PUBLIC RECORD

Date: 06/07/2026

Doctor:	Dr Tijjani SHEHU
GMC reference number:	4455147
Primary medical qualification:	MB BS 1984 Ahmadu Bello University

Type of case

Review - Misconduct

Outcome on impairment

Not Impaired

Summary of outcome

Suspension revoked

Tribunal:

Legally Qualified Chair	Mr Juleun Lim
Lay Tribunal Member:	Mr Vince Cullen
Registrant Tribunal Member:	Dr Shehleen Khan

Tribunal Clerk:	Mrs Lorraine Cheetham

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Ms Catherine Stock, Counsel, instructed by Kings View Chambers
GMC Representative:	Ms Claire Anderson, 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 Impairment - 06/07/2026

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

2. This is the first review of Dr Shehu's case.

Background

3. Dr Shehu graduated from Ahmadu Bello University in Nigeria in 1984. At the time of the index event Dr Shehu was a locum Consultant Physician, working in the Acute Medicine Department at Kings Mill Hospital (KMH), Sherwood Forest NHS Foundation Trust (the Trust).

2025 Tribunal

4. A Medical Practitioners Tribunal (MPT) convened to consider Dr Shehu's case on 1 December 2025 ('the 2025 Tribunal'). Dr Shehu admitted the allegation in its entirety and the 2025 Tribunal therefore found those allegations proved, which amounted to serious misconduct.

5. The facts found proved can be summarised as relating to the care and treatment that Dr Shehu provided to Patient A. It is alleged that on 28 December 2022 Dr Shehu failed to provide appropriate care and treatment to Patient A. It is alleged that his actions included failing to recognise Patient A's documented history of symptoms; to take an adequate history; to consider an alternative diagnosis to deep vein thrombosis ('DVT'); to arrange appropriate further investigations; to implement an adequate treatment plan; and to make an adequate record of his consultation with Patient A. It is further alleged that Dr Shehu's actions delayed a diagnosis being made for Patient A, and delayed treatment being initiated for Patient A.

6. The 2025 Tribunal concluded that the failings demonstrated by Dr Shehu, and the delay in providing the correct treatment and care for Patient A did put her at unwarranted

risk of harm. Dr Shehu was the Consultant ultimately responsible for Patient A on 28 December 2025. The Tribunal noted that the Allegation did not allege that Dr Shehu caused or contributed to Patient A's death, but Dr Shehu admitted that his failings caused a delay in Patient A's proper diagnosis and in treatment being initiated.

7. The 2025 Tribunal found that Dr Shehu's failings, as admitted and found proved, did fall below the standard expected of a reasonably competent Consultant Physician, and did amount to serious professional misconduct. It concluded that it was necessary to mark the misconduct with a finding of impaired fitness to practise in order to protect the public, maintain public confidence in the profession and uphold proper professional standards.

8. The 2025 Tribunal concluded that this was not a case where the misconduct was '*fundamentally incompatible with continued registration*' and that erasure would be a disproportionate response. The 2025 Tribunal considered that Dr Shehu's misconduct was potentially remediable and that a proportionate response was to allow him time to complete his remediation, and gain further insight, during a period of suspension. It determined that a 6-month period of suspension was necessary in order to address the public protection in this case, namely to protect the public, maintain public confidence in the medical profession and to uphold proper professional standards for members of the profession.

9. The 2025 Tribunal indicated that, at the review hearing, the reviewing Tribunal would be assisted by any evidence from Dr Shehu, including:

- An updated statement of reflection on his further insight and learning regarding the circumstances surrounding his misconduct, which may include addressing the specific concerns of this Tribunal as to what happened and why it happened;
- Evidence of any CPD (including reflective learning from the same) which has been included in his 2025 and 2026 appraisals, or any other CPD undertaken, including that to address the concerns of this Tribunal;
- Dr Shehu's Personal Development Plan (which may include evidence of his quality improvement activity/ evidence of audit(s) undertaken/ evidence of Case-Based Discussion);
- Evidence of any e-modules and/or reflective learning in respect of, but not limited to: working with colleagues; communication skills; effective record keeping; history taking;
- Any testimonial evidence Dr Shehu would like to adduce for reference aware of the circumstances before this Tribunal and of its outcome;
- Any other evidence Dr Shehu considers may assist the reviewing Tribunal.

This hearing

The Evidence

10. The Tribunal has taken into account all the documentary evidence provided on behalf of Dr Shehu including:

- Dr Shehu's reflective statement dated 21 June 2026;
- Various Case Based Discussions/Case Reviews;
- Various character references;
- CPD Certificates;
- Summary of Audit dated 26 June 2026;
- Leadership and Management Course Certificate dated 29 – 30 June 2026;
- Reference from Dr I dated 22 June 2026;
- Reference from Dr J dated 20 June 2026.

Submissions

On behalf of the GMC

11. On behalf of the GMC, Ms Anderson submitted that the GMC remains neutral on the question of current impairment.

12. Ms Anderson referred to the 2025 Tribunal's determination. She stated that the Tribunal concluded Dr Shehu's actions involved a number of departures from the standards set out in the Good Medical Practice and that Dr Shehu's fitness to practise was impaired.

13. Ms Anderson stated that the 2025 Tribunal noted that Dr Shehu's failings were potentially remediable and noted that this was a single incident in the context of an unblemished and lengthy career. She stated that it was also noted that Dr Shehu had not attempted to hide or avoid taking responsibility for his actions, therefore the misconduct needed to be balanced against the serious consequences of the failings. She stated that the Tribunal concluded that Dr Shehu's misconduct fell within the mid-range on the spectrum of seriousness.

14. Ms Anderson stated that the majority of the documents requested by the 2025 Tribunal have been provided and they suggest that Dr Shehu has done some work to help improve his insight. Ms Anderson referred the Tribunal to these documents including Dr Shehu's reflective statement where he apologised for his contribution to Patient A's death and expressed sympathy to Patient A's family and stated that it was a busy shift, he was fatigued and he was working on the opinions of the Orthopaedic Consultant.

15. Ms Anderson submitted that whether Dr Shehu's fitness to practise remains impaired, was entirely a matter for the Tribunal. She confirmed that the GMC's position is that it is neutral. Ms Anderson stated that impairment is a forward-looking exercise, considering any current or ongoing risk to the public and public interest in light of the seriousness of past misconduct as identified. She referred to the overarching objective and stated that the Tribunal will need to assess what, if any, risk Dr Shehu poses to the three limbs and whether any restrictive action is required in response.

On behalf of Dr Shehu

16. On Dr Shehu's behalf, Ms Stock referred the Tribunal to the various documents relied upon by Dr Shehu, including case-based discussions and reviews. She further referred to the multiple CPD and conference certificates which she stated are relevant to what sadly went wrong with Patient A. She referred to the audit summary and the management and leadership programme which Dr Shehu has undertaken along with the positive references contained in the bundle.

17. Ms Stock submitted that this was a tragic, isolated incident. Prior to these events, Dr Shehu had enjoyed an otherwise unblemished professional career. She stated that following the incident in December 2022, he continued to practise until December 2025 without any further concerns being raised about his clinical practice. Ms Stock told the Tribunal that Dr Shehu continues to recall this patient with profound regret, he accepts full responsibility for the mistakes that were made and is committed to ensuring that they are never repeated.

18. Ms Stock referred the Tribunal to Dr Shehu's reflective statement and stated that he has developed a clear and practical plan for his future practice. He will consciously pause to consider an appropriate differential diagnosis in every case and will undertake and document his own history-taking and physical examination, rather than relying on the findings of others. She stated that he will work more effectively within multidisciplinary teams, seeking discussion and challenge where appropriate, and he will ensure that he remains up to date with developments relevant to his area of practice through CPD.

19. Ms Stock submitted that Dr Shehu has demonstrated genuine and comprehensive insight into his failings. He has undertaken meaningful remediation, both through reflection and changes to his clinical practice. She told the Tribunal that the evidence demonstrates that the risk of repetition is low and there is no ongoing risk to patient safety. In considering the wider public interest, Ms Stock submitted that an informed and fair-minded member of the public, fully aware of the facts of this case, would recognise that Dr Shehu is a doctor who has shown genuine remorse, reflected deeply on his actions, accepted responsibility and taken every reasonable step to remediate his misconduct and safeguard against any repetition. In those circumstances, Ms Stock submitted that the public interest is properly served.

The Relevant Legal Principles

20. The Tribunal had regard to the Guidance for MPTS Tribunals > Section three: MPT hearings - review hearings (22 June 2026).

21. Throughout the decision-making process, the Tribunal will bear in mind the GMC and MPTS' legal duty as set out in Section 1 of the Medical Act 1983 to protect the public, which is split into three distinct parts. It means that a Tribunal must act in way that: protects, promotes and maintains the health, safety and well-being of the public ('patient safety'); promotes and maintains public confidence in the medical profession ('public confidence'); and promotes and maintains proper professional standards and conduct for members of the profession ('uphold professional standards').

22. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. This Tribunal is aware that it is for the doctor to satisfy it that he would be safe to return to unrestricted practice.

23. This Tribunal must assess whether Dr Shehu poses any current and ongoing risk to one or more of the three parts of public protection requiring restrictive action in response. It must be made with reference to the findings of the original Tribunal as well as any relevant new evidence presented at this hearing. The Tribunal must determine whether Dr Shehu's fitness to practise is impaired today, taking into account his 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.

The Tribunal's Determination on Impairment

24. The Tribunal considered whether Dr Shehu's fitness to practise is currently impaired by reason of his misconduct. In doing so the Tribunal had reference to the MPTS Guidance relating to review hearings, specifically the section on the 'Process of decision making at an MPT review hearing'. The Tribunal first considered the questions posed in Step 1, which directs the Tribunal to first follow steps 1a to 1b. The questions posed in step 1a are:

- What was the previous MPT's assessment of risk and reasons given for it?
- What new evidence has been received since the previous MPT's assessment of risk and what impact does it have?
- What evidence is there of insight and is the doctor's insight genuine?
- What evidence is there relating to remediation, has the allegation now been remedied or is it still likely to be repeated?
- Has the doctor kept their knowledge and skills up to date?
- Has the risk to public protection that previously required restrictive action in response changed and if so, how?

25. The Tribunal considered the findings of the 2025 Tribunal and had particular regard to the following paragraphs of the 2025 Tribunal's impairment determination:

> *54. The Tribunal was satisfied however, that Dr Shehu's' failings, as admitted and found proved in the Allegation, did fall below the standard expected of a reasonably competent Consultant Physician, and did amount to serious professional misconduct.*
>
> *…*
>
> *63. The Tribunal noted that the GMC acknowledged that Dr Shehu's failings were potentially remediable. The Tribunal agreed with that assessment given that the Allegations related to a single incident on 28 December 2022 in the context of an otherwise unblemished and lengthy career. In addition, the (albeit limited) evidence provided to the Tribunal suggested that Dr Shehu is an otherwise well regarded clinician, both by colleagues and patients.*
>
> *…*
>
> *78. Dr Shehu also referred to a study he read in respect of leg pain. The Tribunal was of the view that the learning from this was vague. The Tribunal considered that Dr Shehu's efforts at remediation were limited at best. Given the limited remediation, the Tribunal was of the view that whilst Dr Shehu has some insight into his misconduct, that insight was developing and was not yet complete.*
>
> *79. The Tribunal noted that there was no evidence that Dr Shehu had repeated his misconduct, or indeed that there were any other concerns about his performance. However, the Tribunal determined that given Dr Shehu's level of insight, a risk of repetition remained.*
>
> *80. The Tribunal had limited objective evidence that Dr Shehu's has kept his knowledge and skills up to date. It would have been assisted by being able to question Dr Shehu about his efforts in that regard. However, the Tribunal took some (albeit limited) reassurance from the fact that Dr Shehu is working as a locum Consultant Physician at KMH and would be subject to annual appraisal and five yearly revalidation as per GMC requirements.*
>
> *81. The Tribunal considered that whilst Dr Shehu's insight was limited, he had made some efforts in that regard and there was some evidence of developing insight. It determined that, in all the circumstances in this case, Dr Shehu's misconduct was at*

the mid-range of the spectrum of seriousness, and fell just below the higher end of the spectrum.

…

83. The Tribunal was of the view that public confidence in the profession has been undermined by Dr Shehu's misconduct. It took the view that all three limbs of the overarching objective were engaged namely: to protect, promote and maintain the health, safety and wellbeing 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. In reaching this conclusion the Tribunal bore in mind [Dr H's] *expert evidence that Dr Shehu's misconduct was a serious departure from the expected standard of care.*

84. The Tribunal reminded itself that Dr Shehu has in the past acted so as to put a patient at unwarranted risk of harm; has in the past brought the medical profession into disrepute; and has breached one of the fundamental tenets of the medical profession. Dr Shehu has a senior role of responsibility as a Consultant Physician and demonstrated a series of failures in his care and treatment of Patient A.

85. Dr Shehu put Patient A at unwarranted risk of harm because her correct diagnosis and correct treatment had been delayed. The reputation of the profession and public confidence in the profession has been undermined, in that a member of the public with knowledge of this case would be alarmed at Dr Shehu's failings and multiple breaches of GMP. The Tribunal also considered that Dr Shehu has failed to maintain those proper professional standards expected of members of the profession.'

86. The Tribunal concluded that Dr Shehu does pose a current and ongoing risk to all three limbs of public protection, given the seriousness of his misconduct, his incomplete insight and remediation, and given the risk of repetition.

26. The Tribunal was assisted by Dr Shehu's reflective Statement of 21 June 2026, the answers given to the Tribunal by Dr Shehu to the questions asked, the case based Discussions and Case Reviews, the evidence of Dr Shehu's continued targeted CPD, the evidence of Dr Shehu's audit work and the references by Dr I and Dr J. The Tribunal was satisfied that Dr Shehu had fully accepted the findings of the 2025 Tribunal and that Dr Shehu had undertaken a genuine journey of reflection during his period of suspension. It accepted that he now recognised not only the seriousness of his failings in respect of Patient A but also their wider

impact, including the potential risk to members of the public and the damage his behaviour had caused to the reputation of the medical profession.

27. The Tribunal noted the fact that there have not been any adverse findings against Dr Shehu in any forum or jurisdiction, no new allegations and no further concerns since the MPT proceedings that concluded in 2025.

28. The Tribunal was satisfied that Dr Shehu now understands the seriousness of his failings, the impact of his conduct on public confidence in the profession, and the responsibilities placed upon him as a registered medical practitioner. It found that Dr Shehu had demonstrated genuine, meaningful remorse and offered a sincere apology.

29. The Tribunal had regard to Dr Shehu's reflective statement where he stated that:

> *' I have reflected at length on this incident and from the outset would like to express my deepest sympathy for the Patient A's family. I am extremely sorry that my actions on that day contributed to the catastrophic outcome.*
>
> *As outlined above, I had seen Patient A around 20.55 just prior to finishing my shift for the day. I had been reviewing patients on the acute medical take from 09.00 that morning. It had been a very busy shift, and I recognise now that I was fatigued.*
>
> *…*
>
> *On reflection, I accept that the patient's pain was not in keeping with a simple DVT and I should have considered an alternative diagnosis. I believe that at the time, I was falsely reassured by the assessment of the orthopaedic registrar who had assessed the patient prior to my involvement. He had concluded that there was no compartment syndrome and so this was more likely to be a DVT.*
>
> *We see many patients in the department in varying levels of pain and pain is subjective and I clearly did not recognise that Patient A's pain was more severe that you would generally expect to see with a DVT.*
>
> *…*
>
> *I am deeply and extremely sorry about what happened and I will carry this with me. I have reflected to understand why this happened so that I can make sure such an incident will not be repeated. With the benefit of time and space, I can see that I had tunnel vision on that day about Patient A which is unacceptable as a physician*
> *…*

I have undertaken a lot of education, training and supervision and changed my practice as a result. I had been committed to change in my last post and will do so in future:

Now I:
• consider whether I am fit to work and functioning at full capacity
*• **always** stop, think and consider a differential diagnosis*
• undertake my own adequate history and physical examination
*• document **MY** findings myself*
• work much more effectively within a team discussing their findings and my own
• Keep up to date concentrating on issues as they come up in my practice'

30. The Tribunal assessed the degree to which Dr Shehu's insight has developed in the intervening period and is satisfied that Dr Shehu's insight has now matured and that this insight is genuine.

31. The Tribunal assessed the quality of Dr Shehu's remediation and considered that he had taken sufficient steps to address the concerns identified by the previous Tribunal. This Tribunal noted the targeted and relevant CPD that Dr Shehu had undertaken and the Case Reviews and Audit conducted in the intervening period. The Tribunal is satisfied that the allegation is now remedied and that there is a low risk of repetition. The Tribunal further noted, and is satisfied, that Dr Shehu kept his medical knowledge and skills up to date during the period of suspension.

32. The Tribunal had regard to the comments made by Dr J in his reference:

"it is clear that Dr Shehu is a conscientious, diligent, and hardworking doctor. His knowledge base is strong and comparable to that of many of my consultant colleagues. Although I have not been able to observe his direct clinical practice due to his suspension, our case-based discussions demonstrated that he is able to formulate appropriate differential diagnoses, recognise potential pitfalls, and outline safe and sensible management plans. It is also evident that he has reflected deeply on the case in question and has been significantly affected by the missed opportunity in what was a rare presentation of sepsis in a young woman."

33. The Tribunal considered that Dr Shehu had responded positively to the findings of the 2025 Tribunal and had made substantial progress in developing both his insight and remediation. It determined that the progress he had demonstrated had reduced the level of risk identified at the previous hearing and had a substantial impact on its assessment of his current fitness to practise. The Tribunal was satisfied that there was nothing further that Dr Shehu could reasonably have provided to the Tribunal to demonstrate that he has remediated further. The Tribunal determined that Dr Shehu has put in place measures to avoid future repetition of the clinical failings as outlined in his reflective statement.

34. The Tribunal is satisfied therefore that the risk to public protection as identified by the 2025 Tribunal is no longer present. The Tribunal were satisfied that there is no longer a risk to the public should Dr Shehu resume unrestricted practice due to his insight, the remediation that he has undertaken and the fact that this appears to have been a one off incident in an otherwise unblemished career with no further issues occurring during the period leading up to Dr Shehu's suspension. The Tribunal is also satisfied that there is no longer a risk to the public's confidence in the profession. The Tribunal accepts Dr Shehu's Counsel's submission that 'an informed and fair-minded member of the public, fully aware of the facts of this case, would recognise that Dr Shehu is a doctor who has shown genuine remorse, reflected deeply on his actions, accepted responsibility and taken every reasonable step to remediate his misconduct and safeguard against any repetition'.

35. The Tribunal is further satisfied that there is no longer a risk that Dr Shehu's unrestricted practice would have a negative impact on the maintenance of professional standards and is satisfied that the period of suspension will have made clear to both Dr Shehu, the public and the profession that misconduct of this nature is taken seriously.

36. The Tribunal considered the finding of the 2025 Tribunal, as set out above, that the risk to public protection identified in this case could be satisfactorily addressed by the imposition of a 6-month period of suspension, which would mark the seriousness of its findings, maintain public confidence and uphold proper professional standards.

37. The Tribunal then went on to consider the questions posed in Step 1b. The first question requires that the Tribunal decide, based on the conclusions reached in Step 1a, if the doctor poses any current and ongoing risk to public protection.

38. The Tribunal has had regard to all of the evidence before it now and the positive steps taken by Dr Shehu including the full insight and remediation shown. The Tribunal was satisfied that Dr Shehu has now addressed the issues raised by the 2025 Tribunal. Based on the conclusions reached above, the Tribunal was satisfied that Dr Shehu does not pose any current and ongoing risk to the public protection and therefore the Tribunal has reached the determination that Dr Shehu's fitness to practise no longer remains impaired. It determined, in all the circumstances, the risk of repetition of the misconduct is low and is unlikely to be repeated. The Tribunal also determined that the three limbs of public protection would not be undermined were a finding of current impairment not made.

39. This Tribunal has therefore determined that Dr Shehu's fitness to practise is not impaired by reason of misconduct.

40. The Tribunal noted that the suspension of Dr Shehu's registration is due to expire on 12 July 2026. In the light of its findings on impairment, the Tribunal determined to revoke the order of suspension with immediate effect. It was of the view that this was both appropriate and proportionate in all the circumstances.

41. This concludes the case.