PUBLIC RECORD

Dates: 19/10/2026 - 28/10/2026

Doctor:	Dr Tochukwu AKAH
GMC reference number:	7974796
Primary medical qualification:	MB BS 2017 Nnamdi Azikiwe University

Type of case	Outcome on facts	Outcome on impairment
New - Misconduct	Facts relevant to impairment found proved	Impaired

Summary of outcome

Erasure

Immediate order imposed

Tribunal:

Legally Qualified Chair	Mrs Christine McLoughlin
Lay Tribunal Member:	Ms Morgan Phillips
Registrant Tribunal Member:	Dr Euan Strachan-Orr

Tribunal Clerk:	Hadi Rachrach

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Leku Ador
GMC Representative:	Ms Jade Bucklow

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 Facts & Impairment - 26/10/2026

FACTS

Background

1. Dr Akah qualified in 2016, at Nnamdi Azikiwe University, Nigeria. Prior to the events which are the subject of the hearing, Dr Akah practiced in Nigeria, until relocating to the United Kingdom in December 2022. In September 2024, Dr Akah obtained the position of a Clinical Fellow in haematology, and his role was based at Hampshire Hospitals Foundation Trust (HHFT).

2. The allegations that have led to Dr Akah's hearing relate to his conduct. It is alleged by the General Medical Council (GMC) that on 16 June 2024, Dr Akah submitted an application to HHFT to work as a Clinical Fellow in haematology, and falsified some of the details in his application form.

3. It is alleged that following concerns having been raised by medical colleagues and nurses about his practice, Dr Akah was interviewed as part of an internal investigation, and during that investigation, he admitted falsifying some of the details in his application form. This included, but was not limited to, falsifying multiple courses, experience claims, journal

authorships and awards received. It is alleged that Dr Akah's actions in completing his application form were dishonest.

4. Dr Akah was reported to the GMC on 1 May 2025 by his employer, following his dismissal from post after the conclusion of the internal investigation.

The outcome of applications made during the facts stage

5. The Tribunal granted Dr Akah's application to be represented by a suitable person, made pursuant to Rule 33 (1) (c) of the GMC (Fitness to Practise Rules) 2004 as amended (the Rules), permitting Dr Akah to be represented by Mr Ador. The Tribunal's full decision on the application is included at Annex A.

6. The Tribunal refused Dr Akah's application to sit in private, made pursuant to Rule 41 (3) of the GMC (Fitness to Practise Rules) 2004 as amended (the Rules). The Tribunal's full decision on the application is included at Annex B.

The Allegation and the doctor's response

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

1. On 16 June 2024, you submitted an application to Hampshire Hospitals Foundation Trust ('HHFT') to work as a Clinical Fellow in haematology, and you falsely stated you:
    a. had completed Advance Cardiac Life Support ('ACLS') training with Resuscitation Council UK in 2024; Admitted and found proved
    b. had completed Basic Life Support ('BLS') training with Resuscitation Council UK in 2024; Admitted and found proved
    c. had completed Advanced Life Support ('ALS') training with Resuscitation Council UK in 2024; Admitted and found proved
    d. had attended an intensive revision course in haematology, in Nigeria in 2022; Admitted and found proved
    e. had worked as a locum doctor between December 2022 and May 2024, through the locum agency Access Medics; Admitted and found proved
    f. had independent practical experience in:
        i. exchange blood transfusions; Admitted and found proved
        ii. bone marrow biopsies; Admitted and found proved

iii. stem cell transplantation; Admitted and found proved
iv. arterial blood gas procedures; Admitted and found proved
v. peripheral blood films; Admitted and found proved

g. had independently completed:
i. 56,700 IV cannulation procedures; Admitted and found proved
ii. 45,680 venous blood sampling procedures; Admitted and found proved
iii. 54,450 blood transfusions; Admitted and found proved

h. published a research article called 'The menace of sickle cell disease in sub Saharan Africa', on 4 January 2022 in a journal titled 'Medizik Journal'; Admitted and found proved

i. had made six presentations between 2020 and 2022; Admitted and found proved

j. had won the academic award "Best student in internal medicine' in 2017 at Nnamdi Azikiwe University; Admitted and found proved

k. had won the academic award "Most active member of the year" in 2016 at the Rotaract club of Nnamdi Azikiwe University; Admitted and found proved

l. had been awarded a "Distinction in Pathology" in 2014 at Nnamdi Azikiwe University; Admitted and found proved

m. were the "Chief Medical Officer in the emergency department" whilst working in Nigeria; Admitted and found proved

n. oversaw a team responsible for the administration of Covid-19 vaccinations. Admitted and found proved

2. You knew at the time of submitting your application to HHFT that you:
a. had not completed ACLS training with the UK Resuscitation Council; Admitted and found proved
b. had not completed BLS training from the UK Resuscitation Council; Admitted and found proved
c. had not completed ALS training with the UK Resuscitation Council; Admitted and found proved
d. had not undertaken an intensive haematology course; Admitted and found proved
e. had not obtained full registration with the General Medical Council until 10 April 2024; Admitted and found proved

f. did not work as a locum doctor via Access Medics between December 2022 and 2024; **Admitted and found proved**
g. had not independently performed:
    i. exchange blood transfusions; **Admitted and found proved**
    ii. bone marrow biopsies; **Admitted and found proved**
    iii. stem cell transplantation; **Admitted and found proved**
    iv. arterial blood gas procedures; **Admitted and found proved**
    v. peripheral blood films; **Admitted and found proved**
h. had not conducted the number of procedures claimed in relation to:
    i. IV cannulations; **Admitted and found proved**
    ii. venous blood sampling; **Admitted and found proved**
    iii. blood transfusions; **Admitted and found proved**
i. had not published the research article 'The menace of sickle cell disease in sub Saharan Africa' in the *'Medizik Journal'*; **Admitted and found proved**
j. did not make the six presentations listed in your application; **Admitted and found proved**
k. had not won the academic prize as "Best Student in internal Medicine" in 2017 at Nnamdi Azikiwe University; **Admitted and found proved**
l. had not won the academic award of "Most Active Member of the Year" in 2016 at the Rotaract club of Nnamdi Azikiwe University; **Admitted and found proved**
m. had not obtained a "Distinction in Pathology" in 2014 at Nnamdi Azikiwe University; **Admitted and found proved**
n. had not worked as a Chief Medical Officer in Nigeria; **Admitted and found proved**
o. did not oversee a team responsible for administering vaccinations during the Covid-19 pandemic. **Admitted and found proved**

3. Your actions as described at paragraph:
    a. 1a were dishonest by reason of paragraph 2a; **Admitted and found proved**
    b. 1b were dishonest by reason of paragraph 2b; **Admitted and found proved**
    c. 1c were dishonest by reason of paragraph 2c; **Admitted and found proved**

d. 1d were dishonest by reason of paragraph 2d; Admitted and found proved
e. 1e were dishonest by reason of paragraph 2e and 2f; Admitted and found proved
f. 1f(i)-(v) were dishonest by reason of paragraph 2g(i)-(v); Admitted and found proved
g. 1g(i)-(iii) were dishonest by reason of paragraph 2h(i)-(iii); Admitted and found proved
h. 1h were dishonest by reason of paragraph 2i; Admitted and found proved
i. 1i were dishonest by reason of paragraph 2j; Admitted and found proved
j. 1j were dishonest by reason of paragraph 2k; Admitted and found proved
k. 1k were dishonest by reason of paragraph 2l; Admitted and found proved
l. 1l were dishonest by reason of paragraph 2m; Admitted and found proved
m. 1m were dishonest by reason of paragraph 2n; Admitted and found proved
n. 1n were dishonest by reason of paragraph 2o. Admitted and found proved

And that by reason of the matters set out above your fitness to practise is impaired because of your misconduct. To be determined

The admitted facts

8. At the outset of these proceedings, through his representative, Mr Ador, Dr Akah made partial admissions to the majority of the paragraphs and sub-paragraphs of the Allegation. Once Ms Bucklow, Counsel for the GMC, opened the case, Dr Akah, through his representative Mr Ador, then made full admissions to the remaining disputed facts of the Allegation as set out above, in accordance with Rule 17(2)(d) of the Rules. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

IMPAIRMENT

9. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out above, Dr Akah's fitness to practise is impaired by reason of misconduct.

Documentary evidence

10. Neither party chose to rely on oral evidence and relied only on documentary evidence provided by the parties, which included but was not limited to:

- Two Hearing Bundles consisting of Witness Statements and Exhibits;
- Witness Statement of Mr A dated 2 October 2026;
- Dr Akah's Witness Statement dated 4 December 2025;
- Dr Akah's Supplemental Witness Statement Dated 10 April 2026;
- Dr Akah's Job Offer Letter as Home Care Worker for Serenity Healthcare Services dated 24 October 2022;
- Dr Akah's Job Induction Letter as a Home Care Worker for Serenity Healthcare Services dated 12 November 2022;
- Dr B's statement dated 6 August 2025; and
- Dr C's statement dated 7 October 2025.

Submissions on behalf of the GMC

11. On behalf of the GMC, Ms Bucklow submitted that this case amounted to serious misconduct which engages all three limbs of the overarching objective as set out in the Medical Act 1983. Ms Bucklow referred the Tribunal to the Guidance for MPTS Tribunals: Section 3 – MPT Hearings (effective from 24 November 2025) ('the Guidance').

12. Regarding the finding of impairment, Ms Bucklow submitted that Dr Akah's fitness to practice is impaired by reason of his misconduct. Ms Bucklow referred the Tribunal to the case of *Roylance v GMC (No.2)* [2000] 1 AC.

13. Ms Bucklow submitted that Dr Akah's conduct represents a serious departure from professional standards. Ms Bucklow referred the Tribunal to the following paragraphs of the Good Medical Practice (GMP) which came into effect on 30 January 2024:

'*1 You must be competent in all aspects of your work including, where applicable, formal leadership or management roles, research and teaching.*

2 You must recognise and work within the limits of your competence. You must only practise under the level of supervision appropriate to your role, knowledge, skills and training, and the task you're carrying out.

81 You must make sure that your conduct justifies patients' trust in you and the public's trust in your profession.

82 You must always be honest about your experience, qualifications, and current role. You should introduce yourself to patients and explain your role in their care.

89 You must make sure any information you communicate as a medical professional is accurate, not false or misleading. This means:

a you must take reasonable steps to check the information is accurate
b you must not deliberately leave out relevant information
c you must not minimise or trivialise risks of harm
d you must not present opinion as established fact'

14. Ms Bucklow submitted that the dishonest conduct by Dr Akah represents unsafe conduct and it falls short of the standards reasonably expected of a doctor and therefore amounts to serious misconduct.

15. The Tribunal were reminded by Ms Bucklow that dishonesty lies at the top end of the spectrum of seriousness due to the impact that dishonesty has on public confidence as detailed in the Guidance.

16. Ms Bucklow referred to the case *Khan v GMC* [2015] EWHC 301 (Admin), where Mr Justice Mostyn stated at paragraph 6, that the court have demonstrated a very strict line taken in relation to findings of dishonesty. Ms Bucklow further submitted that the court and the privy council has repeatedly recognised that for all professional men and women, a finding of dishonesty lies at the top end of the spectrum of the gravity of misconduct.

17. Ms Bucklow submitted that it was further stated that where proven dishonesty is combined with a lack of insight or is covered up, '*the authorities would also show that nothing short of erasure is likely to be appropriate*'.

18. Ms Bucklow submitted that honesty itself is at the heart of the medical profession and it is essential for the public to have trust in doctors and the systems they work in.

19. Ms Bucklow submitted that even a single instance of dishonesty may fall at the higher end of the spectrum of seriousness because it can have a significant impact on public confidence in the profession and pose a risk to public protection. Ms Bucklow submitted that dishonest behaviour may impact the physical, emotional or psychological wellbeing of a patient or member of the public.

20. Ms Bucklow submitted that evidence of relevant context known about the doctor and their working environment, and evidence of insight and remediation may have less of an impact in this type of case, where dishonesty falls at the higher end of the spectrum. Ms Bucklow further submitted that it can be more difficult to remediate dishonesty because it is an attitudinal and behavioural concern.

21. Ms Bucklow submitted that the Allegation of dishonesty in this case is particularly serious because it relates directly to the doctor's professional practice. Ms Bucklow submitted that Dr Akah lied about his skills and his experience in order to obtain a role that he did not have the requisite skills and experience to hold, and that his actions were not only a public confidence issue, but also puts his patients' safety at risk.

22. Ms Bucklow submitted that after Dr Akah failed the practical element of the ALS course with the UK Resuscitation Council, the course provider contacted his educational supervisor and informed them that they considered he was not safe to practice as a doctor. Ms Bucklow further submitted that patients under Dr Akah's care required life support that he did not have the necessary skills required to safely provide.

23. Ms Bucklow submitted that the actual consequences or outcome for an individual patient should not be considered in isolation. The Tribunal should attach more weight to the evidence about the risk to patients and members of the public associated with the specific departure of professional standards and that *'it is simply fortuitous that we do not have a case of patient harm within this Allegation'.*

24. Ms Bucklow submitted that the following specific features increase the seriousness and are present in this case:

- Dr Akah deliberately provided false information, and his intention was to boost his application and obtain employment which he was keen to secure by lying about his qualifications and his experience;
- Dr Akah's conduct was also sustained as he took the steps to complete the application in that way, submitted it, and then he relied on the false application and did not correct his position of dishonesty;
- Dr Akah had reckless disregard for patient safety as he ought to have known that his conduct would risk causing harm to patient safety;
- Dr Akah had reckless disregard for professional standards as he failed to take reasonable steps to check that information he had provided to others was correct;
- Dr Akah had intentionally provided that misleading information with a very clear objective; and
- Dr Akah had placed his own interests above the interests of patients, in falsifying his qualifications and experience, whereby he was prioritising his own career aspirations to work as a doctor in the UK. He put his desire to get a job in the NHS above the safety of patients, members of the public and above the needs of the Trust who were seeking to employ someone to meet their own operational and care delivery requirements.

25. Ms Bucklow submitted that taking into account the nature of the Allegation and the aggravating features, Dr Akah's conduct falls within the higher end of the spectrum of seriousness.

26. Ms Bucklow submitted that the Tribunal is invited to consider relevant context and how it has impacted Dr Akah's behaviour. Ms Bucklow submitted that context does not make his conduct less serious. Ms Bucklow acknowledged Dr Akah's admissions to his dishonesty and invited the Tribunal to consider Dr Akah's insight and remediation. Ms Bucklow submitted that there are limitations to Dr Akah's insight as the reflective statements contain no reflection on the very real risks to patient safety, and that evidence in terms of remediation is limited.

27. Ms Bucklow submitted that the risk of repetition in this case remains high because Dr Akah's insight is incomplete and he has completed limited remediation to date. Ms Bucklow further submitted that evidence of insight and remediation which may decrease risk will have less impact and carry less weight because dishonesty can be more difficult to remediate.

28. Ms Bucklow submitted that the dishonesty was extreme and was not simply a slight embellishment on qualifications achieved. Rather, the content of the application form was largely fabricated. Dr Akah had not taken full accountability for this and instead had sought to deflect and place the blame on others.

29. Ms Bucklow submitted that a finding of impairment is necessary to protect members of the public and it is required in this case to maintain public confidence. Public confidence would be significantly undermined if there was not a finding of impairment after the full admission. Ms Bucklow further submitted that a finding of impairment is also required to maintain proper professional standards as it sends a signal to other members of the profession that conduct of this nature is unacceptable and would be regarded as deplorable by fellow professionals.

30. Ms Bucklow reminded the Tribunal that Dr Akah has no previous history of fitness to practice.

Submissions on behalf of Dr Akah

31. Mr Ador submitted Dr Akah has taken responsibility in admitting the Allegation against him and has shown the Tribunal that he is repentant for the misrepresentations made to his employer.

32. Mr Ador also submitted that some of Ms Bucklow's submissions were incorrect.

33. Mr Ador stated that in circumstances where there is a lack of evidence against Dr Akah, this should *'sit in his favour'*.

34. Mr Ador submitted that Dr Akah is fully responsible for what he wrote in his reflective statements and that they reflect his state of mind.

35. Mr Ador submitted that the Tribunal should equally be concerned to help Dr Akah become a better professional person. Mr Ador submitted that Dr Akah does not pose a high risk of repetition and there is no evidence of such risk as indicated by Ms Bucklow.

36. Mr Ador submitted that Dr Akah has been suspended for a long time and he has complied with that interim sanction, which on its own is a punitive measure.

37. Mr Ador submitted that Dr Akah, at the time of his employment, was '*categorically clear'* to his employer that this employment was his first job as a doctor in the United Kingdom.

38. Mr Ador submitted that Dr Akah has reflected on how bad his actions were and that he is ashamed of his actions which have caused him and his colleagues' embarrassment.

39. Mr Ador submitted that Dr Akah has committed dishonesty for the first time and that this should be taken into consideration.

40. Mr Ador submitted that Dr Akah has voluntarily undertaken ethics and integrity training and that this should be considered by the Tribunal as a '*demonstration, reflection, repentance, and desire of Dr Akah to be a better practitioner'.*

41. Mr Ador submitted that Dr Akah's misrepresentation being characterised as intentional is accepted only to the extent that the intention was not selfish as *'erroneously stated'* by Ms Bucklow.

42. Mr Ador submitted that Dr Akah had needed employment, however that was not the only factor that pushed Dr Akah to act in this way. The other factor was his urge to serve the public.

43. Mr Ador submitted that Dr Akah does not pose a risk of harm to the public or patients. He submitted there is no evidence that Dr Akah was not able to conduct his role efficiently, and that the concern of his employer was simply because Dr Akah was *'nervous'.* Mr Ador submitted that it was his employer's subjective judgement that Dr Akah was nervous, and that this was inaccurate.

44. Mr Ador submitted that the proof that Dr Akah has applied the remediation training would be better demonstrated practically instead of simply evidenced and reported. Mr Ador submitted that Dr Akah has improved his professional ethics and integrity and requests the Tribunal to allow him the opportunity to demonstrate his repentance by showing leniency.

45. Mr Ador submitted that non punitive measures such as *'restorative'* ones are appropriate to deal with the actions of Dr Akah in a '*professional sense'*. Mr Ador urged the Tribunal to be very lenient as Dr Akah has admitted the Allegation in its entirety and saved

the Tribunal time that would have been wasted during the fact stage had he contested the Allegation.

46. Mr Ador submitted that Dr Akah has invested a great deal of time into his medical training and that he never intended to a pose risk to anyone. Mr Ador submitted that severe sanctions would '*destroy the years invested*' by Dr Akah. Mr Ador also submitted that a '*mild sanction'* would give him another opportunity, especially after Dr Akah has suffered *'public penury'* and that a *'mild sanction'* would give him an opportunity to learn and improve his character.

47. Mr Ador submitted that Dr Akah's actions in being dishonest do not make him unfit to practice.

The relevant legal principles

48. There is no burden or standard of proof at this stage of the proceedings, and the decision of impairment is a matter for the Tribunal's judgement alone. The Tribunal will only make a finding of impairment where there is a legal basis for doing so and where a decision is reached that the doctor poses a current and ongoing risk to one or more of the three parts of public protection which is likely to require restrictive action in response. The three parts of public protection are to protect, promote and maintain the health, safety and well-being of the public; to promote and maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of the profession.

49. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct that was serious, and then whether the misconduct poses a current and ongoing risk to public protection requiring restrictive action in response and therefore could lead to a finding of impairment.

50. To assess whether Dr Akah poses any current and ongoing risk to public protection which may require restrictive action in response, the Tribunal will follow the steps set out it in the Guidance. It will consider:

- where on the spectrum of seriousness the allegation lies, based on the facts found proved the impact of any relevant context known about Dr Akah
- How Dr Akah has responded to the Allegation

51. The Tribunal will also have regard to the *MPTS Guidance for Tribunals > General introduction > Protecting the public in specific case types* ('the Guidance Introduction') and in particular paragraphs 77 to 79 dealing with cases of dishonesty.

52. The Tribunal had regard to the case of *Roylance v GMC (No.2*) [2000] 1 AC 311*:*

'Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a medical practitioner in the particular circumstances. The misconduct is qualified in two respects. First, it is qualified by the word "professional" which links the misconduct to the profession of medicine. Secondly, the misconduct is qualified by the word "serious". It is not any professional misconduct which will qualify. The professional misconduct must be serious.'

53. The Tribunal had regard to *R (on the application of Remedy UK Ltd) v General Medical Council* [2010] EWHC 1245 (Admin):

'*Misconduct was of two principal kinds: First, it may involve sufficiently serious misconduct in the exercise of professional practice such that it could properly be described as misconduct going to fitness to practise. Second, it could involve conduct of a morally culpable or otherwise disgraceful kind which may, and often would, occur outwith the course of professional practice itself, but which brought disgrace upon the doctor and thereby prejudiced the reputation of the profession'*

54. The Tribunal also had regard to the case of *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), which sets out that serious professional misconduct is also conduct which would be regarded as deplorable by fellow practitioners. Therefore, the focus at this stage firstly has to be on whether any Misconduct was in fact serious professional misconduct.

55. The Tribunal had regard to the test for impairment that was set out by Dame Janet Smith, as cited in the case of *CHRE v Grant and NMC, [2011*] EWHC 927 (Admin)*:*

'a) Whether the registrant has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm;

b) Whether the registrant has in the past brought and/or is liable in the future to bring the profession into disrepute;

c) Whether the registrant has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the profession.

d) Whether the registrant has in the past acted dishonestly and/or is liable to act dishonestly in the future.'

56. The Tribunal reminded itself of the case of *Cohen v. GMC [2008]* EWHC 581 where Mr Justice Silber identified criteria for assessing current impairment which can be summarised as follows:

- *Is the conduct remediable?*
- *Has it been remedied?*
- *Is it highly unlikely to be repeated in the future?*

57. The Tribunal had regard to the case of *Sun v General Medical Council* [2023] EWHC 1515 at [38] which states*:*

'…issues of probity, integrity and honesty are fundamental tenets of the medical profession, in a context where doctors occupy a position of privilege in trust and are expected to act in a manner which maintains public confidence and uphold proper standards of conduct.'

58. Further, the Tribunal had regard to the case of *Nkomo v GMC* [2019] EWHC 2625 (Admin) at [35] which states:

'The starting point is that dishonesty by a doctor is almost always extremely serious. There are numerous cases which emphasise the importance of honesty and integrity in the medical profession, and they establish a number of general principles. Findings of dishonesty lie at the top end of the spectrum of gravity of misconduct…Misconduct involving personal integrity that impacts on the reputation of the profession is harder to remediate than poor clinical performance…. In such cases, personal mitigation should be given limited weight, as the reputation of the profession is more important than the fortunes of an individual member…'

The Tribunal's determination on impairment

59. The Tribunal had regard to the submissions provided by the parties, GMP and the Guidance. The Tribunal has followed Section 3 of the Guidance (stage 2: impairment) in terms of steps 2(a) – 2(e) as set out below.

Misconduct

Is there a legal basis for considering impairment?

60. The Tribunal acknowledged Dr Akah's admissions to the Allegation which has now been found proven.

61. The Tribunal had regard to GMP, in particular paragraphs:

'*1 You must be competent in all aspects of your work including, where applicable, formal leadership or management roles, research and teaching.*

2 You *must recognise and work within the limits of your competence. You must only practise under the level of supervision appropriate to your role, knowledge, skills and training, and the task you're carrying out.*

81 You must make sure that your conduct justifies patients' trust in you and the public's trust in your profession.

82 You must always be honest about your experience, qualifications, and current role. You should introduce yourself to patients and explain your role in their care.

89 You must make sure any information you communicate as a medical professional is accurate, not false or misleading. This means:

a you must take reasonable steps to check the information is accurate
b you must not deliberately leave out relevant information
c you must not minimise or trivialise risks of harm
d you must not present opinion as established fact.'

62. The Tribunal accepted Ms Bucklow's argument and noted that all the paragraphs stated from GMP above were engaged. The Tribunal therefore concluded that Dr Akah had

seriously departed from the GMP standards of professional behaviour expected of him as a doctor.

63. The Tribunal had regard to the Guidance which sets out that that dishonesty is a form of misconduct. The Tribunal considered that honesty and integrity were fundamental tenets of the profession, and that in dishonestly purporting to have skills and knowledge that he did not have, Dr Akah's conduct had fallen very far below what is expected.

64. As such, the Tribunal determined that Dr Akah's actions amounted to serious misconduct and that this provided a legal basis for the Tribunal to consider impairment.

Where on the spectrum of seriousness does the allegation lie?

65. The Tribunal reviewed the examples given for misconduct which are considered low to medium on the spectrum of seriousness as set out at paragraphs 28, 29 and 30 of the Guidance. The Tribunal noted that these examples do not fit with the admitted misconduct. The Tribunal noted that all but very minor acts of dishonesty are considered to sit at the higher end of the spectrum of seriousness, and it did not see any grounds to depart from that as a starting point in this case.

66. The Tribunal acknowledged Ms Bucklow's submission regarding the departure from professional standards and that more weight should be attached to the risk on public confidence when assessing the level of seriousness.

67. The Tribunal considered paragraph 36 of the Guidance and concluded that Dr Akah's actions:

- Were persistent and repeated
- Were premediated
- Had reckless disregard for patient safety and professional standards
- Were in the form of putting his own interests before those of patients
- Undermined the system designed to protect the public

68. The Tribunal considered these features confirm that the level of seriousness remains firmly at the high end of the spectrum. The Tribunal therefore determined the starting point for assessing risk to public protections is high.

What is the impact of any relevant context known about Dr Akah and/or their working environment?

69. The Tribunal considered that there were no work conditions made known to the Tribunal that could have impacted Dr Akah's actions. Instead the Tribunal indicated that Dr Akah was acting in his personal capacity.

70. The Tribunal had regard to Mr Ador's argument that template wording was used in Dr Akah's application and that Dr Akah had received guidance instructing him to embellish his CV. However, the Tribunal considered Dr Akah should have behaved with integrity, and should have known that fabricating multiple qualifications and experience was dishonest.

71. The Tribunal considered the role and experience of Dr Akah and concluded that the essence of the Allegation is that Dr Akah applied for a job dishonestly. The context of role and experience does not apply in this case.

72. The Tribunal had regard to paragraph 64 of the Guidance and noted that:

'Failure to meet the professional standards expected is not acceptable simply because a doctor is newly qualified or new to UK practice.'

73. The Tribunal considered any relevant personal context and acknowledged Ms Bucklow's submissions that Dr Akah was frustrated and facing financial constraints pushing him to rely on family financial support which may have influenced Dr Akah to behave dishonestly.

74. The Tribunal noted that the personal context and role and experience mentioned above carry less impact and referred to the following paragraphs in the Guidance:

'72 Where the relevant personal context was out of the doctor's control, or where they were taking reasonable steps to minimise the impact, this will usually have more of an impact on the assessment of risk. However, where there is an ongoing impact arising from the doctor's personal context and steps are not in place to manage this, the MPT might conclude, depending on the facts of the case, that there may be a risk of repetition which means the level of current and ongoing risk to public protection may be increased.

73 In cases where there is evidence of personal context that may decrease the level of risk the doctor poses to one or more of the three parts of public protection, this will usually have less impact, and therefore carry less weight, where the allegation falls at the higher end of the spectrum of seriousness and therefore the starting point for assessing current and ongoing risk to public protection is high. This is because the risk to public protection arising from these concerns is generally more difficult to mitigate.'

75. The Tribunal determined that there was no relevant context which impacted on the level of risk previously determined.

How has Dr Akah responded to the Allegation?

76. The Tribunal considered the argument presented by Mr Ador in that Dr Akah acted in such manner because he desired to help the public. Whilst the Tribunal acknowledged that point, the Tribunal noted that this aim was prioritised ahead of patient safety and in contrast to the submission made by Mr Ador, is seen as an act that increases the seriousness of his actions.

77. The Tribunal had regard to the following paragraph in the guidance when assessing the impact of insight;

'86 When the MPT is deciding what impact evidence of insight has on the assessment of current and ongoing risk to public protection, it will be relevant to consider how complete or developed the doctor's insight is.'

87 While all evidence of insight is important when assessing risk, some factors will enhance the impact of insight which means they may carry more weight. The following are relevant considerations:

- *the nature and quality – for example, a full acknowledgment of what has occurred and what the doctor needs to do differently, may carry more weight than a simple '…I'm sorry…'. And a detailed, voluntary self-referral and active engagement may carry more weight than a limited self-referral, made in response to a requirement by an individual or organisation to avoid a referral by them, with no onward cooperation.*
- *the timing – for example, an apology given soon after the relevant events to the appropriate person may carry more weight than if it were given following a delay*

and just before, or at, the decision point, and a self-referral may carry more weight if it is made voluntarily rather than to avoid a referral by a third party.'

78. The Tribunal considered that the training undertaken by Dr Akah was mostly irrelevant to the dishonest behaviour. Adequate insight was not made out on this basis. There was no reflection about the impact on patient safety that his actions could have had. The Tribunal concluded that there is a substantial ongoing lack of insight from Dr Akah and that he is not aware of the impact of his actions. The Tribunal further indicated that they were expecting more remediation to have been done by Dr Akah in response to the allegation of dishonesty.

79. The Tribunal concluded that although it has seen no evidence that Dr Akah caused actual harm to patients, the risk to patients and members of the public arising from Dr Akah's departure from the professional standards will be a primary consideration to the Tribunal's assessment.

80. The Tribunal indicated that Dr Akah's insight was very limited which undermines the deeper understanding that Dr Akah should have at this stage. The Tribunal furthermore had regard to the Continuing Professional Development (CPD) training done by Dr Akah and considered it to be insufficient to show the necessary insight, while also noting the lack of meaningful reflection on the limited CPD undertaken.

81. The Tribunal considered the argument of Mr Ador that for Dr Akah to demonstrate his insight, he needs to be allowed to get back to practice. The Tribunal noted that it is a regulatory expectation that insight needs to be evidenced to demonstrate that Dr Akah understands what he did wrong to gain the requisite assurance that he no longer poses a risk. The Tribunal expected evidence that shows:

- that Dr Akah has reflected;
- that his insight is meaningful; and
- that he made himself available for courses with an indication as to the details of such courses and the relevance of such courses to the Allegation.

82. The Tribunal concluded, that only if he could provide such evidence, would Dr Akah be able to demonstrate to the Tribunal that he understood what he had done wrong, and the impact on the three limbs of public protection.

83. The Tribunal concluded that Dr Akah failed to recognise not only that he was dishonest, but also that he had exposed patients to significant risk as he was not skilled for such a role.

84. The Tribunal referenced paragraph 109 in the Guidance which states that:

'109 *Cases involving the following features can be more difficult to remediate:*

- *there is a high risk of harm to patients due to the doctor's deliberate, reckless, persistent, or repeated behaviour*
- *the nature of, or circumstances giving rise to, the allegation suggests there is an underlying issue with the doctor's attitude, and/or*
- *the allegation falls at the higher end of the spectrum of seriousness and is capable of damaging public confidence in the professions.'*

85. The Tribunal had regard to paragraph 81 in the Guidance and considered each relevant example in turn:

- Dr Akah did not fully appreciate the gravity of his dishonesty, however he does now accept that he should have acted differently;
- Dr Akah did not fully understand the impact or potential impact of his behaviour;
- Dr Akah has not taken sufficient steps to remediate and to identify how he would act differently in the future to avoid similar issues arising. The Tribunal was concerned by Dr Akah's proposal to engage with a mentor to verify the truthfulness of his job applications. The Tribunal was of the view that Dr Akah should be capable of knowing when he is being honest;
- Dr Akah did co-operate with earlier investigations into the Allegation and engaged with the GMC's investigation; and
- Dr Akah did not self-refer to his employer or the GMC and only cooperated when he had become the subject of investigation.

86. The Tribunal did not receive any evidence in respect of Dr Akah keeping his knowledge and skill up to date.

87. The Tribunal concluded that Dr Akah's insight and remediation is insufficient. The Tribunal therefore determined that the starting point for assessing risk remains high.

Tribunal's decision as to whether Dr Akah poses any current and ongoing risk to public protection which may require restrictive action in response and its finding on impairment

88. Having taken account of the limitations of Dr Akah's insight and remediation, the Tribunal determined that it was not highly unlikely that Dr Akah might act dishonestly in the future.

89. The Tribunal considered that all three limbs of public protection are engaged. The Tribunal referenced the Guidance Introduction section, specifically at paragraph 87, which sets out how the three parts of public protection might be engaged in a dishonesty case.

90. The Tribunal determined that the current level of risk to public protection was high. It concluded that the patient safety limb was engaged, having regard to its earlier detailed conclusions, in particular when misrepresenting his experience and qualifications, Dr Akah placed patients at risk of harm.

91. The Tribunal considered that patient safety was the principal concern. However, the nature and seriousness of the dishonesty also engaged the wider public interest of upholding public confidence in the profession and maintaining proper professional standards.

92. The Tribunal concluded that patient safety, public confidence in the medical profession and the need to uphold proper standards for that profession would be adversely affected if it were not to make a finding of impairment in this case.

93. The Tribunal has therefore determined that Dr Akah's fitness to practise is impaired by reason of dishonesty.

Determination on Sanction - 27/10/2026

94. This determination was handed down in public in accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004.

95. Having determined that Dr Akah's fitness to practise is impaired by reason of misconduct, the Tribunal has to decide in accordance with Rule 17(2)(n) of the Rules what action, if any, it should take with regard to Dr Akah's registration.

Submissions on behalf of the GMC

96. Ms Bucklow, Counsel, submitted that the most appropriate sanction is one of erasure, and is the minimum sanction required to meet all three limbs of the Overarching Objective as set out in Section 1 of Medical Act 1983.

97. Ms Bucklow submitted that sanctions are not imposed to punish but they may have a punitive effect. She further submitted that any sanction imposed must be proportionate and appropriate for the individual circumstances.

98. Ms Bucklow submitted that the Tribunal must start with the least restrictive option and consider whether it is appropriate. The Tribunal was invited by Ms Bucklow to not make a final decision until it has assessed the options above and below the sanction proposed.

99. Ms Bucklow reminded the Tribunal of its decision on impairment, particularly that the current and ongoing risk posed by Dr Akah engages all three limbs of the overarching objective, and that the Tribunal has assessed the ongoing risk posed to public protection as high.

100. Ms Bucklow indicated that the sanction banding for dishonesty with a high ongoing risk to the public is one of suspension for 9 months to erasure from the medical register.

101. Ms Bucklow reminded the Tribunal of paragraph 64 of the Guidance for MPTS Tribunals: Section 3 – MPT Hearings at Step 3: decide on sanction (effective from 24 November 2025) ('the Guidance') which states:

'Once the MPT has applied the bandings to reach a provisional view on what sanction is appropriate, before finalising their decision they must consider if there is any additional evidence that may be relevant to deciding what sanction is proportionate. They should also remind themselves of their decision on how the case engaged one or more of the three parts of public protection with reference to their decision on impairment and the general guidance and specific case types section in the Introduction.'

102. Ms Bucklow submitted that honesty is at the heart of the medical profession and it is essential for the public to have trust in doctors and the system they work in. She further submitted that doctors must make sure their conduct justifies their patients' trust in the profession.

103. Ms Bucklow submitted that even a single incident of dishonesty can have a significant harmful impact and pose a risk to public protection.

104. Ms Bucklow submitted that there are no exceptional circumstances in this case that would justify taking no action, and an order of conditions would be inappropriate, insufficient and unworkable to ensure public protection.

105. Ms Bucklow submitted that there is no meaningful or measurable condition that can be drafted to ensure a doctor is honest and trustworthy. She further submitted that conditions are not a sufficient measure to protect the public in cases where the conduct represents an attitudinal concern such as dishonesty, particularly in a case where there is a lack of insight and insufficient remediation.

106. Ms Bucklow submitted that the risk that Dr Akah posed to patient safety is more than hypothetical and whilst the Tribunal have not been provided with evidence of patient harm, the Tribunal has seen evidence that colleagues working with Dr Akah had concerns about the safety of his patients. Ms Bucklow reminded the Tribunal that this was the reason which prompted a review of Dr Akah's job application and submitted that the Tribunal's primary consideration should be the risk of harm.

107. Ms Bucklow submitted that any allegations of dishonesty against a doctor are serious and significantly undermines public confidence in the profession. She also submitted that it is a breach of a fundamental tenet of the medical profession. Ms Bucklow identified the relationship between a doctor and patient to be one built on trust, and the medical profession is reliant on the integrity of its members to function safely and effectively.

108. Ms Bucklow submitted that the nature of Dr Akah's dishonesty would have a significant negative impact on public confidence. Ms Bucklow submitted that members of the public informed of the allegations found proven in this case would be shocked and appalled at Dr Akah's conduct, particularly because of Dr Akah's reckless disregard for the safety of patients.

109. Ms Bucklow submitted that Dr Akah is not currently working in the UK or for an NHS Trust, and therefore there would be no impact on the continuity of patient care if he were removed from the register.

110. Ms Bucklow submitted that the minimal testimonial evidence provided by Dr Akah carries little weight. Ms Bucklow also submitted it was unclear whether Dr D had been made fully aware of the Allegation before providing their statement, that Dr E did not comment on the regulatory matters and made no reference to Dr Akah's probity in the statement, and that Mr F is a relative, therefore his reference may lack impartiality, and he does not have experience of Dr Akah's working practice.

111. Ms Bucklow submitted that erasure is the only sanction that would adequately protect the public and that would be sufficient to maintain public confidence and proper professional standards.

112. Ms Bucklow submitted that Dr Akah presents an ongoing serious risk to patient safety, which cannot be mitigated or resolved by a period of suspension.

113. Ms Bucklow submitted that Dr Akah's conduct demonstrated a reckless disregard for patient safety, and one that he has still not shown that he understands or appreciates the impact of. Ms Bucklow submitted that the patient safety risk in this case arises directly from the dishonesty itself, which makes it particularly difficult to remediate, as the risk to patient safety arises from a behavioural and attitudinal concern. Ms Bucklow submitted that Dr Akah has very little insight or appreciation of the potential risks of his behaviour, and where it is underpinned by an attitudinal concern there is an ongoing risk of repetition.

114. Ms Bucklow submitted that erasure may be appropriate even when a doctor does not present a risk to patient safety because it can be necessary to maintain public confidence, for example if a doctor has shown a blatant disregard of the safeguards designed to protect the public and maintain high standards within the profession, such that is incompatible with continued registration.

115. Ms Bucklow submitted that Dr Akah's conduct was premeditated, and his dishonesty was elaborate and engineered to further his own personal interests, above the interests of patients. Ms Bucklow submitted that Dr Akah's dishonesty persisted, even when colleagues raised concerns about his clinical capabilities, and at no time did he consider coming forward and telling the truth about his experience, until his application became the subject of an MHPS investigation in January 2025.

116. Ms Bucklow reminded the Tribunal of *Bolton v Law Society* [1994] 1 W.L.R and submitted that collective reputation and confidence of the public are far more important than the fortunes of any single professional member.

117. Ms Bucklow reminded the Tribunal of *Rehan Ahmed Khan v General Medical Council* [2015] EWHC 301 Admin, in which Mr Justice Mostyn noted that:

'6. The decisions from this court have demonstrated that a very strict line has been taken in relation to findings of dishonesty. This court and its predecessor, the Privy Council, has repeatedly recognised that for all professional men and women, a finding of dishonesty lies at the top end of the spectrum of gravity of misconduct; see Tait v Royal College of Veterinary Surgeons [2003] UKPC 34 at paragraph 13'

7 and 8. Dishonesty will be particularly serious where it occurs in the performance by a doctor of his or her duties and/or involves a breach of trust placed in the doctor by the community…….
In cases of proven dishonesty, the balance can be expected to fall down on the side of maintaining public confidence in the profession by a severe sanction against the doctor concerned. See Nicholas-Pillai v GMC [2009] EWHC 1048 (Admin) per Mitting J at [27] where he stated:
That sanction will often and perfectly properly be the sanction of erasure, even in the case of a one-off instance of dishonesty'

118. Ms Bucklow submitted that erasure is the only sanction that will adequately maintain all three limbs of the overarching objective.

Submissions on behalf of Dr Akah

119. Mr Ador submitted the aim of sanction is to protect the public and that the Tribunal need to consider the personal impact on Dr Akah when deciding the appropriate sanction.

120. Mr Ador submitted that the sanction choice that the Tribunal will look at should not just be the most punitive one, but the most effective one, and in this case that which offers the least punitive measure.

121. Mr Ador reminded the Tribunal that the Allegation does not concern Dr Akah's inability and inefficiency as a doctor but instead his misrepresentation of fact so any

submissions concerning inability and inefficiency by the GMC should not be considered by the Tribunal.

122. Mr Ador submitted that the Witness statement of Mr F is a testimony of Dr Akah's character and that Mr F is not required to be a medical professional to give character evidence. Mr Ador submitted that Mr F was able to witness Dr Akah's change in behaviour, the impact that the Allegation had on him, the visible repentance he displayed, and the change in his character.

123. Mr Ador's submission was corrected by Dr Akah in that the hospital where Dr Akah worked, does not undertake exchange blood transfusion and therefore the risk that is suggested by the GMC does not arise.

124. Mr Ador submitted that the concerns that led to the Allegation were only gossip and rumour as Dr Akah was not confronted by his employer to enable him to address his actions.

125. Mr Ador reminded the Tribunal of its discretion to take no action and identified that doing so would not diminish the seriousness of Dr Akah's actions.

126. Mr Ador submitted that a suspension is the most appropriate sanction here as *'it will drive out the required discipline from the doctor'.*

127. Mr Ador said that the lack of evidence of material insight does not mean that Dr Akah has no insight as *'it is a matter of experience and knowledge instead of evidential matter'.*

128. Mr Ador disputed the previous findings of the Tribunal which concluded that there is ongoing risk and danger to the public. Mr Ador further submitted that there is no basis to conclude that Dr Akah would repeat his actions in the future.

129. Mr Ador submitted that Dr Akah '*has been subjected to personal losses, pain and discipline'* and that is why he will not repeat his actions.

130. Mr Ador reminded the Tribunal of Dr Akah's evidence which stated that he would rather remain unemployed instead of making any false representations in the future.

131. Mr Ador submitted that *'it will not be possible for [Dr Akah] to demonstrate to anybody including the Tribunal, the general public or his professional colleagues, that he has learned any lesson proceeding from this'*.

132. Mr Ador invited the Tribunal to impose a sanction of suspension for a definite period as it will afford Dr Akah the opportunity to improve his character and to win the public's trust through working on his personal career with '*utmost integrity and utmost honesty and a return to public service'.*

133. Mr Ador submitted that erasing Dr Akah completely from the medical register would be '*too severe'* and would not benefit the public in any way. Mr Ador submitted the return of Dr Akah to the medical practice would *'not hamper public safety and confidence'.*

The Tribunal's determination on sanction

134. In making its decision on sanction, the Tribunal reviewed its decision on facts and impairment and considered the level of current and ongoing risk the doctor poses to public protection. The decision as to the appropriate sanction to impose, if any, is a matter for this Tribunal exercising its own independent judgement. The Tribunal referred to the sanctions banding for dishonesty cases as set out in Part C of the Guidance for MPT hearings. It also considered the impact of any specific sanction type, where applicable, and any references or testimonials provided.

135. The Tribunal also had regard to the *MPTS Guidance for Tribunals > General introduction > Protecting the public in specific case types* ('the Guidance Introduction') and in particular case type 2: dishonesty.

136. The Tribunal bore in mind that the reason for imposing sanctions is to protect the public as sanctions are not imposed to punish doctors, although they may have a punitive effect.

137. The Tribunal took a proportionate approach, balancing the interests of Dr Akah with the public interest. It bore in mind that the reputation of the profession as a whole is more important than the interests of any individual doctor.

138. The Tribunal reminded itself of the serious nature of Dr Akah's conduct, of its finding that the risk to public protection was high, and that Dr Akah's level of insight was limited. The

Tribunal further reminded itself that all three limbs of public protection were engaged, namely risk to patient or public safety, maintaining public confidence in the profession, and upholding proper professional standards and conduct.

139. The Tribunal considered all the available sanctions, beginning with the least restrictive to ensure that its decision is proportionate, consistent, and fair.

140. The Tribunal had regard to the case of *Bolton v Law Society* [1994] 1 W.L.R concerning the importance of maintaining public confidence in a profession founded upon trust and integrity.

141. The Tribunal also had regard to the case *of Nkomo v GMC* [2019] EWHC 2625 (Admin) which states the principles of sanction for dishonesty are summarised as being:

'Where dishonest conduct combined with a lack of insight, is persistent, or covered up, nothing short of erasure is likely to be appropriate…
The sanction of erasure will often be proper even in cases of one-off dishonesty …
The misconduct does not have to occur in a clinical setting before it renders erasure, rather than suspension, appropriate ...'

142. Furthermore, the Tribunal had regard to the case of *Sawati v GMC [2022] EWHC 283 at [127*] in which the judge stated:

'The authorities consistently emphasise the inherent gravity of dishonesty in a doctor… Dishonesty - of any sort whatever - is unquestionably at least a yellow card issue for a doctor. But whether it is a red card issue in any case is a matter for the Tribunal to evaluate. Erasure for dishonesty is not automatic, so it is not exempt from the general requirement to assess the seriousness of misconduct in every case before a sanction is imposed. The nature and extent of the dishonesty may be variable and must be evaluated on a case by case basis.'

143. The Tribunal reminded itself of the case of *Rehan Ahmed Khan v General Medical Council* [2015] EWHC 301 Admin which was submitted by Ms Bucklow.

144. In terms of consistency, the Tribunal noted that similar cases should generally result in similar outcomes and a Tribunal should justify any departure from the guidance.

The Tribunal's determination on sanction

No action

145. The Tribunal noted that in order to take no action, exceptional circumstances must be present to justify such an outcome. The Tribunal considered that no such exceptional circumstances were present in this case. The Tribunal also noted that the Guidance indicated that taking no action would not be appropriate where the risk to public protection is high. It considered that taking no action would not be sufficient, proportionate, or in the public interest.

Conditions

146. The Tribunal next considered whether to impose conditions on Dr Akah's registration. It noted paragraphs 19 and 20 of the relevant section of the Guidance and bore in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable.

147. The Tribunal considered that the sanctions banding for this case type does not indicate that conditions would be sufficient to meet the level of risk to public protection. In any event, given the attitudinal nature of Dr Akah's misconduct, the Tribunal concluded that an order of conditions would not be proportionate to address the seriousness of the case, nor could any appropriate, workable, and measurable conditions be formulated to manage the current and ongoing risk to public protection.

Suspension

148. The Tribunal next considered whether to impose a suspension on Dr Akah's registration. It noted paragraph 45 of the Guidance which states:

'45. Suspension may be proportionate in cases where some, or all, of the following factors are present:

a. conditions are not appropriate, measurable and/or workable

b. the level of current and ongoing risk to public protection is such that it cannot be safely managed with conditions and suspension is necessary to stop the doctor from working and putting patients at risk while they gain insight into any deficiencies and remediate, or undergo medical treatment, and/or

c. the level of current and ongoing risk to public protection is such that, although patient safety is not an issue, suspension is needed to maintain public confidence in the profession and/or maintain professional standards.'

149. The Tribunal considered suspension to be the minimum requirement in this case to protect the public. The Tribunal noted that the high level of current and ongoing risk to public protection requires a serious sanction to maintain public confidence in the profession and to maintain professional standards.

150. The Tribunal reminded itself of the premeditated, serious, and persistent nature of the dishonesty Dr Akah engaged in, and the very serious risk that he posed to patients in obtaining a role he was not sufficiently skilled or experienced to undertake safely.

151. The Tribunal noted that this was not a case of a slight embellishment of basic experience and qualifications that Dr Akah had actually achieved. Rather this was a wholesale fabrication of awards, publications, presentations, and experience, designed to meet the criteria for job selection on a fictitious basis. It considered the fact that this was not only reckless conduct but was a breach of one of the fundamental tenets of the medical profession.

152. The Tribunal considered that Dr Akah's action of falsifying his qualifications goes to the heart of maintaining proper professional standards because there is an expectation that doctors will act with honesty and integrity.

153. The Tribunal acknowledged Ms Bucklow's submission, where she noted:

'... Dr Akah's conduct demonstrated a reckless disregard for patient safety, and one that he has still not shown that he understands or appreciates. The patient safety risk in this case arises directly from the dishonesty itself, which makes it particularly difficult to remediate, as the risk to patient safety arises from a behavioural and attitudinal concern. Dr Akah has very little insight or appreciation of the potential risks of his behaviour, and where it is underpinned by an attitudinal concern there is a risk of repetition.'

154. The Tribunal considered the relevant authorities concerning the seriousness of dishonest conduct by a doctor, and noted that this type of conduct is very difficult to remediate due to the significant harmful impact it has on public confidence in the profession.

155. Having taken account of the above, the Tribunal concluded that a period of suspension would not be sufficient to address the high risk to public protection. The Tribunal therefore moved on to consider erasure.

Erasure

156. The Tribunal next considered whether to erase Dr Akah from the medical register. It noted paragraph 56 of the Guidance which states that:

'56. Erasure takes away a doctor's registration which means they are no longer entitled to practise in the UK at all, or anywhere else where they are required to hold GMC registration. It is used to protect the public in the most serious cases. It also has a deterrent effect as it sends a signal to the individual doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor.'

157. The Tribunal considered paragraph 57 of the Guidance which states:

'57. Erasure may be the proportionate response where:

- *a. conditions are not appropriate, measurable and/or workable and suspension is not sufficient to protect the public*
- *b. the doctor's behaviour or performance is such that it caused serious harm, and the risk of harm recurring cannot be mitigated sufficiently through putting conditions or suspension in place*
- *c. the doctor has shown a persistent lack of insight into the seriousness of the allegation about their behaviour or performance and the potential or actual consequences, and/or*
- *d. the seriousness of the facts found proven and/or impact of any relevant context that increased the current and ongoing risk to public protection mean the effect of the doctor continuing to hold registration is such that it will undermine public confidence in the profession.'*

158. The Tribunal concluded that paragraph 57 (a), (c), and (d) accurately describes this case and are the reasons why erasure should be considered as an appropriate sanction.

159. The Tribunal concluded that Dr Akah poses a high risk to public protection and his actions undermined the public confidence in the profession.

160. The Tribunal rejected Mr Ador's argument that as there is a lack of evidence of direct harm to patients, this should be determined in Dr Akah's favour. The Tribunal noted in its previous conclusion that patients were put at risk by Dr Akah's direct actions. The Tribunal was not satisfied that the misconduct was highly unlikely to be repeated. The Tribunal further reminded itself that even if there is no evidence of patient harm, the lack of insight and remediation is sufficient to demonstrate that Dr Akah still poses a risk to public protection.

161. The Tribunal acknowledged Ms Bucklow's submission which stated the following:

' 41. Erasure may be appropriate even when a doctor does not present a risk to patient safety because it can be necessary to maintain public confidence, for example if a doctor has shown a blatant disregard of the safeguards designed to protect the public and maintain high standards within the profession such that is incompatible with continued registration.

42. Dr Akah's conduct was premeditated, and his dishonesty was elaborate and engineered to further his own personal interests, above the interests of patients. His dishonesty persisted, even when colleagues raised concerns about his clinical capabilities, and at no time does he appear to have considered coming forward and telling the truth about his experience, until his application became subject to a MHPS investigation in January 2025. '

162. The Tribunal reminded itself of the previous findings in that Dr Akah's actions:

- Were persistent and repeated
- Were premediated
- Had reckless disregard for patient safety and professional standards
- Were in the form of putting his own interests before those of patients
- Undermined the system designed to protect the public

163. In all the circumstances, the Tribunal therefore concluded that erasure is the appropriate and proportionate sanction to protect the public, maintain public confidence in the profession and uphold proper professional standards.

164. The Tribunal therefore determined to erase Dr Akah from the medical register.

Determination on Immediate Order - 29/10/2026

165. This determination was handed down in public in accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004.

166. Having determined to erase Dr Akah from the medical register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Akah's registration should be subject to an immediate order.

Submissions on behalf of the GMC

167. On behalf of the GMC, Ms Bucklow, Counsel submitted a request to impose an immediate order that replaces the interim order currently in place.

168. Ms Bucklow reminded the Tribunal of paragraph 79 of the Guidance for MPTS Tribunals ('the Guidance') which states that:

'Immediate orders
79. The MPT may impose an immediate order where it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor.'

169. Ms Bucklow submitted that an immediate order is necessary in order to protect the public in terms of a risk to patient safety and public confidence.

170. Ms Bucklow submitted that Dr Akah has very little insight into the nature of his conduct and such an order will be necessary to protect the public.

Submissions on behalf of Dr Akah

171. Mr Ador submitted that an immediate order should not be imposed as there should be an opportunity to appeal and that Dr Akah wants to explore such opportunity.

172. Mr Ador submitted that there are *'no fear, anxiety, or rush'* to impose an immediate order because there has been no breach in terms of *'misbehaviour or disregard'* with respect to the interim order currently imposed.

173. Mr Ador submitted that there is no evidence that Dr Akah has attempted to seek further employment or a professional role after the interim order was imposed.

174. Mr Ador submitted that there is no risk to public protection that would require an immediate order.

175. Mr Ador disputed the Tribunal finding in that Dr Akah's actions were repeated and further submitted that such a finding was not supported by any evidence.

The Tribunal's determination

176. The Tribunal considered the submissions made by both parties in relation to the immediate order.

177. The Tribunal reminded itself that the aim of an immediate order is to protect the public, maintain public confidence in the profession and uphold proper professional standards.

178. The Tribunal considered that it may impose an immediate order if it considers it necessary for the protection of members of the public or is otherwise in the public interest.

179. The Tribunal had regard to the relevant paragraphs of the Guidance, in particular paragraphs 83 and 84, which set out:

'83. The decision whether to impose an immediate order is at the discretion of the MPT based on the facts of the case. When deciding if an immediate order is needed the MPT should consider the seriousness of the proved allegation and the level of current and ongoing risk to public protection posed by the doctor.

84. It will not usually be appropriate for a doctor to hold unrestricted registration until a sanction takes effect in cases where:

a. the doctor poses a risk to patient safety
b. the risk to one or more parts of public protection is high, and/or immediate action is needed to maintain public confidence in the medical profession
c. immediate action is needed to maintain public confidence in the medical profession'

180. The Tribunal considered that all three parts of paragraph 84 of the Guidance were applicable on the facts of this case.

181. The Tribunal concluded that it is necessary and appropriate to impose an immediate order in this case, given its findings that all three limbs of public protection were engaged and that there was a high potential risk to patient safety. It considered that to not impose an immediate order would be inconsistent with its earlier findings.

182. The Tribunal determined that public confidence in the profession would be undermined and that it would be failing to uphold the statutory overarching objective if an immediate order was not imposed in this case.

183. The Tribunal acknowledged Mr Ador's submission and considered that having an immediate order in place does not prevent Dr Akah from appealing if he wishes to do so.

184. Accordingly, the Tribunal determined that an immediate order of suspension was required in the public interest especially when considering the seriousness of Dr Akah's misconduct.

185. This means that Dr Akah's registration will be suspended from today. The substantive direction, as already announced, will take effect 28 days from the date on which written notification of this decision is deemed to have been served, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

186. The interim order currently in place on Dr Akah's registration is hereby revoked.

ANNEX A – 19/10/2026

Application to be represented by a suitable person

187. This determination was handed down in public.

On behalf of the GMC

188. Ms Bucklow, submitted that the representative, Mr Ador, does not hold the relevant license to practice law in England, Wales, Scotland or Northern Ireland.

189. The Tribunal was notified by Ms Bucklow that Mr Ador should make an application to act as a suitable person representing Dr Akah.

190. Ms Bucklow directed the Tribunal to Rule 33 of the General Medical Council (Fitness to Practice) (the Rules) for the relevant provision and also indicated that Mr Ador's certificates would be made available for the Tribunal to review.

191. Ms Bucklow submitted that the GMC's position is neutral on the application.

On behalf of Dr Akah

192. Mr Ador submitted that he had been permitted to represent Dr Akah in previous hearings and believed he was permitted to represent Dr Akah.

193. Mr Ador submitted that he is applying to the Tribunal for permission to appear as a representative for Dr Akah in these proceedings.

194. Mr Ador submitted that he is a Barrister and Solicitor in Nigeria.

The Tribunal Determination on the Application

195. The Tribunal considered the further evidence that has been submitted regarding the qualifications that Mr Ador has that were issued in Nigeria.

196. The Tribunal had regard to the rules specifically to rule 33 and to the General Medical Council Guidance for MPTS Tribunals, at "Section one: procedural matters relating to tribunal hearings" (the Guidance).

197. The Tribunal considered paragraph 32 of the Guidance which states:

> *'In the absence of any factors indicating that a person may not be suitable, the MPTS will automatically recognise the following as being suitable individuals:*
> - *a chartered legal executive registered to practise in England and Wales, or*
> - *a solicitor or counsel registered to practise and regulated in specific jurisdictions outside of England and Wales, Scotland or Northern Ireland.'*

198. The Tribunal noted that Mr Ador is a legally qualified individual in Nigeria and therefore the Tribunal determined that Mr Ador met the above criteria and was deemed automatically suitable as he was *'a solicitor or counsel registered to practise and regulated in specific jurisdictions outside of England and Wales, Scotland or Northern Ireland.'* The Tribunal referred to Annex C, paragraph 2 which stated:

'*When considering whether a solicitor or counsel registered to practise and regulated outside of England and Wales, Scotland or Northern Ireland can be automatically recognised as being a suitable individual, Section 89 of the Courts and Legal Services Act 1990 provides a useful starting point.'*

199. The Tribunal further considered Annex C of the Guidance which states factors that may indicate that a person is not a suitable individual to represent Dr Akah. The Tribunal did not receive any evidence that these factors apply to Mr Ador.

200. The Tribunal therefore determined to allow Mr Ador's application to represent Dr Akah as a suitable person under Rule 33 of the Rules.

ANNEX B – 20/10/2026

Application to sit in private

On behalf of Dr Akah

201. Mr Ador made an application for the proceedings to be conducted in private. The basis for the application is that Dr Akah objects to a particular member of the public observing the hearing. He submitted that Dr Akah would feel safer should the proceedings to be held in private and this would enable Dr Akah to be candid in his evidence.

202. Mr Ador submitted that an observer is not attending in good faith and that he views this observer as a threat to him. Mr Ador referred to the email sent to the Tribunal by Dr Akah detailing his concern.

203. Mr Ador submitted that this observer is connected to an unrelated incident involving Dr Akah's former employment.

204. Mr Ador submitted that public confidence will not be '*hampered*' if the proceedings are held in private. Mr Ador further submitted that '*what is more important is for the complaint raised against Dr Akah to be heard and for the members of the public to know the outcome of the proceedings at the end'.*

205. Mr Ador submitted that for Dr Akah to give evidence without fear, the hearing needs to be in private. Mr Ador submitted that if Dr Akah does not feel safe, he will not be able to give proper submissions as he would not be able to introduce personal information. If the hearing was held in private, Dr Akah would feel able to disclose sensitive personal information to the Tribunal.

206. Mr Ador indicated that sitting partly in private or breaking the case into segments in which some parts take place in public and the others in private '*may not be as smooth'* because some matters in the private hearing '*may overlap'*.

207. Mr Ador submitted that he does not wish the Tribunal to consider the further evidence that was sent by Dr Akah to the MPT staff.

On behalf of the GMC

208. Ms Bucklow, referred the Tribunal to rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules). Ms Bucklow submitted that an MPT hearing will be held in public unless the Tribunal decides that the public should be excluded from the proceedings or any part of the proceedings because the circumstances of the case outweigh the public interest in holding the hearing in public, or, the hearing is considering

the physical or mental health of the doctor. Ms Bucklow submitted that neither of those reasons apply in this case.

209. Ms Bucklow submitted that the GMC strongly opposes any application for the proceedings to be held in private to maintain public confidence in the regulatory process and the system that upholds proper professional standards.

210. Ms Bucklow submitted that the allegations against Dr Akah are relevant to the public as he was an NHS doctor.

211. Ms Bucklow submitted that the reasons put forward on behalf of Dr Akah for the proceedings to sit in private are unclear and are not supported by any evidence which would amount to a basis to hold the entire hearing in private.

212. Ms Bucklow referred the Tribunal to Rule 42 of the Rules which concerns incidents where a member of the public is being disorderly. Ms Bucklow submitted that this is does not apply in these proceedings.

213. Ms Bucklow submitted that it has not been clearly evidenced that hearing the case in public would place Dr Akah at risk for his personal safety.

214. Ms Bucklow invited the Tribunal to proceed with the hearing in public to maintain public confidence and due to the lack of good reasons to hold this matter in private.

215. Ms Bucklow addressed the Tribunal on the further evidence that was submitted by Dr Akah and indicated that those documents are not linked nor related to the application in question.

The Tribunal Determination

216. The Tribunal considered the following paragraphs of the General Medical Council Guidance for MPTS Tribunals, at "Section one: procedural matters relating to tribunal hearings", under Part B (the Guidance) which state:

> *'41. An MPT hearing will be held in public unless: the tribunal decides that the public should be excluded from the proceedings or any part of the proceedings because the*

circumstances of the case outweigh the public interest in holding the hearing in public, or the hearing is considering the physical or mental health of the doctor.

42. When deciding if the public should be excluded because the circumstances of the case outweigh the public interest in holding the hearing in public, the MPT will consider and weigh: the interests of the person raising the concern the interests of any patient concerned whether a public hearing would be likely to adversely affect the health of the doctor, and all of the circumstances of the case or matter to be determined.

217. The Tribunal considered the balance of the weight of excluding the public against the weight of maintaining the interests of Dr Akah.

218. The Tribunal understands that Dr Akah unilaterally sent further evidence directly to the MPTS Staff without using his representative, Mr Ador. The Tribunal acknowledged the submissions of Ms Bucklow regarding the further evidence submitted. As both parties agreed that the further evidence should not be admitted, the Tribunal considered the application excluding that material.

219. The Tribunal noted that Mr Ador focused his submissions on the application to sit in private only and did not include submissions on excluding an individual member of the public from the hearing.

220. The Tribunal considered the submissions of Mr Ador and came to the conclusion that there is no evidence of any threats to Dr Akah's safety or that holding the Tribunal in public would have any impact on Dr Akah's XXX. The Tribunal noted that the reasons for the hearing to be heard in private remain unclear.

221. The Tribunal considered that the adverse impact on public confidence outweighs the reasons given by Mr Ador, and that this allegation of misconduct should be heard in a public forum.

222. The Tribunal determined that it is not appropriate for the hearing to be held in private and that the hearing should remain in public. It therefore rejected the application.