

## PUBLIC RECORD

Date: 10/09/2024

Medical Practitioner's name: Dr Winifred OSARUMWENSE  
GMC reference number: 4397120  
Primary medical qualification: MB BS 1987 University of Benin

Type of case	Outcome on impairment
Review - Deficient professional performance	Impaired

## Summary of outcome

Erasure

Immediate order imposed

## Tribunal:

Legally Qualified Chair	Mrs Laura Paul
Lay Tribunal Member:	Ms Morgan Phillips
Medical Tribunal Member:	Professor William Roche

Tribunal Clerk:	Mrs Olivia Gamble
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## Attendance and Representation:

Medical Practitioner:	Not present, not represented
GMC Representative:	Ms Safeena Rashid, Counsel

## Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held partly in public and partly in private.

## Overarching Objective

Throughout the decision making process the tribunal has borne in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act) to protect, promote and maintain the health, safety and well-being of the public, to promote 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 - 10/09/2024

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

## Background

2. Dr Osarumwense was employed as an Out of Hours locum GP at Cambridgeshire Primary Care Trust ('the Trust'). On the 20 March 2012 the Trust reported a number of concerns about Dr Osarumwense's professional practice to the GMC. The Directors of the local Out of Hours Service Urgent Care Cambridgeshire ('UCC') stated the Trust:

*'became concerned at a large number of varied complaints received by them regarding Dr Osarumwense while working for them as a locum GP, to the extent that they judged her not fit to continue working for UCC, and referred her to the local Performance Procedures via the Local Medical Committee'.*

3. In February 2012 a full Performance Advisory Group Hearing (Cambridgeshire PCT) was held. At that hearing, it concluded that

*'on the balance of probability, it is likely that Dr Osarumwense's clinical performance is deficient such as to call into question her continued fitness to practice in an unsupervised capacity'.*

4. The Performance Advisory Group unanimously decided to refer Dr Osarumwense to the GMC.

5. As a result of the referral, on 13 July 2012, the GMC notified Dr Osarumwense that it was directing a Performance Assessment in accordance with Rule 7(3) and Schedule 1 of the GMC (Fitness to Practise) Rules 2004. A Performance Assessment was carried out in November and December 2012.

### The 2012 Performance Assessment

6. Dr Osarumwense's overall performance was assessed under eight categories and with reference to the professional standards described in Good Medical Practice (2006 edition) ('GMP').

7. The Assessment Team produced a joint report. The report contained a summary of the evidence gathered during the Performance Assessment process. The Assessment Team's findings under the domains of GMP, were as follows:

Assessment of Patients' Condition: **Acceptable**

Providing or Arranging Investigations: **Acceptable**

Providing or Arranging Treatment: **Cause for Concern**

Record Keeping: **Acceptable**

Other Good Clinical Care: **Acceptable**

Maintaining Good Medical Practice: **Acceptable**

Teaching, Training, Appraising and Assessing: *No judgement was made*

Relationships with Patients: **Unacceptable**

Working with Colleagues: **Cause for Concern**

8. The Performance Assessment Team ('the Team') considered that Dr Osarumwense's performance was 'unacceptable' in the category of Relationships with Patients under the GMP Domain of Knowledge, Skills and Performance. Within this domain, the assessors also considered her performance to be a 'Cause for concern' in the category of Providing or Arranging Treatment. The Team also considered that Dr Osarumwense's performance was a 'Cause for concern' in the category of Working with Colleagues within the GMP Domain of Communication, Partnership and Teamwork. Overall, it unanimously concluded that Dr Osarumwense's professional performance was deficient.

9. In August 2013 the GMC imposed undertakings on Dr Osarumwense's registration. Subsequently, the GMC found that Dr Osarumwense had breached the undertakings, so the GMC proposed a variation to the undertakings. Dr Osarumwense refused to agree to the variation and in 2018 she failed to agree to undertake a further Performance Assessment. As a result, the GMC referred Dr Osarumwense's case to a Tribunal which concluded in December 2019 ('the 2019 Tribunal').

### **The 2019 Tribunal**

10. Dr Osarumwense told the 2019 Tribunal that she had been unable to work for five years. She said she had then obtained a placement at Mill Road Surgery after the GMC had amended the restrictions in place on her Medical Registration. In the seven years since the 2012 Performance Assessment, Dr Osarumwense told the Tribunal she had only been able to interact with patients for a total of nine months or less.

11. The 2019 Tribunal determined that Dr Osarumwense's performance was a cause for concern. The 2019 Tribunal found that she had breached a number of paragraphs of GMP. It determined that the unacceptable aspects of Dr Osarumwense's performance were sufficiently serious to constitute a finding of deficient professional performance.

12. Given the concerns identified and the lack of evidence of remediation, giving rise to a risk of repetition, the 2019 Tribunal determined that Dr Osarumwense's fitness to practise was impaired by reason of deficient professional performance.

13. The 2019 Tribunal determined that there was a potential risk to patient safety if Dr Osarumwense was allowed to return to unrestricted practice in the UK. The 2019 Tribunal considered that Dr Osarumwense had made some acknowledgement of fault and had shown some insight, but that this was incomplete. Further, Dr Osarumwense had admitted that she

still had communication deficiencies and had told the Tribunal that she did not wish to practise without supervision in the immediate future.

14. The 2019 Tribunal determined that in order to protect, promote and maintain the health, safety and well-being of the public; promote and maintain public confidence in the medical profession; and promote and maintain proper professional standards and conduct for members of that profession, Dr Osarumwense's fitness to practise was impaired by reason of her deficient professional performance. It suspended Dr Osarumwense's registration for a period of nine months. This would allow her sufficient time to address the concerns raised. It would also allow time for her to take steps to improve her performance and evidence how she has done so. The 2019 Tribunal also directed a review, suggesting that the review Tribunal might be assisted by the following:

- Evidence she has kept her knowledge and skills up to date;
- A reflective statement demonstrating:
  - Her further development of insight into her professional deficiencies, particularly in the areas of '*Relationships with Patients and communication*';
  - The effect her professional deficiencies had on patient safety and public confidence in the profession;
- Evidence of further Continuing Professional Development (CPD) addressing the concerns which arose from the 2013 Performance Assessment Report;
- Any appropriate reports, references or testimonials; and
- Any other information the doctor considered relevant.

### The 2020 Tribunal

15. Dr Osarumwense was not present or represented at the 2020 hearing.

16. The 2020 Tribunal took into account all of the evidence before it, including CPD certificates, a reflective statement and testimonials submitted by Dr Osarumwense as well as submissions made by Mr Lasker, GMC Counsel. The Tribunal was impressed that Dr Osarumwense had made an effort to maintain her clinical knowledge. However, it noted that Dr Osarumwense had not practised medicine in the UK for some time, so had been unable to gain the relevant experience to demonstrate remediation.

17. The Tribunal accepted Dr Osarumwense’s own view that she needed further experience of further clinical work. It found that although Dr Osarumwense had developed further insight since the 2019 hearing, the 2020 Tribunal considered that there remained a risk to patients of unsupervised practice.

18. In those circumstances the 2020 Tribunal considered that a finding that Dr Osarumwense’s fitness to practise remained impaired was necessary 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 the profession.

19. The 2020 Tribunal found that Dr Osarumwense had provided some evidence of CPD focused upon the concerns raised in the Performance Assessment and had shown some insight. It noted that Dr Osarumwense accepted the conclusions of the Performance Assessment and acknowledged that her professional practice had deficiencies. Accordingly, the 2020 Tribunal considered that Dr Osarumwense had the capacity to remediate issues of concern and was willing to do so. The 2020 Tribunal considered that conditions would ensure that Dr Osarumwense’s return to practice was under appropriate supervision to minimise risk. The 2020 Tribunal imposed conditions on Dr Osarumwense’s registration for a period of 24 months which would allow her sufficient time to improve her practice skills and address the concerns.

20. The 2020 Tribunal directed a review of Dr Osarumwense’s case. It stated that the onus was on Dr Osarumwense to demonstrate how she had she addressed her deficient professional performance and said that the reviewing Tribunal might be assisted by the following:

- evidence of remediation;
- evidence of continuing professional development;
- a reflective statement from Dr Osarumwense;
- any other information Dr Osarumwense wishes to present.

### The 2022 Tribunal

21. Dr Osarumwense was not present or represented at the 2022 hearing.

22. The 2022 Tribunal took into account all of the evidence before it, including the record of determinations from December 2019 and September 2020, correspondence about the hearing between the GMC and Dr Osarumwense, documents provided by Dr Osarumwense to the 2020 Tribunal and an email from Dr Osarumwense to the GMC dated 23 November 2020.

23. The 2022 Tribunal considered the email dated 23 November 2020 from Dr Osarumwense, in which she stated:

*' ...*

*Unfortunately it is difficult to meet or provide any of the things you ask for as I'm unsure of how or what else I can do to help myself with regards to placement.*

*The prospect of ever being able to work again is remote and I'm slowly resigning myself unfortunately to this fact.*

*If by chance Providence smiles on me ever again I will contact you.*

*Just before the hearing in December I provided you with a PDP.*

*If it is feasible for you to use the same one that as nothing has changed pls do that.*

*As I have been out of work and not on Performance List following the suspension.*

*I have for what is worth contacted NHS BSA about my status on the performance list, I'm awaiting their response.*

*For my peace of mind ... I am no longer actively seeking placement, not after 8 years.*

*The prospect of eligibility for any Indemnity zero in the light of all of this as you would expect. Not even at Princess Street Surgery was this possible.*

*Hope this help make clear my situation and predicament.*

*I believe the GMC will, going forward do what they have to do in the best interest of all concerned.*

*Kind regards...'*

24. Ms Puri, GMC Counsel at the 2022 hearing submitted that Dr Osarumwense remained impaired by reason of her deficient professional performance. She submitted that Dr Osarumwense had failed to engage with the GMC since the order of conditions was imposed and further submitted that Dr Osarumwense had failed to provide evidence that she had complied with the conditions placed on her registration.

25. Ms Puri stated that it was significant that Dr Osarumwense relinquished her licence to practise on 21 July 2021, and reminded the Tribunal that Dr Osarumwense failed to provide any of the evidence the 2020 Tribunal considered may be helpful to the 2022 Tribunal. She stated that there was no evidence that Dr Osarumwense had kept her medical skills and knowledge up to date. Ms Puri submitted that the lack of engagement by Dr Osarumwense demonstrated a significant lack of insight by her and stated that in all these circumstances Dr Osarumwense's fitness to practise remained impaired by reason of her deficient professional performance. She stated that there was a real and ongoing risk to the public and a potential for harm and said that Dr Osarumwense had not practised unrestricted in a clinical setting for around ten years. Ms Puri further stated that there was no evidence that Dr Osarumwense was fit to practise without restriction. Ms Puri submitted that a finding of impairment was also necessary in the wider public interest and stated that a finding of impairment is necessary as all three limbs of the statutory overarching objective were engaged.

26. Having considered the evidence before it, the 2022 Tribunal noted that Dr Osarumwense had not provided any up-to-date documentary evidence at the hearing.

27. The 2022 Tribunal noted that the only substantive engagement with the GMC by Dr Osarumwense was her email dated 23 November 2020. The 2022 Tribunal considered that this email did not address the concerns found by the Performance Team or the 2019 and 2020 Tribunals. It was clear from the 2020 Tribunal's findings and her 2020 statement of reflection that Dr Osarumwense's insight had developed since the 2019 hearing. The 2022 Tribunal also agreed that Dr Osarumwense's 2020 reflective statement demonstrated that her insight had developed during the period of suspension. However, the 2022 Tribunal had not been provided with any further information as to whether Dr Osarumwense has consolidated or built upon that insight.

28. The 2022 Tribunal noted that the 2020 Tribunal found Dr Osarumwense's fitness to practise was impaired under all three limbs of the overarching objective. The 2022 Tribunal had no evidence that anything had changed since Dr Osarumwense's last hearing. It considered that there was no evidence to show that Dr Osarumwense had remediated her deficient professional performance. She had not worked as a doctor since the 2020 review hearing or undertaken a further Performance Assessment. Further, there was no evidence of her undertaking CPD to keep her knowledge and skills up to date. The 2022 Tribunal noted that Dr Osarumwense had not put together a Personal Development Plan (PDP) after the 2020 review hearing, as her conditions required. In her email of 23 November 2020, Dr



Osarumwense stated that she had provided a PDP in December 2019, however the GMC could find no record of this PDP.

29. In those circumstances, the 2022 Tribunal determined that Dr Osarumwense’s fitness to practise remained impaired by reason of deficient professional performance.

30. The 2022 Tribunal considered that Dr Osarumwense did have potential to respond positively to remediation or retraining to address her deficient professional performance. The 2022 Tribunal considered that there was no evidence that Dr Osarumwense would not be committed to keeping her knowledge and skills up to date if she sought to return to clinical work. The 2022 Tribunal noted that Dr Osarumwense relinquished her licence to practise in July 2021. It considered that were she to obtain a position she could reapply for her licence.

31. When considering Dr Osarumwense’s willingness to comply with conditions, the 2022 Tribunal noted her email of November 2020 in which she stated: *‘I believe the GMC will, going forward do what they have to do in the best interest of all concerned.’* The 2022 Tribunal took the view that imposing conditions on Dr Osarumwense’s registration would allow her to return to practice under appropriate supervision and minimise any risk to patient safety. Dr Osarumwense would also have the opportunity to develop her practice skills and address the concerns found by the Performance Assessment Team and the Tribunal.

32. The 2022 Tribunal was satisfied that imposing conditions on Dr Osarumwense’s registration would protect the public, promote and maintain public confidence in the medical profession, and promote and maintain proper professional standards and conduct for members of the profession.

33. The 2022 Tribunal determined to impose conditions for a period of 24 months which it considered would allow Dr Osarumwense time to address the concerns identified in this case given that, for the most part, she has been out of clinical practice for around 10 years.

34. The 2022 Tribunal took the view that imposing a period of suspension on Dr Osarumwense’s registration would be disproportionate.

35. The following conditions were published:

1. She must personally ensure the GMC is notified of the following information within seven calendar days of the date these conditions become effective:

- a. the details of her current post, including:
    - i. her job title
    - ii. her job location
    - iii. her responsible officer (or their nominated deputy)
  - b. the contact details of her employer and any contracting body, including her direct line manager
  - c. any organisation where she has practising privileges and/or admitting rights
  - d. any training programmes she is in
  - e. of the organisation on whose medical performers list she is included
  - f. of the contact details of any out of hours service she is registered with.
2. She must personally ensure the GMC is notified:
- a. of any post she accepts, before starting it
  - b. that all relevant people have been notified of her conditions, in accordance with condition 11
  - c. if any formal disciplinary proceedings against her are started by her employer and/or contracting body, within seven calendar days of being formally notified of such proceedings
  - d. if any of her posts, practising privileges, or admitting rights have been suspended or terminated by her employer before the agreed date within seven calendar days of being notified of the termination
  - e. if she applies for a post outside the UK.

3. She must allow the GMC to exchange information with any person involved in monitoring her compliance with her conditions.
4.
  - a. She must have a workplace reporter appointed by her responsible officer (or their nominated deputy).
  - b. She must not work until:
    - i. her responsible officer (or their nominated deputy) has appointed her workplace reporter
    - ii. she has personally ensured that the GMC has been notified of the name and contact details of her workplace reporter.
5.
  - a. She must design a Personal Development Plan (PDP), with specific aims to address the deficiencies in the following areas of her practice: Providing or Arranging Treatment, Relationships with Patients and Working with Colleagues.
  - b. Her PDP must be approved by her responsible officer (or their nominated deputy).
  - c. She must give the GMC a copy of her approved PDP within three months of these substantive conditions becoming effective.
  - d. She must give the GMC a copy of her approved PDP on request.
  - e. She must meet with her responsible officer (or their nominated deputy), as required, to discuss her achievements against the aims of her PDP.
6.
  - a. She must have an educational supervisor appointed by her responsible officer (or their nominated deputy)
  - b. She must not work until:
    - i. her responsible officer (or their nominated deputy) has appointed her educational supervisor

- ii. she has personally ensured that the GMC has been notified of the name and contact details of her educational supervisor.
- 7. She must undertake an assessment of her performance, if requested by the GMC.
- 8. She must personally ensure her performance assessment report dated 30 January 2013 is shared with:
  - a. her responsible officer (or their nominated deputy)
  - b. the responsible officer of the following organisations:
    - i. her place(s) of work, and any prospective place of work (at the time of application)
    - ii. all of her contracting bodies, and any prospective contracting body (prior to entering a contract)
    - iii. any organisation where she has, or has applied for, practising privileges and/or admitting rights (at the time of application)
    - iv. out of hours service she is registered with
    - v. if any organisation listed at i) – iv) does not have a responsible officer, she must notify the person with responsibility for overall clinical governance within that organisation. If she is unable to identify the correct person, she must contact the GMC for advice before working for that organisation.
  - c. the responsible officer for the medical performers list on which she is included or seeking inclusion (at the time of application)
  - d. her immediate line manager and senior clinician (where there is one) at her place of work, at least 24 hours before starting work (for current and new posts)

- e. her workplace reporter and educational supervisor and clinical supervisor.
- 9.
- a. She must be directly supervised in all of her posts by a clinical supervisor(s), as defined in the *Glossary for undertakings and conditions*. Her clinical supervisor(s) must be approved by her responsible officer (or their nominated deputy).
  - b. She must not work until:
    - i. her responsible officer (or their nominated deputy) has appointed her clinical supervisor(s) and approved her supervision arrangements
    - ii. she has personally ensured that the GMC has been notified of the name and contact details of her clinical supervisor(s) and her supervision arrangements.
10. She must not work:
- a. as a locum
11. She must personally ensure the following persons are notified of the conditions listed at 1 to 10:
- a. her responsible officer (or their nominated deputy)
  - b. the responsible officer of the following organisations:
    - i. her place(s) of work, and any prospective place of work (at the time of application)
    - ii. all of her contracting bodies and any prospective contracting body (prior to entering a contract)

- iii. any organisation where she has, or has applied for, practising privileges and/or admitting rights (at the time of application)
  - iv. any agency or out of hours service she is registered with
  - v. if any of the organisations listed at (i to iv) does not have a responsible officer, she must notify the person with responsibility for overall clinical governance within that organisation. If she is unable to identify that person, she must contact the GMC for advice before working for that organisation.
- c. the responsible officer for the medical performers list on which she is included or seeking inclusion (at the time of application)
- d. her immediate line manager and senior clinician (where there is one) at her place of work, at least 24 hours before starting work (for current and new posts).

36. Having determined that a period of conditions was the appropriate and proportionate sanction, the Tribunal directed that, shortly before the end of Dr Osarumwense's period of conditions, her case should be reviewed. It considered that the reviewing Tribunal would be assisted by:

- evidence of remediation;
- evidence of continuing professional development;
- a reflective statement from Dr Osarumwense;
- any other information Dr Osarumwense wishes to present.

### Today's Review Hearing

37. The Tribunal has considered under Rule 22(1)(f) of the Rules, whether Dr Osarumwense's fitness to practise remains impaired by reason of her deficient professional performance. It considered submissions by Ms Rashid, on behalf of the GMC.

## Evidence

38. The Tribunal has taken account of the evidence provided, which includes but is not limited to:

- The Record of Determinations from December 2019, September 2020 and September 2022;
- Various correspondence between the GMC and Dr Osarumwense.

## GMC Submissions

39. On behalf of the GMC, Ms Rashid submitted that Dr Osarumwense remains impaired by reason of her deficient professional performance.

40. Ms Rashid submitted that this matter has now been ongoing for over 10 years and that we are no further forward than we were when the conditions were initially imposed. In fact, Ms Rashid submitted that the position has now worsened.

41. Ms Rashid submitted that there had been some limited insight and engagement demonstrated in the past, however, the reality is that Dr Osarumwense has not worked for a decade. Ms Rashid stated that Dr Osarumwense has been subject to conditions on her licence for two periods of 24 months but has not demonstrated being able to meet any of those conditions.

42. Ms Rashid submitted that there is no evidence before this Tribunal to show that Dr Osarumwense is fit to practise medicine without restriction. She stated that although the reviewing Tribunal of September 2020 found some evidence of insight, Dr Osarumwense has not interacted with the Tribunal's conditions, has provided no evidence that she has remediated her deficient professional performance, has not worked for a long period of time, has not undergone a performance assessment, has completed no continued professional development, and has not completed a personal development plan.

43. Given all these circumstances, Ms Rashid urged the Tribunal to find that Dr Osarumwense's fitness to practise remains impaired by reason of deficient professional performance. Ms Rashid concluded that such a finding was necessary 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.

### **The Relevant Legal Principles**

44. The Tribunal reminded itself that there is no burden or standard of proof, and the decision of impairment is a matter for its judgement alone.

45. The Tribunal bore in mind that it must determine whether Dr Osarumwense's fitness to practise is impaired today, taking into account her conduct at the time of the events and any relevant factors since then, such as whether the performance concerns have been remedied.

46. The Tribunal has borne in mind the submissions made on behalf of the GMC.

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

47. The Tribunal considered that nothing had improved since Dr Osarumwense was found impaired by the previous 2022 Tribunal.

48. The Tribunal noted that there is no evidence before it of any remediation. There is no evidence before the Tribunal to address the concerns that have been ongoing since 2012. Dr Osarumwense has provided no evidence of any courses completed, there is no up-to-date reflective statement, and she has not provided any evidence of continuing professional development. The Tribunal was of the view that there is no evidence before it that anything has improved in this case.

49. The Tribunal further noted that with the passing of another two years since Dr Osarumwense's case was last reviewed, it is likely that her medical skills and knowledge have further deteriorated.

50. In these circumstances the Tribunal considered that a finding that Dr Osarumwense's fitness to practise remains impaired is necessary 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.



51. Accordingly, the Tribunal determined that Dr Osarumwense’s fitness to practise remains impaired by reason of deficient professional performance.

#### **Determination on Sanction - 10/09/2024**

52. Having determined that Dr Osarumwense’s fitness to practise is impaired by reason of deficient professional performance, the Tribunal now has to decide in accordance with Rule 22(1)(h) of the Rules on the appropriate sanction, if any, to impose.

#### **The Evidence**

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

#### **Submissions**

54. On behalf of the GMC, Ms Rashid submitted that the GMC is seeking an order of suspension as the appropriate sanction in this case.

55. Ms Rashid stated that Dr Osarumwense had been given the opportunity to comply with the conditions previously imposed on her registration, but the Tribunal has no evidence before it to indicate that the doctor has taken any steps to meet these.

56. Ms Rashid submitted that the 2022 Tribunal had suggested that today’s Tribunal would be assisted by evidence of remediation, continued professional development, a reflective statement or any other information that Dr Osarumwense wished to present. Ms Rashid submitted that none of this has been forthcoming.

57. Ms Rashid stated that Dr Osarumwense has now not worked in the United Kingdom for some 10 years and appears to have disengaged with the hearing process to focus on XXX concerns.

58. Ms Rashid continued that during that decade there has been no meaningful progress that would allow her to safely return to practice. She submitted that these factors mean that Dr Osarumwense currently poses a risk of harm to patients and stressed that suspension is the most appropriate way to deal with such a risk.

### The Tribunal's Determination on Sanction

59. The Tribunal has borne in mind that the decision as to the appropriate sanction to impose, if any, is a matter for the Tribunal exercising its own judgement.

60. In reaching its decision, the Tribunal had regard to the principle of proportionality, weighing Dr Osarumwense's interests with those of the public. The public interest is reflected in the overarching objective as set out in the Medical Act 1983.

61. In reaching its decision, the Tribunal has taken account of the Sanctions Guidance (SG) and Good Medical Practice. It has borne in mind that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest, although it may have a punitive effect. The Tribunal has taken account of all evidence provided and submissions made by Ms Rashid on behalf of the GMC.

### No action

62. The Tribunal first considered whether to conclude Dr Osarumwense's case by taking no further action with regard to her registration. The Tribunal determined that Dr Osarumwense's fitness to practise remains impaired by reason of her deficient professional performance and considered that there are no exceptional circumstances in this case where it would be appropriate to take no action.

### Conditions

63. The Tribunal next considered whether to continue with a sanction of conditions on Dr Osarumwense's registration. The Tribunal took note that any conditions would need to continue to be appropriate, proportionate, workable and measurable.

64. The Tribunal referred to paragraph 82 of the SG, which sets out cases where conditions may be appropriate:

*82 Conditions are likely to be workable where:*

*a the doctor has insight*

...

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

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

65. The Tribunal was of the view that the paragraphs above are not applicable in this case.

66. The Tribunal noted that Dr Osarumwense has now had two consecutive periods of conditional registration, each being of 24 months duration, and the situation has not improved. In fact, the Tribunal determined that with the passage of time since the Performance Assessment in 2012, there has been no substantive progress made by Dr Osarumwense to address the concerns about her deficient professional performance that led to the initial investigation.

67. The Tribunal considered the above paragraphs of the SG and took the view that they indicated that conditions are no longer the most appropriate sanction in this case.

68. The Tribunal determined that a further period of conditional registration would no longer satisfy the overarching objective, public interest or uphold public confidence in the profession.

## Suspension

69. The Tribunal moved on to consider whether a sanction of suspension was appropriate in the case of Dr Osarumwense.

70. The Tribunal had regard to paragraph 97b of the SG which states:

*97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.*

*b In cases involving deficient performance where there is a risk to patient safety if the doctor's registration is not suspended and where the doctor demonstrates potential for remediation or retraining.*

71. The Tribunal also referred to paragraphs 93 and 94:

*93 Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions*

*94 Suspension is also likely to be appropriate in a case of deficient performance or lack of knowledge of English in which the doctor currently poses a risk of harm to patients but where there is evidence that they have gained insight into the deficiencies and have the potential to remediate if prepared to undergo a rehabilitation or retraining programme.*

72. The Tribunal took the view that these paragraphs of the SG do not apply in the case of Dr Osarumwense.

73. Whilst the Tribunal took into consideration the low level of insight identified by the previous 2020 Tribunal in this case, it was of the view that imposing a sanction of suspension on Dr Osarumwense's registration is unlikely to produce a different outcome at this stage of the ongoing regulatory proceedings.

74. The Tribunal was of the view that as a medical practitioner, Dr Osarumwense has a duty to keep her skills up to date and adhere to the principles set out in GMP. The Tribunal considered that she has failed to do so and accordingly, it cannot be satisfied that Dr Osarumwense would avail herself of a further period of suspension to remediate and become safe to look after patients.

75. Therefore, the Tribunal concluded that a period of suspension would not be appropriate to sufficiently maintain and uphold proper professional standards and protect the public confidence in the profession.

### **Erasure**

76. In the circumstances, the Tribunal determined that at this stage in Dr Osarumwense's regulatory history, the only appropriate sanction in this case was one of erasure. In reaching its determination, the Tribunal considered the below paragraph of the SG:

*130 A particularly important consideration in these cases is whether a doctor has developed, or has the potential to develop, insight into these failures. Where insight is not evident, it is likely that conditions on registration or suspension may not be appropriate or sufficient.*

77. The Tribunal considered that Dr Osarumwense has had many years to address the concerns regarding her deficient professional performance and has persistently failed to do so.

78. The Tribunal further considered the 30 July 2024 correspondence from Dr Osarumwense where she stated:

*'I will not be attending the hearing, I will not be submitting any documents nor providing any witness. At this stage after 12 years on this case I give up. I want the GMC to know I will be happy to accept whatever decision they come to.'*

79. The Tribunal took the view that Dr Osarumwense has now fully disengaged with the hearing process and is therefore unlikely to endeavour to remediate the concerns regarding her practice.

80. In all the circumstances, the Tribunal determined that no lesser sanction than erasure would adequately promote and maintain public confidence in the medical profession and promote and maintain proper professional standards and conduct for members of that profession.

81. Therefore, the Tribunal determined to erase Dr Osarumwense's name from the Medical Register.

#### **Determination on Immediate Order - 10/09/2024**

82. Having determined to erase Dr Osarumwense's name from the medical register, the Tribunal has considered, in accordance with the Rules, whether Dr Osarumwense's registration should be subject to an immediate order.

## Submissions

83. On behalf of the GMC, Ms Rashid drew the Tribunal's attention to the relevant paragraphs of the SG and submitted that an immediate order was not necessary in the case of Dr Osarumwense.
84. Ms Rashid submitted that no immediate order is necessary as there are no immediate patient protection concerns in this case. She further submitted that Dr Osarumwense is already subject to restrictions in terms of her registration.
85. When the Tribunal queried Ms Rashid on whether the GMC would be content for Dr Osarumwense to practise unrestricted during any potential appeal period, Ms Rashid submitted that the GMC do not anticipate Dr Osarumwense appealing the Tribunal's decision and further stated that if she does appeal the decision, then the chances of her practising medicine and causing harm to the public are 'very limited'.
86. Ms Rashid concluded that an immediate order was not necessary in order to protect the overarching objective.

## The Tribunal's Determination

87. The Tribunal had regard to the submissions made by Ms Rashid and to the guidance contained within the SG, in particular, paragraphs 172, 173 and 178 which state:

*'172 The tribunal may impose an immediate order if it determines that 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. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order.'*

*173 An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor's special position of trust, or where immediate action must be taken to protect public confidence in the medical profession.'*

...

*178 Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect.'*

88. The Tribunal considered that its substantive order was necessary to uphold the overarching objective.

89. Having considered the submissions of Ms Rashid, the Tribunal found that if there was no immediate order imposed in this case, then Dr Osarumwense may be free to practise unrestricted for a significant amount of time.

90. The Tribunal was of the view that GMC's submission that it is 'unlikely' that Dr Osarumwense will appeal and perhaps practise unrestricted, is not sufficient to protect the public or maintain confidence in the profession. It noted that it has previously determined that the doctor is not fit to practise and therefore took the view that it cannot risk her potentially practising unrestricted.

91. The Tribunal therefore determined that it was in the public interest to impose an immediate order of suspension on Dr Osarumwense's registration.

92. This means that Dr Osarumwense's registration will be suspended from the date on which notification of this decision is deemed to have been served upon her. The substantive direction, as already announced, will take effect 28 days from that date, 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.

93. That concludes this case.

ANNEX A – 10/09/2024

Application on Service and Proceeding in the Absence of the Doctor

Service

94. Dr Osarumwense is not present today at this Medical Practitioners Tribunal ('MPT') review hearing. The Tribunal had to consider firstly whether service had been properly effected as required by the General Medical Council (Fitness to Practise) Rules 2004 as amended ('The Rules') and the Medical Act 1983 ('The Act'). If it found service had been effected in accordance with the Rules, it then would need to consider whether to proceed in Dr Osarumwense's absence. In reaching its decision it has taken into account all the information before it, including a 'Proof of Service Bundle' and the submissions by Ms Safeena Rashid, Counsel, on behalf of the General Medical Council ('GMC'). It accepted the advice of the LQC who referred to the relevant Rules and caselaw.

95. Ms Rashid, Counsel, on behalf of the GMC provided the Tribunal with various documents regarding service of the Notice of Hearing on Dr Osarumwense. These included the GMC information letter (dated 30 July 2024), Dr Osarumwense's acknowledgement to the information letter (also dated 30 July 2024), the MPTS Notice of Hearing letter (dated 7 August 2024) and proof of delivery of this letter (dated 9 August 2024).

96. Ms Rashid drew the Tribunal's attention to the 30 July email response from Dr Osarumwense which stated:

*'I will not be attending the hearing, I will not be submitting any documents nor providing any witness. At this stage after 12 years on this case I give up. I want the GMC to know I will be happy to accept what ever decision they come to.'*

97. The Tribunal had regard to the documents before it and the submissions made by Ms Rashid and was satisfied that notice of this hearing had been served in accordance with the Rules.

Proceeding in Absence

98. Having been satisfied that notice was properly served upon Dr Osarumwense, the Tribunal then considered whether to proceed with this hearing in her absence, in accordance



with Rule 31 of the Rules. The Tribunal was conscious that in accordance with the principles in *R v Jones (2001) EWCA Crim 168* and *Adeogba (2016) EWCA Civ 162*, the discretion to proceed in the absence of a doctor should be exercised with the utmost care and caution, balancing the interests of the doctor with the wider public interest.

99. The Tribunal has evidence before it that Dr Osarumwense was aware of the hearing commencing on 10 September 2024. The Tribunal noted Dr Osarumwense’s response to the GMC information letter whereby she states that she will not be attending the hearing.

100. The Tribunal determined that Dr Osarumwense has chosen to voluntarily absent herself from today’s proceedings. Furthermore, it has not received any indication that Dr Osarumwense has requested an adjournment in order to engage at a later date. Therefore, it determined that an adjournment would serve no useful purpose in this case.

101. The Tribunal concluded that it is in the public interest and in the interests of justice to proceed with this hearing today.

102. Accordingly, the Tribunal determined that it was fair and reasonable to proceed in Dr Osarumwense’s absence.