

**PUBLIC RECORD**

Dates: 05/05/2026 - 07/05/2026

Doctor: Dr Samuel OLATIGBE

GMC reference number: 4571803

Primary medical qualification: MB ChB 1989 Obafemi Awolowo University

**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 Kiran Musgrave
Lay Tribunal Member:	Mr Mark O'Brien
Registrant Tribunal Member:	Dr Helen McCormack
Tribunal Clerk:	Mr Michael Murphy

**Attendance and Representation:**

Doctor:	Present, represented
Doctor's Representative:	Dr Oluwatoyin Ogunsanya, instructed by Taylor Wood Solicitors
GMC Representative:	Ms Louise Cowen, 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.

## Protecting the Public

Throughout the decision making process the tribunal has borne in mind the statutory duty as set out in s1(1) of the Medical Act 1983 (the 1983 Act) to protect the public. The tribunal has considered the relevance and impact on each of the three distinct parts of public protection to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

### Determination on restoration following disciplinary erasure - 07/05/2026

1. The Tribunal has convened to consider Dr Olatigbe's application to be restored to the medical register following his erasure for disciplinary reasons on 2 May 2019.
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 Olatigbe's first application to be restored to the medical register.

## Background

4. Dr Olatigbe qualified in Nigeria in 1990. He moved to the UK in 1995 and initially worked as an SHO in various specialties until undertaking GP training and qualifying as a GP in 2000. He obtained a Diploma in Family Planning and Sexual Health in 1999, and a Royal College of General Practitioners Diploma in Substance Misuse in 2009 and attained membership of the Royal College of General Practitioners in 2010. Between 2001 and 2008, Dr Olatigbe was a salaried partner at a GP practice in Essex. From 2009 until 2012, Dr Olatigbe was a salaried GP for South West Essex Primary Care Trust. In September 2012, he commenced a salaried post as a partner at Old Oak Surgery, North West London.
5. The circumstances that led to Dr Olatigbe's erasure were first considered at a hearing before a Medical Practitioners Tribunal in 2019 where Dr Olatigbe was present and represented.
6. Those circumstances can be summarised as Dr Olatigbe submitting an appraisal, in March 2013, in which he stated that he had nothing to declare in relation to suspensions, restrictions on practice or being subject to an investigation since his last appraisal. However, he knew that he had been subject to an investigation by South West Essex Primary Care

Trust. The investigation resulted in a disciplinary hearing in June 2012 in which Dr Olatigbe was given a final written warning. The declaration he made in the appraisal in March 2013 was therefore untrue, and his actions were found to have been dishonest.

7. Dr Olatigbe resigned from his role as partner at Old Oak Surgery the day before NHS England announced that a review of the practice was to take place in October 2014. He then became a partner at Barking Road Medical Centre.
8. In January 2015, Dr Olatigbe submitted a further appraisal in which he stated that he had nothing to declare in relation to suspensions, restrictions on his practice or being subject to an investigation since his last appraisal. However, he knew that he had been subject to an investigation by the GMC between May 2013 and February 2014. The declaration Dr Olatigbe made in the appraisal in January 2015 was therefore untrue, and his actions were found to have been dishonest.
9. Dr Olatigbe made a number of applications to the Care Quality Commission ('CQC') between November 2014 and April 2015 seeking registration as a service provider at Barking Road Medical Centre. In an application form dated 29 April 2015, Dr Olatigbe stated that he had never been declared bankrupt or been subject to any other insolvency processes or proceedings, resolved or otherwise. He also stated that he was not currently the subject of, nor had he ever been the subject of, any investigation or proceedings by any professional body with regulatory functions in relation to health or social care professionals. However, he knew that he had entered into an individual voluntary arrangement due to insolvency on 2 March 2012, he was subject to an investigation by the GMC between May 2013 and February 2014, and between March 2015 and December 2015, and his responses within the application form were therefore untrue. Dr Olatigbe's actions in this regard were found to have been dishonest.
10. Dr Olatigbe attended a meeting with the CQC on 10 July 2015. At the meeting, he stated that his application dated 29 April 2015 remained accurate. That assertion was untrue as he knew that he had entered into an individual voluntary arrangement due to insolvency on 18 June 2015. Dr Olatigbe's actions in this regard were found to have been dishonest.
11. Between October 2014 and July 2015, despite the fact that Dr Olatigbe had not secured registration with the CQC, necessary to permit him to carry out regulated activities at Barking Road Medical Centre, he undertook diagnostic and screening procedures, maternity and midwifery services, family planning and treatment of disease, disorder and injury; activities which were regulated. Dr Olatigbe eventually received a CQC certificate of registration for Barking Road Medical Centre on 17 July 2015.

## Record of Determinations – Medical Practitioners Tribunal

12. On 1 December 2015, the CQC undertook a pre-announced inspection at Barking Road Medical Centre. It was found that a large number of clinical letters had been left unactioned. Dr Olatigbe had failed to ensure that all clinical letters received by Barking Road Medical Centre were being processed within an adequate timescale as at 1 December 2015. On 2 December 2015, the CQC confirmed that Dr Olatigbe’s registration as a service provider for maternity and midwifery services, family planning services, treatment of disease, disorder or injury and diagnostic and screening procedures was to be suspended from 10 December 2015, for three months, due to concerns regarding the handling of clinical letters.
13. Between 2 December and 10 December 2015, Dr Olatigbe conducted the treatment of disease, disorder or injury at Stopford Road Surgery despite the fact that he was not registered with the CQC to carry out that regulated activity at Stopford Road Surgery. Dr Olatigbe was working at Stopford Road Surgery as the Principal. The CQC inspected Stopford Road Surgery, on 17 December 2015, and found that Dr Olatigbe had failed to ensure that all clinical letters received by Stopford Road Surgery were being processed within an adequate timescale.
14. In January 2016, Dr A, GP Partner and co-owner of Nina Murphy Associates LLP, was commissioned to carry out a review of Barking Road Medical Centre and Stopford Road Surgery. Dr A concluded that Dr Olatigbe was an unsuitable person to hold any sort of contract for the provision of general medical services and did not demonstrate that he could work in independent practice.
15. Dr Olatigbe attended a Police and Criminal Evidence Act voluntary interview under caution on 25 April 2016 with regards to carrying out regulated activity without being registered with the CQC. He was issued with a fine of £4,500. On 26 October 2016, Dr Olatigbe signed NHS England undertakings.
16. Dr Olatigbe commenced a salaried post at The Manor Practice, Leyton, in November 2016 and from February 2019 he commenced a salaried partnership post at Warden Lodge Medical Practice.
17. The 2019 Tribunal found that Dr Olatigbe’s actions amounted to misconduct which included dishonesty, which would have a grave impact on public trust in the medical profession. It found Dr Olatigbe’s insight and remediation to not be complete and determined that a finding of impairment was required in order to ensure patient safety, to maintain public confidence in the profession, and to uphold proper professional standards and conduct for members of the profession. The 2019 Tribunal found Dr Olatigbe’s misconduct to be fundamentally incompatible with continued registration on the Medical Register and as such determined to impose a sanction of erasure.

## The current restoration hearing

### The evidence

18. The Tribunal has taken into account all the relevant evidence that it has received, both oral and documentary.
19. Dr Olatigbe provided his own witness statement dated 6 April 2026 and also gave oral evidence at the hearing. In his oral evidence, Dr Olatigbe informed the Tribunal that he knew the seriousness of the facts, that he can never be excused and he was ashamed. He stated how he has developed his insight and kept his clinical knowledge and skills up to date. He has attended courses and volunteered as a Trustee in a Dementia Care Home, once or twice monthly. In his oral evidence Dr Olatigbe stated that he has shadowed a GP in their surgery, for one or two sessions per week, from September 2025 to March 2026 and that he has undertaken 50 to 60 Continuing Professional Development (CPD) hours per year, both in person and online. He initially stated in oral evidence that there was no reason for acting dishonestly, that he would never be in that position again and that he would not repeat it. He subsequently went on to say, when questioned further, that he had been dishonest due to personal pride and financial motivation. He stated that he now has support structures in place so he would not repeat his dishonesty if financial pressures were present in the future and would not put himself in a management position in the future.
20. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to:
  - Determinations of the 2019 Tribunal;
  - Reflective statement of Dr Olatigbe, undated;
  - Diploma in Strategic Management and Leadership Practice certificate, dated 4 March 2023;
  - Master of Business Administration certificate, dated 10 March 2022;
  - Insight and remediation in practice certificate, dated 18 September 2025;
  - Maintaining professional ethics certificate, dated 12 December 2025;
  - Dr Olatigbe's restoration application, dated 22 September 2025;
  - Dr Olatigbe's return to practice plan, dated 6 April 2026;
  - Evidence of continuing professional development from 12 August 2015 to 24 March 2026;
  - Witness Statement of Dr Olatigbe, dated 6 April 2026;

- Skeleton Argument, on behalf of Dr Olatigbe, dated 7 April 2026.

### Submissions on behalf of the GMC

21. On behalf of the GMC, Ms Cowen submitted Dr Olatigbe's application for restoration should be refused as he has not demonstrated that he would be safe to practise. She submitted that serious concerns have been raised that could undermine patient safety and public confidence in the medical profession.
22. Ms Cowen submitted that there had been repeated dishonesty and that Dr Olatigbe had been given a warning relating to his conduct. She submitted that the regulatory failings had been serious and that management failings affected the care of patients.
23. Ms Cowen submitted that Dr Olatigbe has not demonstrated sufficient insight and that, in his oral evidence, clear reasons for his behaviour were not given. She reminded the Tribunal that Dr Olatigbe did not deny that there were financial motivations for his behaviour.
24. Ms Cowen submitted that the onus is upon Dr Olatigbe to show that he is fit to return to unrestricted practise. She submitted the steps Dr Olatigbe has taken to keep his clinical knowledge and skills up to date are limited and the lack of his attendance at any in person courses is concerning. Ms Cowen submitted the GP shadowing undertaken by Dr Olatigbe is of a limited period and there is no independent evidence of what he has done during the shadowing. She submitted that there is no evidence to suggest that Dr Olatigbe is fit to return to unrestricted practice and that restoration would not achieve public protection.

### Submissions on behalf of Dr Olatigbe

25. On behalf of Dr Olatigbe, Dr Ogunsanya submitted that Dr Olatigbe does not seek to revisit or undermine the findings made by the 2019 Tribunal which erased him and has accepted those findings in full and approaches this application on the basis that his misconduct was serious.
26. Dr Ogunsanya submitted that new evidence indicates that Dr Olatigbe has genuine and developed insight into the seriousness of his misconduct, has demonstrated meaningful remediation directed to the identified failings, that there is a low risk of repetition and that he has developed a realistic and safe plan for a return to practise.

27. Dr Ogunsanya submitted Dr Olatigbe has accepted that he acted dishonestly and chose concealment to avoid scrutiny and protect his position. Dishonesty in regulatory and appraisal processes is a breach of professional trust and that the absence of direct financial gain does not diminish the seriousness of dishonesty. He submitted that Dr Olatigbe’s failures in handling correspondence were patient safety failures and not merely administrative shortcomings. He also submitted Dr Olatigbe has recognised that his dishonesty was capable of undermining the public’s trust in him as a doctor and in the wider medical profession.
28. Dr Ogunsanya invited the Tribunal to conclude *that ‘Dr Olatigbe’s evidence shows insight of a different order from that criticised during the 2019 Tribunal. The present material is personal, direct, and focused on wrongdoing, consequence, and future conduct.’*
29. Dr Ogunsanya submitted that Dr Olatigbe has undertaken substantial remediation since his erasure which includes formal learning and ongoing continuing professional development, which was directed to the failings identified by the 2019 Tribunal. He stated that, since his erasure, Dr Olatigbe has practically applied his learning as he has served as a trustee in a care home, carrying out monitoring and reporting functions and participating in governance discussions.
30. Dr Ogunsanya informed the Tribunal that Dr Olatigbe, if restored to the medical register, would only return to practise in a structured environment with supervision, mentoring, along with regular appraisal and oversight. He stated that Dr Olatigbe no longer presents himself as someone seeking immediate autonomous control over a practice environment of the kind that previously exposed his weaknesses which is an important indicator of insight and of reduced risk.
31. Dr Ogunsanya invited the Tribunal to conclude that the risk of repetition is now low based on the passage of time since erasure, the absence of any further regulatory concerns, Dr Olatigbe’s acceptance of wrongdoing, his improved insight and remediation along with his realistic and limited proposed route back to practice.
32. Dr Ogunsanya submitted that public confidence is not maintained by permanent exclusion in every dishonesty case but rather a rigorous process in which restoration is granted when the Tribunal is satisfied that the doctor has developed genuine insight,

undertaken meaningful remediation, and can return to practise safely, which is the case here.

33. In conclusion, Dr Ogunsanya submitted that Dr Olatigbe accepts the seriousness of his misconduct and does not seek to diminish it, that Dr Olatigbe has shown insight and remediation directed to the previous findings, accepts personal responsibility for those failings and will not repeat them.

### The Tribunal's approach

34. 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 legal duty to protect the public.
35. While the Tribunal has borne in mind the submissions made by the parties, the decision as to whether to restore Dr Olatigbe'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 Olatigbe's name should be restored to the medical register, it can do so only without restrictions on his practice.
36. Throughout its consideration of Dr Olatigbe's application for restoration, the Tribunal was guided by the approach laid out in the MPTS '*Guidance for medical practitioners tribunals on restoration following disciplinary erasure*' (2026) (the guidance).
37. The Tribunal reminded itself that the onus is on Dr Olatigbe to satisfy it that he is fit to return to unrestricted practice and that the Tribunal should not seek to go behind the original Tribunal's findings on facts, impairment and sanction.
38. The guidance sets out that the test for the Tribunal to apply when considering restoration as follows:

**'B2** *The test to be applied by the MPT when considering if a doctor should be restored is that '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?'. The overarching objective is the MPT's legal role to protect the public.*

**B3** *To decide if the test for restoration is met, the MPT will therefore assess whether the doctor continues to pose any current and ongoing risk to one or more of the three parts of public protection requiring restrictive action in response i.e. their fitness to practise is impaired. Where they no longer do so, the test for restoration will be met.'*

39. The Tribunal reminded itself that, in making its decision, it should consider the following factors:

- a. the circumstances that led to disciplinary erasure;
- b. whether Dr Olatigbe 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 Olatigbe has done since their name was erased from the register;
- d. the steps Dr Olatigbe has taken to keep their knowledge and skills up to date; and
- e. the lapse of time since erasure.

and then go on to determine whether restoration will achieve public protection considering any factors relevant to the original erasure and the new information.

### The Tribunal's decision

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

#### The circumstances that led to disciplinary erasure

41. In its deliberations the Tribunal had regard to the following paragraphs of the guidance:

**'B5** *The MPT will be provided with copies of the previous MPT or panel's determinations. This will enable them to fully consider the background to the restoration application and identify the specific past concerns about the doctor's fitness to practise.*

**B6** *The reasons given by the previous MPT or panel to direct erasure will help the MPT understand why erasure was the only proportionate means by which public protection could be achieved. The previous determination may also contain helpful information about the doctor's level of insight and remediation at the time of erasure.'*

42. The Tribunal took the determinations of the 2019 Tribunal into account and noted that it found Dr Olatigbe’s behaviour to amount to serious misconduct which impaired his fitness to practise. The 2019 Tribunal found Dr Olatigbe’s misconduct to be fundamentally incompatible with continued registration on the Medical Register and determined that erasure was appropriate and proportionate in light of the repeated dishonesty, over a number of years and to multiple official bodies, the attempt to cover up the dishonesty, his lack of candour to the Tribunal, his lack of insight and the risk of repetition.

Whether Dr Olatigbe 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

43. The Tribunal had regard to the following paragraphs of the guidance:

***B7** It will be important for the MPT to assess whether the doctor has demonstrated insight into the findings that led to their erasure. It is crucial that a doctor has genuine insight into what went wrong and appreciates what could have been done differently. They should also understand how they could act differently in the future to avoid similar concerns occurring again.*

***B9** To assess the doctor’s response to the matters that led to erasure, the MPT should consider the evidence available to them to establish if the doctor has:*

*a. shown insight into their own practice, behaviour and/or impact of a health condition*

*b. taken steps which have reduced the risk of similar allegations occurring again (remediation), such as participating in training, supervision, coaching or mentoring relevant to the allegation.’*

44. The Tribunal first considered Dr Olatigbe’s level of insight and noted that the 2019 Tribunal had found a lack of timely insight along with a lack of adequate insight. Since the time of his erasure, Dr Olatigbe has had since 2019 to reflect upon his actions and understand why they occurred, what he could have done differently and how he would act now should the same situation occur.
45. In his oral evidence at this hearing, Dr Olatigbe stated that his original misconduct was motivated by personal pride and financial gain and that he now has support structures in place so he would not repeat his dishonesty. Some examples of these being; that he now has a financial advisor, and has learnt transferable skills from courses and voluntary

work. The Tribunal had regard to Dr Olatigbe’s reflections about his dishonesty. In his reflective statement Dr Olatigbe said:

*‘I wholeheartedly accept without reservation that I acted dishonestly by not disclosing my previous insolvency, as well as prior suspension and practice restrictions under investigation. I also acknowledge that I failed totally to manage hospital correspondence in a timely manner and organised way.*

*Since my erasure in 2019, it has been a turning point for me and my career as a medical practitioner. It has forced me to look back and forward at the same time, to examine the events that led to my erasure, providing me with a period of selfreflection which has also enabled me to confront the reality of my actions and acknowledge the impact on my patients, the general public, the regulators and my colleagues. I am profoundly sorry and hugely regret my actions and behaviour have had on the aforementioned groups of people.’*

...

*What struck me most was the emphasis on remediation as a supportive, restorative process rather than a punitive one. Shifting my mindset from “defending my practice” to “refining my practice and being more introspective” has already changed how I approach difficult scenarios, team discussions, and my own emotional responses to adverse outcomes. I now recognise that true professional insight requires humility, ongoing self-monitoring, and the courage to seek help early.’*

46. In addition, the Tribunal noted Dr Olatigbe’s admission that his dishonesty was wrong and that he apologised for his actions, to patients and to the general public.
47. Bearing in mind all of the evidence received, the Tribunal was satisfied that Dr Olatigbe has developed insight into his misconduct and has focused his remediation activities on specifically addressing his misconduct.

#### What Dr Olatigbe has done since their name was erased from the register

48. The Tribunal had regard to the following paragraphs of the guidance:

**‘B11** *The MPT should also consider any activities the doctor has undertaken since they were erased from the register and decide whether these are relevant to assessing their current fitness to practise. Examples of matters things which may have a bearing on the MPT’s decision are:*

- *the doctor has obtained employment in a field related to medicine and used it to keep up to date with developments in their speciality*

- *the doctor has undertaken research or teaching in a relevant field*
- *the doctor has completed a professional or academic qualification such as a PhD, diploma or MSc in a relevant subject'*

49. The Tribunal had regard to Dr Olatigbe's reflective statement in which he described what he has been doing since his erasure. Dr Olatigbe undertook two courses relating to professional ethics and probity. These involved him reviewing a case study in which a clinician had made a minor false declaration to avoid embarrassment. He considered this to mirror his own actions, an observation of someone submitting an inaccurate declaration.
50. Dr Olatigbe outlined that since 2022, he has been volunteering as a Trustee in a care home for the elderly in which he carries out monthly quality monitoring visits and produces reports for fellow trustees.
51. Between September 2025 and March 2026, Dr Olatigbe outlined shadowing a GP, within their surgery and discussing patients.
52. Dr Olatigbe also obtained a Master of Business Administration with merit from the University of Essex along with a CMI Level 7 Diploma in Strategic Management and Leadership Practice. He stated that his learning, although not specific to medics and medicine, were transferrable to a clinical setting.
53. The Tribunal also noted that Dr Olatigbe included in his evidence, CPD certificates, some of which pre-dated the erasure.
54. Based on the evidence received, the Tribunal took the view that Dr Olatigbe has begun to apply his learning to his own experience.

The steps Dr Olatigbe has taken to keep his knowledge and skills up to date

55. The Tribunal noted that Dr Olatigbe has not had the opportunity to put into practice his medical skills since 2019. However, it bore in mind that the burden is on Dr Olatigbe to satisfy the Tribunal that his medical knowledge and skills are up to date and that he is safe to resume unrestricted practice.
56. The Tribunal had regard to the following paragraph of the guidance:

*'B12 The doctor will not have had clinical contact with patients in the UK for a minimum of five years. The onus is on the doctor to demonstrate they have kept their knowledge*

*and skills up to date and are safe to resume unrestricted practice. This is required irrespective of the grounds for impairment that led to erasure.'*

57. The Tribunal acknowledged the difficulty for a non-registered doctor to keep their knowledge and skills up to date but noted that the onus is on Dr Olatigbe to demonstrate this. It was provided with evidence that Dr Olatigbe had attended 11 courses, relating to continuing professional development over a 10 year period. In his reflective statement Dr Olatigbe set out:
- *'I continue to undertake CPD in ethics, management, and patient safety.*
  - *I maintain awareness of current GMC standards through reading, webinars, and discussion with colleagues.*
  - *I have been sitting with a colleague in a face to face clinical consultations which had proven very useful.'*
58. In his witness statement, Dr Olatigbe said *'Since being erased, I have consistently pursued professional development by participating in CPD activities both online and in person. Please see a few attached certificates. Several more CPD's can be seen on my Appraisal toolkit with my expressed permission'*.
59. The Tribunal noted that the CPD certificates submitted consisted of 11 online courses, two of which predated Dr Olatigbe's erasure from the medical register. The Tribunal took the view that the documentary evidence presented did not demonstrate a satisfactory breadth or frequency of clinical CPD activities required to prepare for a potential return to clinical practice.
60. In evidence, Dr Olatigbe stated that for the last six months he has been observing a GP undertaking consultations with patients for three and a half hours, one or twice a week and the consultations would be discussed once the patient had left.
61. However, the Tribunal received limited corroborative evidence to demonstrate what clinical learning Dr Olatigbe has undertaken and how he would put that into practice, if he were permitted to return to work as a doctor.
62. The Tribunal received no testimonials or specific reflections on Dr Olatigbe's learning from CPD activities, clinical observations or his time at the care home which would support that he is fit to return to unrestricted practice.

63. The Tribunal was not satisfied that Dr Olatigbe had sufficiently demonstrated how he has kept his clinical knowledge and skills up to date and has not submitted any verifiable evidence that he has undertaken the work outlined in his oral evidence.
64. The Tribunal therefore took the view that Dr Olatigbe would pose a risk to public protection if he were free to practise without restriction.

The lapse of time since erasure

65. The Tribunal has regard to the following paragraph of the guidance:

*'B19 Conversely, 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. MPTs should pay close regard to how the doctor has maintained their knowledge and skills during a lengthy period away from the register.'*

66. The Tribunal again noted that Dr Olatigbe has not been in clinical practice since 2019 and that there was a risk he has become deskilled in the passage of time since then. The Tribunal was not satisfied that Dr Olatigbe had kept his clinical knowledge and skills up to date and therefore he could put patients at risk if he were permitted to return to unrestricted practice. This could undermine public protection.

**Will restoration achieve public protection?**

67. Having made the above findings as to whether Dr Olatigbe is fit to practise, the Tribunal then stepped back and balanced its findings about the doctor's fitness to practise against whether restoration will achieve public protection. This balancing exercise involved careful consideration of each of the three parts of public protection which are to:
- 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 the profession.

Protect, promote and maintain the health, safety and well-being of the public

68. The Tribunal was not satisfied that the evidence provided by Dr Olatigbe demonstrated that he had kept his skills and knowledge up to date. As such, it took the view that there would be a risk to public safety if he were permitted to return to clinical practice.

Promote and maintain public confidence in the profession

69. The Tribunal noted the 2019 Tribunal’s finding that Dr Olatigbe’s actions amounted to serious misconduct, which could undermine public trust in the medical profession. Although the Tribunal found that Dr Olatigbe has insight and has remediated his misconduct, it was not satisfied that he had demonstrated that he had the necessary knowledge and skills for a return to unrestricted practice and therefore still poses a risk to public confidence in the medical profession.
70. The Tribunal bore in mind that maintaining public confidence in the profession is more important than the interests of an individual doctor. It considered that a well-informed member of the public would be concerned if Dr Olatigbe was allowed to return to unrestricted practice at this time.

Promote and maintain proper professional standards and conduct for members of the profession

71. The Tribunal had regard to the evidence provided by Dr Olatigbe, including his reflective statement, and was satisfied that he had remediated sufficiently and would maintain proper professional standards and conduct in the future.
72. However, the Tribunal considered the lack of evidence of recent CPD and supporting documentation indicated that Dr Olatigbe’s clinical knowledge and skills were not sufficient for his return to unrestricted clinical practice.

Conclusion

73. In conclusion, the Tribunal was satisfied that Dr Olatigbe has fully developed his insight and has remediated but it was not satisfied that he is currently fit to return to unrestricted practice as evidence of his clinical skills and knowledge is currently insufficient.
74. Accordingly, it determined that Dr Olatigbe’s name should not be restored to the medical register.

**Dr Olatigbe’s right to make further applications for restoration**

75. Dr Olatigbe must wait at least 12 months from the date of his application for restoration, not the date of the Tribunal’s decision not to restore, before applying for restoration again.
  
76. That concludes the case.