

**Dates:** 06/07/2020 & 13/07/2020

**Medical Practitioner's name:** Dr Taiwo Adeyemi ODUSOTE

**GMC reference number:** 5168241

**Primary medical qualification:** Doctor - Medic 1983 Bucharest

**Type of case**

Review – Misconduct

**Outcome on impairment**

Impaired

**Summary of outcome**

Conditions, 12 months  
Review hearing directed

**Tribunal:**

Legally Qualified Chair	Miss Anya Lewis
Lay Tribunal Member:	Mr Andrew Gell
Medical Tribunal Member:	Dr Ernesto Jones
Tribunal Clerk:	Mr Andrew Ormsby

**Attendance and Representation:**

Medical Practitioner:	Present and not represented
GMC Representative:	Ms Amy Rollings, 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

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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 Impairment - 06/07/2020**

#### **Background**

1. This determination will be read in private as it includes reference to XXX. A redacted version will be published at the close of the hearing XXX.
2. Dr Odusote's case was considered by a Medical Practitioners Tribunal (MPT) on 2-3 December 2019 and 26 – 27 February 2020 ('the February 2020 Tribunal'). The hearing related to concerns regarding Dr Odusote's conduct, arising from his dishonest recording in a FP10 logbook on 29 June 2018 that XXX was required for a patient in his hospital department when in fact he was attempting to obtain the controlled drug for [Ms B].
3. Dr Odusote qualified in Bucharest in 1983 and at the time of the index event was working as a locum doctor in the Emergency Department at Watford General Hospital ('the Hospital'). Dr Odusote started his shift on the evening of 28 June. Nothing out of the ordinary happened until he received a text message from [Ms B] at 0300hrs on the 29 June 2018. In her message [Ms B], who was seriously ill at the time, indicated that she was in pain, that her medication was not working, and that she would like some XXX, which had worked previously. Dr Odusote was distressed by the message and replied to it.
4. Dr Odusote received the text message from [Ms B] at around the time that he was dealing with Patient A. Dr Odusote assessed him at 0308hrs on 2018. Dr Odusote believed that he required a FP10 in order to obtain XXX and hastily developed a plan to get a blank FP10 prescription form. The blank forms were strictly controlled and in order to obtain a form, a logbook had to be signed and countersigned by a nurse. Dr Odusote knew that he was not entitled to get a form for the purpose of prescribing a drug to [Ms B] and told the nurse (Nurse C) who was responsible for countersigning the said form that the prescription was for Patient A.
5. Nurse C believed that the FP10 form was required as Patient A was being discharged, when she was subsequently told that Patient A was not being discharged, she asked for the FP10 form back from Dr Odusote. Dr Odusote initially said that he would keep it, however, Nurse C insisted on getting it back and Dr Odusote handed it back. Dr Odusote subsequently approached Nurse C about XXX some time later that morning stating that it would be for himself.

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6. Nurse C was concerned at Dr Odusote's actions and ultimately reported the matter to her colleagues. At a meeting which took place in a corridor and lasted perhaps 10 or 15 minutes, Dr Odusote apologised and left a clear impression that he had tried to obtain XXX for [Ms B]. Following this matter Dr Odusote was reported to his Responsible Officer and subsequently to the GMC.

7. The February 2020 Tribunal found Dr Odusote's fitness to practise to be impaired by reason of misconduct and suspended his registration for a period of four months. The February 2020 Tribunal considered that Dr Odusote lacked insight into his action of subverting the process and misleading Nurse C. However, the Tribunal also considered that Dr Odusote had some insight into why it was wrong to prescribe for [Ms B] in the manner that he attempted to do. The February 2020 Tribunal acknowledged that Dr Odusote openly stated that he should have behaved differently. However, the February 2020 Tribunal considered that Dr Odusote was in the early stages of developing insight into the whole incident.

8. The February 2020 Tribunal acknowledged that the index incident was a single isolated incident of dishonesty that was unlikely to be repeated and took account of mitigating factors but considered that a four month suspension would be sufficient to promote and maintain both public confidence in the medical profession, and standards of conduct for members of that profession. The February 2020 Tribunal also considered a suspension of this length would allow Dr Odusote time in which to develop full insight into his misconduct and take the steps necessary to remediate and reflect on it.

9. The February 2020 Tribunal determined to direct a review of Dr Odusote's case and wished to clarify that at the review hearing, the onus would be on Dr Odusote to demonstrate how he had developed his insight and remediated his actions. It considered that the reviewing Tribunal would be assisted if Dr Odusote provided the following:

- A reflective statement dealing in particular with the issues of subverting the process and misleading his colleagues; and
- An up-to-date statement from his responsible officer.

10. The Tribunal now has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') whether Dr Odusote's fitness to practise is impaired by reason of misconduct.

### **The Evidence**

11. The Tribunal has taken into account the background to the case and the evidence received during the earlier stage of the hearing, where relevant, to reaching its decision on what action, if any, it should take.

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12. The Tribunal had regard to the documentary evidence provided by both parties. This evidence included:

- Records of the determination from the February 2020 Tribunal;
- Letter from GMC to Dr Odusote dated 9 April 2020;
- Letter from MPTS to Dr Odusote dated 16 April 2020; and
- 'Reflective Statement' from Dr Odusote dated 20 April 2020.

13. The Tribunal also heard oral evidence from Dr Odusote.

### Submissions

#### GMC Counsel's Submissions

14. On behalf of the GMC, Ms Rollings submitted that Dr Odusote remains impaired by reason of misconduct.

15. Ms Rollings submitted that Dr Odusote was asked by the February 2020 Tribunal for a reflective statement, dealing in particular with the issues of subverting the process and misleading his colleagues, and an up to date statement from his responsible officer.

16. She submitted that the documentary evidence that Dr Odusote submitted to the hearing, and the oral evidence he gave, did not demonstrate a comprehensive insight into the effect of his conduct on his colleagues and the wider profession. Ms Rollings submitted that Dr Odusote had prevaricated on several occasions referring to the incident being as a result of a misunderstanding.

17. Ms Rollings submitted that Dr Odusote's written reflections on the index incident did not sufficiently demonstrate what was required of him. She further stated that there were concerns regarding the phraseology used in the said document, including phrases such as he would continue to be a '*good boy*' and had made a "gaffe". She commented on Dr Odusote's answers that he had not been aware that his actions were not allowed in the UK, despite having been here for some time. She submitted that merely reading Good Medical Practise 2013 ('the GMP') does not remediate and did not show, if there were to be another difficult ethical conundrum, that Dr Odusote would know what to do. He had not been able to demonstrate that he had read specific documents in relation to regulation and practice in the UK.

18. She submitted that he remained impaired as he had not been able to evidence that he had sufficient insight in to the fact he had mislead Nurse C. She accepted that he was in a difficult position in relation to his Responsible Officer as he had been unemployed but submitted that he should have contacted the GMC for their advice.

#### Dr Odusote's Evidence/Submissions

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19. Dr Odusote's reflective document set out his regret as to what had happened and stated that he had learned his lesson and would not repeat the behaviour. He repeated these submissions orally emphasizing that he now understood that he was wrong to seek to prescribe medication for [Ms B] and that he would not do so again. He explained that he had let his emotions take over and that he was distressed on the night of the events due to [Ms B] being seriously ill and in pain.

20. In response to direct questioning he acknowledged that his actions were to the detriment of his colleagues. He insisted that he had not intended to mislead Nurse C but accepted the findings of the Tribunal. Further in response to a direct question he stated that there are no circumstances in which he would not follow the processes in work in future.

21. He submitted that making prescriptions for family members did sometimes happen in Nigeria, where he previously practised, but acknowledged that such practice is not acceptable in the UK.

22. In his closing submissions Dr Odusote reiterated that he had learnt his lesson and would never do anything like the index event again and would never knowingly disobey the law or GMP and that he was very sorry for the effect on his colleagues. He further stated that he would never allow himself, in any distressing circumstances, to circumvent GMP in future, and that it was unfortunate that he did so in this case.

### **The Relevant Legal Principles**

23. The Tribunal reminded itself that the decision on impairment is a matter for its judgement alone. As noted above, the previous Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal is aware that in practical terms it is for the doctor to satisfy it that he is safe to return to unrestricted practice.

24. This Tribunal must determine whether Dr Odusote's fitness to practise is impaired today, taking into account Dr Odusote's conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

25. The Tribunal has taken into account the overarching objective, which includes the need to:

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

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26. There is a persuasive burden on Dr Odusote to demonstrate that his fitness to practise is no longer impaired. In *Abrahaem v GMC [2008] EWHC 183 (Admin)* the court observed that:

*"In practical terms there is a persuasive burden on the practitioner at a review hearing to demonstrate that he or she has fully acknowledged why past professional performance was deficient and through insight, application, education, supervision or other achievement sufficiently addressed the past impairments".*

The case of *Yusuff v General Medical Council [2018] EWHC 13 (Admin)*, was also referred to.

### **The Tribunal's Determination on Impairment**

27. The Tribunal gave full consideration to the evidence and submissions of Ms Rollings in making its determination at the impairment stage. It bore in mind the history of the case and that an order of suspension was imposed on Dr Odusote's registration by the February 2020 Tribunal.

28. The Tribunal bore in mind that it has to decide whether Dr Odusote's fitness to practise is still currently impaired by reason of misconduct.

29. The Tribunal took account of the findings of the February 2020 Tribunal.

30. The Tribunal noted that, in practical terms, there was a persuasive burden on Dr Odusote at a review hearing to demonstrate that he had fully acknowledged his previous misconduct and demonstrate that he had developed insight in particular in relation to the subverting of the process and misleading his colleagues and had remediated.

31. In considering whether Dr Odusote was currently fit to practice the Tribunal were encouraged that he had now shown full and in depth insight in relation to why he should not have prescribed medication for [Ms B]. The Tribunal noted that in February 2020 Dr Odusote had noted that "other Drs would do the same". The Tribunal considered that Dr's Odusote's insight in relation to his actions in prescribing for [Ms B] was much more developed.

32. However, the Tribunal was concerned that the February 2020 Tribunal had specifically wanted the Dr to show insight and remediation in relation to the subverting of the process and the misleading of colleagues and his insight in that area remained limited. He had to be prompted to provide any evidence in relation to this area and his evidence and submissions remained focussed on the prescribing element rather than the impact on his colleagues. That being said he did volunteer in his closing submissions that he had put his colleague in a distressed position. He

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further acknowledged in his evidence that his actions had been to the detriment of his colleagues, and, on being asked, convincingly stated that he would not circumvent processes again.

33. The Tribunal considered that Dr Odusote's misconduct in relation to the original index event was capable of remediation and noted his deep regret with regard to that index event as evidenced at the original February 2020 Tribunal.

34. The Tribunal noted that he had taken some steps to continue his professional development online, albeit he did not have the financial resources to pay for CPD course. He had further read the GMP.

35. In the circumstances of this case, where there is some evidence from Dr Odusote of remediation and engagement with the regulatory process, the Tribunal determined there still needed to be full evidence of remediation. In those circumstances the Tribunal considered that if a finding of impairment was not made it would not be upholding public confidence in the medical profession and would not be safeguarding professional standards of the medical profession. The February 2020 Tribunal found that whilst there was no suggestion of a risk to patient safety there was a risk that Dr Odusote would repeat his misconduct in future. The Tribunal found that that risk was now diminished but that, in light of his limited insight in relation to the subverting of the process and the misleading of his colleagues, he remained impaired.

36. The Tribunal were unclear as to precisely what the position was in relation to why there was no statement from his Responsible Officer but noted that Miss Rollings had accepted that he was in a difficult position in that regards. The Tribunal would have been assisted by such a statement.

### **Determination on Sanction - 13/07/2020**

1. Having determined that Dr Odusote's fitness to practise is impaired by reason of misconduct, the Tribunal now has to decide in accordance with Rule 22(h) of the Rules what action, if any, it should take with regard to Dr Odusote's registration.

### **The Evidence**

2. The Tribunal has taken into account the background of the case and the evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

### **Submissions**

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### GMC Counsel’s Submissions

3. On behalf of the GMC, Ms Rollings submitted that Dr Odusote had not made appropriate progress in remediating his impairment and that the appropriate sanction in this case is one of suspension for a period of four months or more going forward.
4. Ms Rollings submitted that Dr Odusote had not taken sufficient steps to show evidence of full insight into the inappropriateness of his dishonest conduct.
5. Ms Rollings referred to the Sanctions Guidance February 2018 (‘the SG’), when discussing Dr Odusote’s insight. She specifically referred to paragraph 52 a, b and c of the SG which, she submitted, was important when considering whether Dr Odusote had insight into his misconduct:

*‘52 A doctor is likely to lack insight if they:*

*a refuse to apologise or accept their mistakes*

*b promise to remediate, but fail to take appropriate steps, or only do so when prompted immediately before or during the hearing*

*c do not demonstrate the timely development of insight’*

Ms Rollings submitted that Dr Odusote’s evidence displayed some refusal to fully apologise and that he had not developed timely insight. She submitted that Dr Odusote still had some steps to take to fully develop insight and that in the circumstances the appropriate sanction is one of suspension.

6. Ms Rollings further submitted that any proposed sanction of conditions for Dr Odusote should only be considered if the Tribunal is satisfied that he has insight, and, in doing so, referred to paragraph 82(a) of the SG:

*‘82 Conditions are likely to be workable where:*

*a the doctor has insight’*

### Dr Odusote’s Submissions

7. Dr Odusote submitted that he had always intended to be law-abiding and apologised for his conduct. He stated that from now on he would always adhere to the rules and regulations of the Good Medical Practice (‘GMP’).
8. Dr Odusote submitted that the 2018 incident at the Hospital was an isolated occurrence that had caused great difficulties in his life. He stated that he made a mistake and apologised profusely. Dr Odusote said that the order of suspension imposed



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on his registration by the February 2020 Tribunal was something that he had accepted as *'fair enough'* and agreed that proper professional standards must be maintained.

9. Dr Odusote further submitted that the impact of his conduct on his colleagues and the wider profession was paramount and accepted that his behaviour was unprofessional and inappropriate. Dr Odusote stated that he begged for forgiveness and wanted to apologise. He went on to state that he had made a mistake and that nothing like the incident in question would happen again.

### **The Tribunal's Approach**

10. The decision as to the appropriate sanction to impose, if any, is a matter for this Tribunal exercising its own judgement.

11. In reaching its decision, the Tribunal has taken account of the SG and GMP. It has borne in mind that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest, although it may have a punitive effect.

12. The Tribunal bore in mind the principles from the case law at the relevant stage in its decision making on sanction. In particular, the Tribunal has noted that in the case of *McDermott v Health and Care Professions Council [2017] EWHC 2899 (Admin)* Mrs Justice Yip agreed with the Health and Care Professions Tribunal Service ('HCPTS') finding that the registrant needed to develop his insight but said that it was not clear to her why insight could not be developed under an order of conditions in the particular circumstances of that case.

13. Throughout its deliberations, the Tribunal has applied the principle of proportionality, balancing Dr Odusote's interests with the public interest. It has also taken into account its statutory overarching objective.

14. The Tribunal has borne in mind that in deciding what sanction, if any, to impose, it should consider the sanctions available, starting with the least restrictive. In making its decision, the Tribunal has also had regard to the principle of proportionality, and it has weighed Dr Odusote's interests with those of the public.

### **The Tribunal's Determination on Sanction**

#### Mitigating & Aggravating Factors

15. The Tribunal carefully considered the mitigating factors in this case:

- Dr Odusote had now shown full insight into why it was wrong to try and obtain a prescription for [Ms B];
- Dr Odusote had started to develop some insight into his actions in subverting the processes in place at the Hospital and misleading his colleagues;

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- The Tribunal noted that Dr Odusote had engaged with the regulatory process and been as helpful as he could be in the Hearing before them;
- Dr Odusote had expressed remorse and apologised to his colleagues. The Tribunal disagreed with the GMC’s analysis that he had not apologised and considered that he had clearly apologised to the Tribunal for his actions;
- The index incident was an isolated event prompted by an emotional reaction to [Ms B’s] health condition; and
- There remain no other regulatory findings against him.

16. The Tribunal balanced the mitigating factors against the aggravating factors in this case:

- Dr Odusote’s misconduct took place in a clinical setting and involved subverting the system put in place to ensure the proper use for FP10 prescription forms;
- There remains a lack of full insight into his conduct regarding his misleading colleagues and subverting the process;
- Dishonesty is a serious departure from the principles of GMP and breach of a fundamental tenet of the medical profession.

### No Action

17. In reaching its decision as to the appropriate sanction, if any, to impose in this case, the Tribunal first considered whether to conclude the case by taking no action.

18. The Tribunal determined that there were no exceptional circumstances to justify taking no action in this case and that to do so would be wholly insufficient.

### Conditions

19. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Odusote’s registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable and measurable.

20. The Tribunal considered the SG while considering whether to impose conditions on Dr Odusote’s registration. The Tribunal had regard to the following paragraphs of the SG:

*'81 Conditions might be most appropriate in cases:*

*..*

*b involving issues around the doctor’s*

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*performance'*

'82 *Conditions are likely to be workable where:*

*a the doctor has insight*

*b a period of retraining and/or supervision is likely to be the most appropriate way of addressing any findings*

*c the tribunal is satisfied the doctor will comply with them*

*d the doctor has the potential to respond positively to remediation, or retraining, or to their work being supervised.*

'84 *Depending on the type of case, some or all of the following factors being present (this list is not exhaustive) would indicate that conditions may be appropriate:*

*a no evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage*

*b identifiable areas of their practice are in need of assessment or retraining*

*c willing to respond positively to retraining, with evidence that they are committed to keeping their knowledge and skills up to date throughout their working life, improving the quality of their work and promoting patient safety'*

21. Looking at paragraph 81, the Tribunal considered that the case did involve some issues around the doctor's performance, namely his failure to follow processes in the work place. The Tribunal also considered that conditions would be appropriate in the specific circumstances of this case where there were specific concerns in relation to specific areas of the doctor's development of insight, that is to say in relation to the impact on his work colleagues and adhering to structures within the workplace. The Tribunal was satisfied that an order of conditions would be adequate to address its concerns regarding Dr Odusote's impairment and would provide a supportive structure in which he could respond positively to supervision, develop his ethical understanding, and allow return to productive service.

22. In relation to paragraph 82, the Tribunal considered that the doctor had sufficient insight to make the conditions workable and in fact conditions were desirable to ensure he developed the full insight necessary to return to unrestricted practice. The Tribunal were impressed by the doctor's engagement with the Tribunal itself and were entirely

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satisfied that the Tribunal would comply with the conditions and also concluded that the doctor had the potential to respond positively to the conditions imposed on him.

23. In relation to paragraph 84, the Tribunal noted that the doctor had complied with interim conditions imposed on him. The Tribunal were able to identify the areas of his practice in need of retraining, namely compliance with organisation processes and structures, working with colleagues and professional integrity. As already noted, the Tribunal considered that the doctor would respond positively given his engagement with the Hearing.

24. The Tribunal determined that it was feasible to formulate a set of workable conditions given that Dr Odusote had made progress in gaining insight into his misconduct and had expressed sincere remorse. Notwithstanding the acknowledgement that Dr Odusote had not provided full and specific remediation, the Tribunal noted that Dr Odusote has been sincere in his aim of gaining full insight and was genuinely remorseful for the isolated index incident.

25. The Tribunal was cognisant of the fact that the index incident included dishonesty on Dr Odusote's part but noted that this dishonesty, and the need to uphold the overarching objective, had been addressed and taken account of to a large extent by the four month suspension that had previously been imposed on his registration by the February 2020 Tribunal. The Tribunal was satisfied that the order of suspension that had previously been imposed had sent a clear message to the medical profession and to the wider public regarding the inappropriateness of Dr Odusote's conduct and dishonesty. In the circumstances the Tribunal found that the previous order of suspension had already maintained public confidence and provided a deterrent effect and that, in the circumstances, imposing a further order of suspension on Dr Odusote's registration was neither in the public interest nor the doctor's interest.

26. The Tribunal therefore determined that the imposition of conditions on Dr Odusote's registration would be appropriate and workable and was satisfied that he would be willing to comply with conditions.

27. The Tribunal therefore determined that Dr Odusote's registration should be subject to the conditions set out below. The Tribunal was satisfied that the imposition of these conditions would be sufficient to fulfil its overarching objective.

28. The Tribunal determined to impose conditions on Dr Odusote's registration for a period of twelve months with the objective of him developing fuller insight into the importance of complying with processes and structures at work and not misleading colleagues by undertaking supervised clinical practice, mentoring and training in these areas.

29. The following conditions are public and will be published:

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1. He must personally ensure the GMC is notified of the following information within seven calendar days of the date these conditions become effective:
  - a the details of his current post, including:
    - i his job title
    - ii his job location
    - iii his responsible officer (or their nominated deputy)
  - b the contact details of his employer and any contracting body, including his direct line manager
  - c any organisation where he has practising privileges and/or admitting rights
  - d any training programmes he is in
2. He must personally ensure the GMC is notified:
  - a of any post he accepts, before starting it
  - b that all relevant people have been notified of his conditions, in accordance with condition 5
  - c if any formal disciplinary proceedings against him are started by his employer and/or contracting body, within seven calendar days of being formally notified of such proceedings
  - d if any of his posts, practising privileges or admitting rights have been suspended or terminated by his employer before the agreed date within seven calendar days of being notified of the termination
  - e if he applies for a post outside the UK.
3. He must allow the GMC to exchange information with any person involved in monitoring his compliance with his conditions.
4.
  - a he must have a workplace reporter appointed by his responsible officer (or their nominated deputy).
  - b he must not work until:

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- i his responsible officer (or their nominated deputy) has appointed his workplace reporter
  - ii he has personally ensured that the GMC has been notified of the name and contact details of his workplace reporter.
5. He must personally ensure the following persons are notified of the conditions listed at 1 to 4:
  - a his responsible officer (or their nominated deputy)
  - b the responsible officer of the following organisations:
    - i his place(s) of work, and any prospective place of work (at the time of application)
    - ii all his contracting bodies and any prospective contracting body (prior to entering a contract)
    - iii any organisation where he has, or has applied for, practising privileges and/or admitting rights (at the time of application)
    - iv any locum agency or out of hours service he is registered with.
    - v if any of the organisations listed at (i to iv) does not have a responsible officer, he must notify the person with responsibility for overall clinical governance within that organisation. If he is unable to identify this person, he must contact the GMC for advice before working for that organisation.
  - c his immediate line manager and senior clinician (where there is one) at his place of work, at least 24 hours before starting work (for current and new posts, including locum posts).
6. a he must design a personal development plan (PDP), with specific aims to address the deficiencies in the following areas of his practice:-
  - Working with colleagues;
  - Compliance with organisational processes and structures;
  - Professional integrity.

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- b his PDP must be approved by his responsible officer (or their nominated deputy).
  - c he must give the GMC a copy of his approved PDP within three months of these substantive conditions becoming effective.
  - d he must give the GMC a copy of his approved PDP on request.
  - e he must meet with his responsible officer (or their nominated deputy), as required, to discuss his achievements against the aims of his PDP.
7. He must only work within the NHS.
8. He must have a mentor who is approved by his responsible officer (or their nominated deputy).

### **Review**

30. The Tribunal determined to direct a review of Dr Odusote's case. A review hearing will convene to review Dr Odusote's case shortly before the end of the period of conditional registration. The future Tribunal reviewing Dr Odusote's case may be assisted by the following:

- A report from his responsible officer;
- A copy of Dr Odusote's Personal Development Plan ('PDP') with evidence of training undertaken together with the outcomes of that training;
- A reflective statement that focuses on the two areas that he has still not developed full insight into, namely, subverting processes in the workplace and misleading colleagues.

31. Dr Odusote will also be able to provide any other information that he considers will assist.

32. This order will take effect 28 days from when written notice of this decision is deemed to have been served upon Dr Odusote. The current order of suspension will remain in place during this 28 day appeal period. If an appeal is made, the current order of suspension on Dr Odusote's registration will remain in force until the appeal has concluded.

33. That concludes this case.

### **Confirmed**

**Date** 13 July 2020

Miss Anya Lewis, Chair