then, it may suggest that the risk of repetition in the future is reduced*
- d what steps a doctor has put in place to avoid the circumstances arising again and/or to cope with those circumstances, should they arise again*
- e whether the doctor has an otherwise positive professional record, including an absence of any other concerns from past or current employers or another regulatory body'*

86. The Tribunal has found there was a pattern of misconduct and that Dr Munis has yet to develop full insight into her behaviour, she has not remediated.

87. The Tribunal did not fully understand what led Dr Munis to behave as she did, she has not been able to explain it herself. After considering all the evidence and in light of the relevant paragraphs of the Guidance, the Tribunal concluded that there was a risk of repetition of Dr Munis' misconduct in light of her lack of insight and remediation.

What Dr Munis has done since she was erased from the register

88. Following her submissions, Dr Munis was asked by the Tribunal to provide a further explanation as to the voluntary work she had undertaken. She said it was food distribution for neighbours during COVID, and that she had done this through local churches. Dr Munis also confirmed that she has not been able to secure any type of paid work in the last decade or so. Dr Munis said that other than voluntary work, she had not worked since 2014.

Steps Dr Munis has taken to keep her medical skills and knowledge up to date

89. Following her submissions, the Tribunal invited Dr Munis to further expand on what journals she had been reading in the library. She said the American Journal of Psychiatry and the British Journal of Psychiatry. She could not however identify any recent article she had read, the topics of the articles she read and said that she did not keep a record of what she had read. Dr Munis also said that she did not subscribe to any journals since the events in 2013. She said that she went to the library once a week, usually on a Tuesday because they had IT classes there which she attended. It was then that she would read the newspapers and journals.

90. Dr Munis confirmed that she has not completed or attended any courses or conferences, online or in person. She had no Continuous Professional Development since 2014.

91. The details of the journal reading referred to was only brought out on questioning by the Tribunal and was quite vague, and there was no detail provided of what she had recently read about. The Tribunal was not satisfied that there was any relevant and documented evidence of keeping up to date by attending clinical courses or conferences or by targeted reading of current medical journals and keeping a record of what she had learned. There is no evidence of CPD completion.

92. The Tribunal accepted that at the 2014 hearing Dr Munis' clinical skills were not in question. However, the Tribunal noted that Dr Munis has now been out of practice for more than 10 years, and all areas of medicine will have changed over that period of time. The Tribunal was mindful that it has to be satisfied that Dr Munis can return to unrestricted practice as it does not have the power to impose restrictions upon her.

93. Overall, the Tribunal took the view that Dr Munis had not demonstrated that she had taken sufficient steps to maintain and improve her medical knowledge and skills since her erasure in 2014.

The lapse of time since erasure

94. The Tribunal was mindful of paragraphs B33 and B34 of the Guidance:

“B33 The length of time that has elapsed since the doctor was erased will be relevant although will not necessarily equate to them no longer posing a risk to patients or to public confidence in the profession.

B34 The longer the doctor has been away from clinical practice, the greater the likelihood that their knowledge and skills will have deteriorated to a degree that may place patients at risk. Tribunals should pay close regard to how the doctor has maintained their knowledge during a lengthy period away from the register.”

95. Dr Munis was erased from the Medical Register in November 2014. The Tribunal acknowledged that Dr Munis having been out of practice for this amount of time was a particularly long period of time. Dr Munis said that she had reached the level of a locum consultant psychiatrist at the point when she was erased and was therefore at quite a senior level. She has not however undertaken any form of training to maintain her knowledge and skills during that period whilst erased.

96. This Tribunal has determined that Dr Munis has failed to demonstrate that she has kept her medical skills and knowledge up to date over the long period of erasure. The Tribunal considered that this would impact on patient safety, despite there being no concerns about her clinical practice at the time of her erasure.

Will restoration meet the overarching objective?

97. Having made the above findings as to whether Dr Munis 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 which are:

- To protect, promote and maintain the health, safety and well-being of the public
- To promote and maintain public confidence in the profession, and
- To promote and maintain proper professional standards and conduct for members of that profession.

Protecting, promoting and maintaining the health, safety, and well-being of the public

98. In considering the risk of repetition, the Tribunal was mindful of paragraphs B37 - B39 of the Guidance, which state:

“B37 In restoration hearings, it will be important for the MPT to consider any future risk posed by a doctor to patients and members of the public. If the doctor was erased for disciplinary reasons, their conduct or performance was previously judged to be so serious that erasure was the only means by which the public could be protected or that public confidence in the medical profession and proper professional standards and conduct for doctors could be maintained.

B38 The doctor’s response to their erasure and the levels of insight, remorse and remediation they have demonstrated will be important to the tribunal’s assessment of future risk.

B39 Restoration should not be granted if the tribunal considers there to be a risk the behaviour or performance will be repeated which may result in physical or emotional harm being caused to a patient.”

99. The Tribunal has concluded that Dr Munis has not provided sufficient evidence that she has maintained her medical knowledge and skills. As a consequence, the Tribunal determined that there would be risk to patient safety if Dr Munis were permitted to return to unrestricted practice. In these circumstances, the Tribunal concluded that restoration to the register would undermine, rather than protect, promote, and maintain the health, safety, and well-being of the public.

Promote and maintain public confidence in the profession

100. In relation to the second limb of the overarching objective the Tribunal took the view that public confidence in the profession would be seriously undermined by the restoration of Dr Munis into unrestricted practice at this time. The Tribunal took the view that a well-informed member of the public would be concerned to learn that a doctor who had been out of UK practice for over a decade and who was severely lacking in insight in relation to serious misconduct and a criminal conviction was permitted to return to the register unrestricted. Dr Munis suggested that she could possibly be returned to the register with restrictions. The Tribunal was mindful that it only has the power to restore a doctor to unrestricted practice. In any event, given the circumstances of this case, restoring her to the register would undermine the need to promote and maintain public confidence in the profession.

Promote and maintain professional standards and conduct

101. Having regard to the Guidance and for the reasons set out above, the Tribunal determined that were it to allow Dr Munis' name to be restored to the Medical Register, it would be failing to maintain proper professional standards and conduct for members of the profession.

Conclusion

102. Having carefully considered the evidence and specific circumstances of this case, the Tribunal was not satisfied that Dr Munis is fit to return to unrestricted UK practice. Accordingly, it refused Dr Munis' application to be restored to the Medical Register.

Dr Munis' right to make further applications for restorations

103. It remains open for Dr Munis to re-apply for restoration of her name to the register. If she wishes to do so, she must wait for at least 12 months from the date of this application before submitting any further application.

104. That concludes this case.

Schedule 1

26 April 2000

15 October 2010

Schedule 2

29 May 2008

11 June 2008